

INTRODUCTION

To date 1.1 billion people smoke worldwide, with 800,000 in the American continent. Ten percent (10%) of deaths in the region are related to tobacco. The Pan American Health Organization in Washington DC has been undertaking extensive efforts to develop a vigilance system for the diagnosis, monitoring and evaluation of tobacco demand and the effectiveness of the tobacco-control programs. To date it is estimated that tobacco has caused the deaths of 4 million people throughout the world (WHO, 1998), where approximately one fifth of all deaths has occurred in developed countries and one tenth in developing countries.

Global estimates also indicate that for the year 2000, tobacco may have caused 2 million deaths in developing countries, with a very significant number associated to countries in the American continent.

If we take into consideration the epidemiological aspects of consumption, recent data collected and analyzed by PAHO during the year 2000 shows that the current consumption of tobacco reaches one third of the urban population in Latin American countries, the United States and Canada. This data also reveals that while in the North American countries (the United States and Canada) there is a continuing decline of current use, the countries in the southernmost part of the continent are evidencing higher rates of consumption followed by the Andean countries. Furthermore, this situation seems to have remained stable during the second part of the last decade (Rojas, M., 2000).

Rojas indicates that even though the information gathered allows the specific location of the epidemiological situation in certain countries within the region, a significant number of countries do not have updated information that can accurately point out the real impact of tobacco over specific populations. This situation is caused by factors that affect the Health Information Systems (HIS): from data collection all the way up to the timely delivery of information to pertinent organizations. This involves a number of aspects, from scientific technology to attitudes, which bring about serious consequences over the planning of policies and programs to face the problem (Rojas, M., 2000).

In many countries youngsters start smoking at earlier ages, with a median initiation age of approximately 15 years in many countries; thus, tobacco life prevalence is very high among adolescents. It is widely accepted that tobacco is the most important cause of premature death in many countries, and it is related to cardiovascular diseases; lung, pharynx, mouth, esophagus and bladder cancer; cerebral-vascular accidents; and chronic obstructive lung disease. The initiation of smoking at an early age increases the risk of tobacco-related deaths; and reduces the age at which death normally occurs. Youngsters who begin smoking at an early age frequently have more difficulty to stop smoking. Half of the habitual smokers began their smoking habit during adolescence and died due to tobacco use.

In Peru, more than 75% of the population is exposed to becoming involved in tobacco consumption, and 60.5% have smoked at least once in their lives.

In 1998, tobacco life prevalence was estimated at 71% (range 12-64 years, Contradrogas, 1998). The prevalence for the last year was 44.5% and the current use was estimated at 46.3%. Among the general population, tobacco is most frequently used by men (83.1%). Only 60.4% of women smoke. Life prevalence among the age group 12-19 tends to increase rapidly: 12-13 year (18.1%), 14-16 (45.2%), 17-19 (70.4%), 20-40 (80.5%). It is symptomatic to note that higher use is found among the younger population (12-13: 6.5%; 14-16: 14.6%; 17-19: 15.2%; 20-40: 3.2%). The annual rate for tobacco consumption incidence climbs in an inverse relation to the reduction of socio-economic conditions.

The median age for tobacco use in Peru is 17 years among the general population, and 16 years among men. It has been noted that women are adopting patterns of use similar to those of the men, with an increase in the risk level of dependence and sicknesses related to its use.

In Huancayo, 11.3% of students ranging between 12 and 18 years used tobacco during the last month. The average number of cigarettes smoked during the last month was 4.4. Many smokers, including youngsters, are addicted to nicotine and need help to stop smoking. Therefore, in order to accomplish adequate results related to tobacco use among adolescents, priority must be placed in prevention and support to help the smoker quit.

Ever since environmental tobacco smoke (ETS) became an important risk factor for lung cancer, heart disease, exacerbation of asthma, respiratory infections, and adverse reproductive effects, it has become necessary to avoid exposure of adolescents to ETS. It is also important to evaluate and measure the degree of exposure to environmental tobacco smoke.

The current study took place in four representative cities: Lima, the capital city of Peru, a cosmopolitan city with more than 7 million inhabitants that concentrates almost 30% of the country's total population, being the main industrial and financial center; Huancayo, in the central highlands of Peru, a region that concentrates the agricultural, stock-breeding and mining activities, and that represents the Andean population; Tarapoto, located in the high Jungle area, with a high production of cocaine destined for the illegal market; and Trujillo, which represents the Coastal populations of the country. Many previous studies have applied different criterion and categories; therefore a direct comparison with other results will not be possible.

Youngsters responding to the questionnaire were male and female school students attending second, third and fourth level high-school education with ages fluctuating between 11 and 17 years.

The study was undertaken within the framework of The Tobacco Free Initiative of the World Health Organization (TFI/WHO). It was developed as part of the Global Youth Tobacco Survey, (GYTS).

GYTS is a tobacco-related study in schools with emphasis on students between 13 and 15 years of age that is applied in different countries throughout the world. Each country identifies the education grades, years, forms or levels corresponding to students between 13 and 15. These grades, forms or levels are the study population

for GYTS. The purpose is to measure the knowledge, attitudes and conducts of the students with respect to tobacco use, quitting, exposure to environmental tobacco smoke, and also the views of the students towards the preventive curricula at school, the community-based programs, and the messages transmitted through the communications mass media.

GYTS provides information regarding the places where tobacco products are procured and used, and also about the effectiveness of control measures.

The GYTS undertaken in Peru is a survey that focuses school students between 13 and 15 years (second, third and fourth years of high school). The survey includes different aspects related to the students' attitudes towards tobacco, alcohol, and illegal drugs.

School surveys are powerful tools to gather low-cost information that can be easily handled, and that lead to adequate reports on results. Rejections are significantly lower than home surveys. The most common approach for this specific population is the self-administered questionnaire. All the above reasonably justify the fact that a school-based survey is the most appropriate. This is why the United Nations' Youth and Tobacco Program selected this methodology.

GYTS has two main objectives:

- 1) To document and monitor tobacco use prevalence including cigarette use and current use of smokeless tobacco, cigars and pipes.
- 2) Understand and better evaluate knowledge, attitudes and conducts among students regarding tobacco use and its impact on their health, including quitting its use, exposure to environmental tobacco smoke (ETS), mass media and advertising, access to tobacco by minors, and school curricula.

GYTS aims to address the following aspects:

- determination of the level of tobacco use.
- estimation of the age of initiation of tobacco use.
- estimation of the levels of responsiveness among adolescents to become smokers.
- identification of key variables that influence tobacco use, such as tobacco-related attitudes and beliefs among youth that could be used in prevention programs.
- evaluation of the magnitude of the main prevention programs' outreach in school populations and establish subjective opinions from this population regarding school interventions.