

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

The second phase will be the activating phase. Country Activating Groups (CAGS), with broad membership, will be 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 will be developed and strengthened.

The third phase will involve 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 cooperation and collaboration at all levels.

Seven countries have been selected to participate in the activating phase (Phase 2) of this project: China, Jordan, Sri Lanka, Venezuela, Zimbabwe and Ukraine. UNICEF and WHO will also be supporting 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 technical meeting in 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 GLOBAL YOUTH TOBACCO SURVEY (GYTS)

The GYTS is a school-based tobacco specific survey which focuses on adolescents age 13-15 (grades 8-10). It assesses student' attitudes, knowledge and behaviors related to tobacco use and exposure to environmental tobacco smoke (ETS) as well as youth exposure to prevention curriculum in school, 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, and information relate 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 refusals are significantly lower than in households surveys. The most common research approach for this specific population, has been the self-administered questionnaire. Therefore, all the above, reasonably justifies why a school-based survey has

proved to be most appropriate, hence selected for the UN Project on Youth and Tobacco.

OBJECTIVES OF THE GYTS

The GYTS is a school-based tobacco specific survey that focuses on students age 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 student' attitudes, knowledge and behaviors related to tobacco use and its health impact, including: cessation, environmental tobacco smoke (ETS), media and advertising, minors access, and school curriculum.

The GYTS will attempt to address the following issues: determine the level of tobacco use estimate age of initiation of cigarette use estimate levels of susceptibility to become cigarette smokers exposure to tobacco advertising identify key intervening variables, such as attitudes and beliefs on behavioral norms with regard to tobacco use among young people which can be used in prevention programs assess the extent to which major prevention programs are reaching school-based populations and establish the subjective opinions of those populations and establish the subjective opinions of those populations regarding such interventions.

METHODS

The 2000 Chilean GYTS is a cross sectional school-based survey which employed a two-stage cluster sample design to produce representative sample of students from three regions: Metropolitan, fourth and Fifth regions, in grades seven to nine.

Data about school's were obtained from the Chilean Ministry of Education's. This is an electronic database with national data on every register school in Chile.

Sample description

The first-stage sampling frame consisted of all schools containing any of grades seven to nine. Schools were selected with probability proportional to school enrollment size.

All schools containing Grades 7, 8 or 9 were included in the sampling frame The sampling frame was split into areas based on school type and geographic location. The areas were: Urban/Public, Urban/Private, and semi-private. For each area, a two-stage cluster sample design was used to produce a representative sample of students in the schools.

Within each area, the first-stage sampling consisted of all schools containing any of Grades 7, 8, or 9. Schools were selected with probability proportional to school enrollment size. One hundred and twenty classes were selected in the Public schools, forty in the Privates schools, and forty three from semi-private which sums to a total of 206 classes.

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 were included in the sampling frame. All students in the selected classes were eligible to participate in the survey.

The questionnaire

A group of experts on tobacco addiction from the first group of countries selected to undertake GYTS, and staff members of EHO/TDFI and UNICEF, wrote the 57 questions of the “core” part of GYRS. In addition, each, participant country were allowed to include questions dealing with local tobacco used issues. The Chilean “local” part of GYTS consisted of 12 questions, the were put together by a team of researchers from the University of Chile to assume GYTS in Chile.

The core part was translated into Spanish by staff members of others countries in Latin America, EMTAJOVEN (Encuesta Mundial sobre Tabaquismo en Jóvenes), that is the name of GYTS in Spanish, was pilot in the city of Barquisimeto, Venezuela, in a group of youth. The pilot test was done in Venezuela by focus groups to discuss each question and their answer. To assess comparability between GYTS and its Spanish version, EMTAJOVEN were translated back into English by an independent translator.

Data Collection

Survey procedures were designed to protect the students’ privacy by allowing for anonymous and voluntary participation. The self-administered questionnaire was administered in the classroom. Student recorded their responses directly on an answer sheet that cold be scanned by a computer.

A group of organizations and independent researchers were called upon to undertake EMTAJOVEN (GYTS) in Chile. From the Ministry of Health and the School of Public Health , University of Chile.

To undertake EMTAJOVEN (GYTS) in Chile, the country was divided into regions, each one with a regional co-ordinator.

Between August and September of 2000, there were workshops on each region where field researchers were instructed on standard procedures to assure comparability on data collection. Data collection began on October and conclude on November 2000.