

Report on the results of the Global Youth Tobacco
Survey in Venezuela.
(GYTS Venezuela)

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Introduction

Despite widespread knowledge of the harm caused by smoking, only modest success has been achieved in global tobacco control initiatives. Current estimations of The World Health Organization (WHO) indicates that tobacco consumption causes 3.5 million deaths a year, a figure expected to rise to about 10 million by the year 2030, and, 70% of those deaths will occur in developing countries.

Tobacco use is considered to be one of the chief preventable causes of death in the world. Most people begin using tobacco before the age of 18. Recent studies on trends of tobacco consumption indicate that the smoking prevalence rate among adolescents is rising; and that their age of initiation is lowering. If these patterns continue, tobacco use will result in the deaths of 250 million children and young people alive today, many of them in developing countries. Therefore, adolescents and school-aged children should be a primary focus for intervention strategies. Carefully designed surveys should provide a clear picture of the risk factor behaviors of young and school-aged children which then, can be used to set up more effective and comprehensive tobacco control policies.

In the developing world there is a need for good, scientific sound data about tobacco use patterns. However, in the era of globalization, youth and adolescents are adopting behavior patterns that are comparable from country to country. Tobacco companies are taking advantage of this situation. They are advertising tobacco products using mass media techniques targeting "the youth of the world".

To counteract the effect of that strategy, there is an urgent need for information that would allow across country comparisons. That would permit the fulfillment of the dual objective of designing preventive strategies targeting "the global youth" while taking into consideration local peculiarities.

The Tobacco Free Initiative (TFI)/WHO has recently been awarded by the United Nations Foundation for Intentional Partnerships (UNFIP) what is probably the largest single 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 will be focused in a small group of developing countries, one per WHO Region, and will draw upon the combined technical expertise and operational resources of a number of UN agencies, in particular WHO, UNICEF, and the World Bank. The agencies will work together with the global scientific community, government and non-government agencies, institutions and systems within countries, the media, and with young people to show that together they can make a difference in this important public health issue.

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, Fiji, 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 students' 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 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 refusals are significantly lower than in household 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 students' 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 regarding such interventions.

Methods

The 1999 Venezuelan GYTS is a cross sectional school-based survey which employed a two-stage cluster sample design to produce a nationally representative sample of students in grades six to nine.

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

Sample description

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

All schools containing Grades 6, 7, 8, or 9 were included in the sampling frame except for those schools in the rural area who had a total enrollment of less than 40 students. The sampling frame was split into four areas based on school type and urban/rural geographic location. The four areas were: Urban/Public, Urban/Private, Urban/Marginal and Rural. For each area, a two-stage cluster sample design was used to produce a representative sample of students in these schools.

Within each area, the first-stage sampling frame consisted of all schools containing any of Grades 6, 7, 8, or 9. Schools were selected with probability proportional to school enrollment size. Sixty schools were selected in the Urban/Public area, twenty three in the Urban/Private area, seven in the Urban/Marginal area, and thirteen schools in the Rural area which sums to a total of 103.

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 questionnaire

A group of experts on tobacco addiction from the first group of countries selected to undertake GYTS, and staff members of WHO/TFI and UNICEF, wrote the 57 questions of the "core" part of GYTS. In addition, each participant country were allowed to include questions dealing with local tobacco used issues. The Venezuelan "local" part of GYTS consisted of 12 questions, they were put together by a team of researchers from ASCARDIO, an NGO selected to assume GYTS in Venezuela, and from OPS/WHO Venezuelan office. The Venezuelan "local" GYTS includes items about chimó, a mixture of tobacco and other ingredients to be applied orally.

The core part was translated into Spanish by staff members of ASCARDIO. EMTAJOVEN (Encuesta Mundial Sobre Tabaquismo en Jóvenes), that is the name of GYTS in Spanish,

was pilot tested in the city of Barquisimeto, Venezuela in a group of youth. The pilot test was followed by focus groups to discuss each question and their answers. To assess comparability between GYTS and its Spanish version, EMTAJOVEN were translated back into English by an independent translator not related to ASCARDIO.

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. Students recorded their responses directly on an answer sheet that could be scanned by a computer.

A group of organizations and independent researchers were called upon to undertake EMTAJOVEN (GYTS) in Venezuela. These group was conformed by people and organizations from the public and the private sector, NGO's, civil and the military. This group built a strategic alliance and group motivation, one objective of GYTS project. Here is a partial list of the members of the Venezuelan strategic alliance: ASCARDIO, UNICEF (Venezuelan Office), OPS-WHO (Venezuelan Office), Venezuelan Heart Foundation, Ministry of Health, Ministry of Education, Venezuelan Foundation Against Tobacco, Venezuelan Society of Cardiology and Inter-American Heart Foundation.

To undertake EMTAJOVEN (GYTS) in Venezuela, the country was divided into regions, each one with a regional co-ordinator. Here are the regions (their regional co-ordinator and main affiliation): Zulia State (Gloria Vergara, Hospital Universitario de Maracaibo), Distrito Federal and Miranda State (Valle Castillo, Fundación Together), Oriental Region (José Ruiz, ASOCOR), Cojedes State and Guárico State (Gerardo Uzcátegui, Centro Cardiovascular Cojedes), Mérida State (Dilia Tallaferro, Universidad de los Andes), Falcón State (Francisco Leal, Servicio Autónomo de Sanidad Estado Falcón), Barinas State (Jaime Marín, Centro Cardiovascular Barinas), Táchira State (Marianela Rivas, FUNDACOR), Aragua State (Igor Morr, FUNDA-PROCECA), Carabobo State (Jorge Melet, Servicio de Cardiología CHET, INSALUD), Central-Western Region (Magda Sánchez, ASCARDIO), Trujillo State (Martha Isaac) and Aideé Zerpa (Departamento de Psicología del Ejército), this group took over several schools in difficult to reach areas of the country.

Between March and April 1999, there were workshops on each region where field researchers were instructed on standard procedures to assure comparability on data collection. Data collection began on April and conclude on June 1999.

Analysis

For the analysis, a weighting factor was applied to each student record to adjust for non response and for the varying probabilities of selection. The programs SUDAAN and Epi-Info were used to compute rates and 95% confidence intervals for the estimates. A weight has been associated with each questionnaire to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of non-response. The weight used for estimation is given by: $W = W1 * W2 * f1 * f2 * f3 * f4$.

W1 = the inverse of the probability of selecting the school.

W2 = the inverse of the probability of selecting the classroom within the school.

F1 = a school-level non-response adjustment factor calculated by school size category (small, medium, large).

F2 = a class-level non-response adjustment factor calculated for each school.

f3= a student-level non-response adjustment factor calculated by class.

f4 = a post stratification adjustment factor calculated by grade.

Results

For the 1999 Venezuela GYTS, 3779 questionnaires were completed in 96 schools. The school response rate was 93.2%, the student response rate was 99.7%, and the overall response rate was 92.9%.

Table 1 presents basic demographic characteristics of the sample by grade, school classification and gender. There were 3650 valid questionnaires (96.6%), 55.7% of the responders were female.

Table 2 presents the prevalence of tobacco use by gender, grade and school classification. An estimated 2 in 10 students have ever smoked cigarettes, with male students more likely than female students to have ever smoked. The prevalence of students who ever smoked cigarettes increases with grade. Students in private schools are more likely to ever smoke or being current cigarette smokers than the rest of the students. Overall, 6.8% of students smoked cigarettes during the past 30 days, with female students more likely than male students to be current smokers (7.0% vs. 6.1%, respectively). Almost 1 in 10 students used some form of tobacco other than cigarettes in the past 30 days. Chimó consumption is more prevalent in males 7.8% than in females 3.5%, students at public schools Grade 6 are more likely to be Chimó consumers than the rest. Fourteen percent of students currently use some type of tobacco product. Current use of any tobacco product increases by grade, with nearly one-fourth of students in grade 9 current users.

Table 3 presents prevalence of selected activities related to access to tobacco products among Venezuelan students. An estimated 5 in 10 students purchase their cigarettes from stores, shops or from street vendor. The prevalence of this characteristic increases with the students grade. Over three-fourths of students were not refused the sale of cigarettes because of their age. For 5 in 10 students it is possible to buy cigarettes by the unit in their area of residency. Students who currently smoke were more likely to be given free cigarettes from a sales representative than never smokers. About 5 in 10 chimó consumers purchased the product in stores, shops or from street vendors.

Table 4 presents the students preference for a place to smoke among Venezuelan students. An estimated 3 in 10 female students who currently smoke, smoke at home, with male students who currently smoke significantly less likely than female students to choose the home. Friend's home are the second most common place to smoke followed by public places, social events and the least preferred place was the school.

Table 5 presents the prevalence of attitudes concerning tobacco addition and cessation among Venezuelan students who are current smokers. Approximately 7% of students who currently smoke need to have a cigarette first thing in the morning, with male students who currently smoke significantly more likely than female students to have a cigarette first thing in the morning (8% versus 4%). Students who currently smoke in rural areas are more likely to have cigarettes first thing in the morning, and not to think that smoking is harmful to health. Almost every student who currently smokes thinks that they could quit smoking if they wanted, but 1 in 3 students who currently smoke affirm that quitting smoking is difficult.

Seven out of every 10 female students who currently smoke had tried to quit smoking in the past year, which is slightly higher than for male students (6 in 10).

Table 6 presents the prevalence of knowledge and attitudes concerning the health effect of tobacco among Venezuelan students. About 7 out of 10 current smokers and 8 in 10 never smokers believe smoking is harmful to your health. This belief clearly increases with grade for never smokers, however, this characteristic is also observed among current smokers. More 9th grade students never smoked (9 in 10) think that smoking is harmful to your health than current smokers (76.7%). Among students at urban private schools, more never smokers (9 in 10) think that smoking is harmful to your health than current smokers (77 %). Over all, 5 in 10 students definitely think that it is OK to smoke for only 1 or 2 years as long as you quit after that. An estimated 6 in 10 students definitely think that smoke from other people's cigarettes is harmful to you.

Table 7 presents the prevalence of selected issues concerning mass media and advertising about tobacco among Venezuelan students. An estimated 5 in 100 students have never seen an actor smoking on TV, videos or movies, a characteristic that decreases as grade increases. More students who currently smoke have something with a cigarette brand logo on it (3 in 10) than never smokers (1 in 10). About 20% of the students had not seen cigarette advertisements in news papers and magazines during the past 30 days. Only two in 10 students have never seen cigarette advertisements at sporting events, fairs, etc.

Table 8 presents the prevalence of issues related to social influences (family, friendship, love) and tobacco use among Venezuelan students. More students who currently smoke (6 in 10 students) have parents who smoke than never smokers (4 in 10 students). Seventeen percent of students who currently smoke accept cigarettes from friends. Students who currently smoke are more likely to have close friends who smoke than never smokers.

Comments

GYTS (EMTAJOVEN), is the first nationwide survey in Venezuela concerning issues about tobacco use in school age children and adolescents. With a 92.9% overall response rate, GYTS (EMTAJOVEN) results are representative of adolescents in Venezuela age 13-15 who attend public and private schools. GYTS (EMTAJOVEN) also explored for the first time the behavior and the personal perspective of this age group not only on cigarette smoking, but the consumption of other tobacco products like chimó. Surprisingly, for a segment of this population, chimó consumption is as prevalent as cigarettes. Additionally, GYTS (EMTAJOVEN) results allow for the comparison of students who currently smoke vs. students who have never smoked in terms of the motivations and determinates smoking. This information is vital for the development of scientifically sound interventions.

GYTS (EMTAJOVEN) data will need to be explored extensively. In this report present only basic results, more detailed analysis and reporting will follow.

An important objective achieved in Venezuela is the strategic alliance built to allow GYTS (EMTAJOVEN) implementation. A true partnership of the civilian, the military, the public and the private sector. A coalition that makes it possible to do the GYTS (EMTAJOVEN) in a record period of time. This coalition could be better understood as a movement prepared to produce not only GYTS (EMTAJOVEN), but our final objective: "Building alliances and taking action to create a generation of tobacco free children and youth".

Table 1		
Demographics, number of participants by school type, grade and gender.		
	Male	Female
	N	N
Total	1618	2032
Type of school		
Urban Public	966	1231
Urban Private	379	465
Urban Marginal	74	101
Rural	199	235
Grade		
Grade 6	424	485
Grade 7	511	657
Grade 8	324	415
Grade 9	344	451
Age		
11 or younger	161	222
12 years	346	420
13 years	365	534
14 years	368	440
15 years	239	263
16 years	86	111
17 or older	41	32

Table 2
Prevalence of tobacco use among Venezuelan students.
GYTS Venezuela 1999

	Ever smoke a cigarette	Current smoker of cigarettes (1)	Current frequent smoker (2)	User of tobacco products other than cigarettes in past 30 days (3)	Current user of any tobacco product (4)	Current user of Chimó (5)
	%	%	%	%	%	%
Total	20.2	6.8	0.6	8.9	14.2	5.9
Male	22.6	6.1	0.4	10.8	15.4	7.8
Female	18.0	7.0	0.6	6.4	12.3	3.5
Grade 6	12.6	4.0	0.0	6.9	9.8	6.9
Grade 7	14.5	5.1	0.1	7.9	12.0	5.5
Grade 8	24.7	8.1	0.7	9.4	15.5	4.9
Grade 9	35.8	12.4	0.8	10.4	21.4	5.3
Rural	12.0	3.7	0.4	9.5	11.9	5.0
Urban marginal	12.8	6.0	1.7	7.9	11.2	5.3
Urban private	28.7	8.7	0.4	9.0	16.7	4.2
Urban public	19.3	6.8	0.3	8.8	14.1	6.7

- 1- Prevalence of students that smoke on 1 or more days in the past 30 days.
- 2- Prevalence of current smokers that smoke in more than 20 days in the past 30 days.
- 3- Prevalence of tobacco users, other than cigarettes, in the past 30 days.
- 4- Prevalence of users of any tobacco product, in the past 30 days.
- 5- Prevalence of chimó (a paste based on tobacco) consumers in the past 30 days.

Table 3
Prevalence of activities related to access to tobacco products among Venezuelan students.
GYTS Venezuela 1999

	Purchase of cigarettes in store, shop or street vendor (1)	Purchase of cigarettes without any restriction (2)	Brand adherence (3)	Purchase of cigarettes by the unit (4)	Purchase of chimó in store, shop or street vendor (5)	Never smokers: given free samples (6).	Smokers: given free samples (7).
	%	%	%	%	%	%	%
Total	45.3	76.4	50.1	50.3	45	8.6	15.6
Male	56.3	74.6	55.6	50.1	40	9.1	19.3
Female	39.9	79.0	48.2	51.1	56	7.7	14.3
Grade 6	26.5	68.0	56.2	45.6	50	6.1	24.1
Grade 7	40.4	72.7	43.7	42.6	54	8.4	5.2
Grade 8	49.1	84.9	45.9	53.8	36	9.5	15.9
Grade 9	56.3	89.5	54.2	68.4	33	11.7	16.3
Rural	31.8	77.5	47.0	51.0	30	6.6	21.8
Urban marginal	57.3	59.3	29.4	39.7	50	9.2	13.0
Urban private	47.9	84.4	66.2	57.4	42	11.1	15.5
Urban public	44.7	74.7	44.1	48.6	48	8.1	15.1

- 1- Prevalence of smokers that bought cigarettes in store, shop or street vendor in the past 30 days.
- 2- Prevalence of smokers whom were not refused the sale of cigarettes because of their age, in the past 30 days.
- 3- Prevalence of smokers that bought the leading brand in the past 30 days.
- 4- Prevalence of students that indicated that it is possible to buy cigarettes by the unit in their area.
- 5- Prevalence of chimó consumers that bought it in store, shop or street vendor in the past 30 days.
- 6- Prevalence of never smokers who offered a free cigarette from a sales representative.
- 7- Prevalence of current smokers who offered a free cigarette from a sales representative.

Table 4
Preference for a place to smoke among Venezuelan students.
GYTS Venezuela 1999

	Home (1)	School (2)	Friend's houses (3)	Social events (4)	Public places (5)
	%	%	%	%	%
Total	27.7	8.0	26.3	5.7	17.5
Male	20.9	3.2	25.2	4.0	27.1
Female	32.2	10.8	26.4	6.7	12.0
Grade 6	43.3	4.9	21.3	0.0	7.4
Grade 7	26.6	11.5	21.4	1.3	23.9
Grade 8	20.5	1.7	38.3	10.2	19.6
Grade 9	26.5	11.3	20.9	8.6	18.5
Rural	35.4	17.0	19.8	5.5	10.2
Urban marginal	20.6	0.0	38.2	3.8	24.4
Urban private	24.6	4.4	29.8	10.0	13.0
Urban public	29.1	9.7	24.0	3.7	20.1

1- Prevalence of current smokers who usually smoke at home.

2- Prevalence of current smokers who usually smoke at school.

3- Prevalence of current smokers who usually smoke at friend's house.

4- Prevalence of current smokers who usually smoke at social events.

5- Prevalence of current smokers who usually smoke in public places such as parks, shopping mall and street corners.

Table 5
Prevalence of attitudes concerning tobacco addition and cessation among Venezuelan students who are current smokers. GYTS Venezuela 1999

	Magnitude of addition to tobacco (1)	Smoking 5 years in the future (2)	Think smoking is harmful to health (3)	Could quit if wanted (5)	Quit smoking is difficult (6)	Tried to quit in the past year (7)
	%	%	%	%	%	%
Total	6.6	6.1	74.7	91.2	31.1	69.4
Male	8.2	8.1	70.9	89.5	31.6	63.6
Female	4.3	5.1	78.8	95.4	30.5	73.4
Grade 6	0.0	0.0	61.2	92.7	32.1	89.6
Grade 7	5.9	4.4	74.4	94.0	26.0	58.9
Grade 8	5.1	10.4	81.4	88.8	27.9	74.5
Grade 9	5.6	4.7	76.7	90.6	35.9	65.9
Rural	10.5	8.3	56.8	85.2	37.3	81.0
Urban marginal	0.0	16.5	87.0	100	29.4	81.3
Urban private	6.8	6.6	77.1	94.8	36.1	69.7
Urban public	6.6	4.7	74.7	89.2	28.1	66.6

- 1- Prevalence of current smokers who always have or feel like having a cigarette first thing in the morning.
- 2- Prevalence of current smokers who say that they will definitely smoke cigarettes 5 years from now.
- 3- Prevalence of current smokers who definitely think that cigarette smoking is harmful to your health
- 4- Prevalence of current smokers who say they could stop smoking if they wanted to.
- 5- Prevalence of current smokers that definitely think that once someone starts smoking it is difficult to quit.
- 6- Prevalence of current smokers who say they have tried to quit smoking in the past year.

Table 6
Prevalence of knowledge and attitudes concerning health effect of tobacco among Venezuelan students.
GYTS Venezuela 1999

	Current smokers: tobacco is harmful (1)	Never smokers: tobacco is harmful (2)	Current smokers: smoking for 1 or 2 years is OK (3)	Never smokers: smoking for 1 or 2 years is OK (4)	Current smokers: smoking makes lose weight (5).	Never smokers: smoking makes lose weight (6).	Current smokers: smoke from others is harmful (7)	Never smokers: smoke from others is harmful (8)
	%	%	%	%	%	%		%
Total	74.7	82.4	46.2	55.6	64.3	73.2	56.6	64.3
Male	70.9	81.9	46.1	55.8	62.7	72.3	57.8	65.2
Female	78.8	83.1	47.2	56.2	65.2	74.3	55.4	63.9
Grade 6	61.2	74.0	49.1	56.1	67.4	75.3	57.2	60.7
Grade 7	74.4	83.2	47.0	54.1	70.5	75.8	59.9	63.8
Grade 8	81.4	88.6	45.3	60.8	63.7	70.8	47.0	69.4
Grade 9	76.7	91.5	42.3	52.4	61.8	67.4	63.2	66.6
Rural	56.8	83.3	24.3	59.1	93.2	78.8	28.1	64.0
Urban marginal	87.0	70.5	74.4	48.6	63.7	78.5	24.7	47.8
Urban private	77.1	92.5	42.7	56.3	64.8	61.2	65.3	69.1
Urban public	74.7	79.8	48.1	55.2	60.6	75.6	58.3	64.3

- 1- Prevalence of current smokers who definitely think that cigarette smoking is harmful to your health
- 2- Prevalence of never smokers who definitely think that cigarette smoking is harmful to your health
- 3- Prevalence of current smokers who definitely think that it is OK to smoke for only 1 or 2 years as long as you quit after that.
- 4- Prevalence of never smokers who definitely think that it is OK to smoke for only 1 or 2 years as long as you quit after that.
- 5- Prevalence of current smokers who definitely think that smoking cigarettes makes you lose weight.
- 6- Prevalence of never smokers who definitely think that smoking cigarettes makes you lose weight.
- 7- Prevalence of current smokers who definitely think that smoke from other people's cigarettes is harmful to you.
- 8- Prevalence of never smokers who definitely think that smoke from other people's cigarettes is harmful to you.

Table 7
Prevalence of selected issues concerning mass media and advertising about tobacco among Venezuelan students.
GYTS Venezuela 1999

	No seen anti-smoking add in the past 30 days (1)	Never seen and actor smoking on media (2)	Never smokers with something with logo on it (3)	Current smokers with something with logo on it (4)	Never smokers no seen cigarette adds on print media last 30 days (5)	Current smokers no seen cigarette adds on print media last 30 days (6)	Never smokers no seen cigarette adds on sporting events (7)	Current smokers no seen cigarette adds on sporting events (8)
	%	%	%	%	%	%	%	%
Total	20.2	5.1	12.3	30.3	22.1	14.4	26.6	15.6
Male	21.8	5.3	14.9	35.8	23.5	14.4	26.6	19.3
Female	18.9	4.9	10.1	27.7	20.8	13.4	26.5	14.3
Grade 6	21.7	10.2	10.6	13.5	28.2	8.5	27.5	24.1
Grade 7	18.9	4.9	12.5	40.7	21.8	17.8	31.1	5.2
Grade 8	18.6	2.2	10.8	31.4	18.7	16.9	24.3	15.9
Grade 9	21.6	1.4	15.9	31.4	13.6	12.5	18.8	16.3
Rural	16.5	5.4	9.7	38.9	27.4	5.3	22.1	21.8
Urban marginal	23.7	7.0	12.8	16.9	29.7	13.0	36.3	13.0
Urban private	22.7	1.5	15.8	30.7	16.1	16.5	22.5	15.5
Urban public	19.6	6.4	11.6	29.8	22.2	14.5	28.3	15.1

- 1- Prevalence of students who have not seen any anti-smoking media messages during the past 30 days.
- 2- Prevalence of students who have not seen an actor smoking on TV, videos or movies.
- 3- Prevalence of never smokers who have something with a cigarette brand logo on it.
- 4- Prevalence of current smokers who have something with a cigarette brand logo on it.
- 5- Prevalence of never smokers who have not seen cigarette advertisements in news papers and magazines during the past 30 days.
- 6- Prevalence of current smokers who have not seen cigarette advertisements in news papers and magazines during the past 30 days.
- 7- Prevalence of never smokers who have never seen cigarette advertisements at sporting events, fairs, etc.
- 8- Prevalence of current smokers who have never seen cigarette advertisements at sporting events, fairs, etc.

Table 8
Prevalence of issues related to social influences (family, friendship, love) and tobacco use among Venezuelan students.

GYTS Venezuela 1999

	Never smokers whose parents do not smoke (1)	Smokers whose parents do not smoke (2)	Never smokers that would accept a cigarette if offered by friend (3)	Smoker that would accept a cigarette if offered by friend (4)	Never smokers whose closest friend smoke (5)	Smokers whose closest friend smoke (6)
	%	%	%	%	%	%
Total	57.2	39.0	0.1	16.9	0.7	8.0
Male	57.4	49.0	0.0	14.1	0.8	6.4
Female	56.7	32.9	0.0	19.9	0.7	8.8
Grade 6	57.6	41.4	0.0	4.4	0.8	0.0
Grade 7	56.9	31.1	0.1	24.1	0.4	21.4
Grade 8	58.1	30.6	0.0	17.7	0.7	4.8
Grade 9	54.6	51.4	0.0	17.9	1.5	3.6
Rural	55.9	30.2	0.0	12.8	0.2	6.0
Urban marginal	51.3	25.9	0.0	11.8	0.0	11.8
Urban private	60.1	46.8	0.1	20.8	0.8	0.0
Urban public	57.1	37.3	0.1	15.9	0.9	11.9

- 1- Prevalence of never smokers whose parents do not smoke.
- 2- Prevalence of smokers whose parents do not smoke.
- 3- Prevalence of never smoker that would smoke a cigarette if offered by their best friend.
- 4- Prevalence of smokers that would smoke a cigarette if offered by their best friend
- 5- Prevalence of never smokers that say that all of his/her closest friends smoke.
- 6- Prevalence of current smokers that say that all of his/her closest friends smoke.