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SMOKING IN GIRLS AND YOUNG WOMEN IN THE PHILIPPINES

Chona Q. Sarmiento, Ph.D.

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EXECUTIVE SUMMARY

This study on *Smoking in Girls and Young Women in the Philippines* provides updated data on girls and young women's smoking experience and behavior, awareness on the health risks of smoking, exposures to tobacco advertising, promotion, sponsorship and bans, attitude and beliefs towards smoking.

A cross-sectional survey was conducted on upper and secondary school girls and female college/university students. The target respondents consisted of 3,046 young girls and women from 3 age clusters: 13-15 years old, 16-19 years old and 20-25 years old. The survey was carried out in six weeks with a response rate of 100%.

In the Philippines, the lower secondary (13-15 years old) range is covered by the second, third and fourth year high schools. While the upper secondary (16-19 years old) is covered by the fourth year high school, first year, second year and third year college. The last year level (20-25 years old) was covered by fourth and fifth year college students including those new postgraduate students in their early twenties. The second phase was a qualitative study using focus group discussions (FGDs). A total of 28 FGDs were conducted with 228 girls and young women who participated with 6-8 participants per group. The conduct of the FGDs was done simultaneously in school and university campuses in both the rural and urban schools and universities.

The summary draws together the data from the quantitative and qualitative phases of the study. The 3,046 respondents from the urban and rural capital cities were sampled from 15 secondary schools and 14 tertiary institutions. The random selection of schools was obtained from the list of schools located in Manila for the urban areas and schools based in Zamboanga City for the rural areas. The target respondents were drawn from 3 age clusters, namely 13-15 years old; 16-19 years old; and 20-25 years old, respectively. The total number of samples for both the urban and rural areas was approximately determined at 1,500 respondents from both urban and rural areas to allow uniformity among country collaborators. For the participating secondary schools, permission was sought from the Department of Education (DepEd) and from the Commission on Higher Education (CHED) for tertiary institutions included in the survey.

Every eligible school/college/university from the cursory list was identified for both urban and rural areas. The total number of target respondents per class was also determined according to age group prior to the administration of the questionnaires per class. For every participating school/college/university the probability of obtaining at least 20-25 respondents per intact class was probable since most of the class size had more than 40 to 65 students. In most cases, female students outnumbered the males in the class.

The survey describes the smoking experience, behavior and awareness of cigarette smoking, cigarette promotion and ban and the attitude and beliefs of smokers among young girls and women. The technical details of the survey design, procedures, data collection and analysis is included in the final report. The descriptive analyses are presented in tables using Pearson chi square and log linear regression.

The qualitative study was done immediately after the completion of the survey. This was designed to elicit better understanding and interpretation of survey results and provide

answers or insights on some important questions or issues related to young girls and women's experience and awareness, attitude and beliefs on smoking.

The 28 FGDs were sampled from 3 secondary schools and 3 tertiary institutions from the 2 cities of Zamboanga and Quezon. The selection of Focus Groups was randomly done in the schools and university campuses. The FGD respondents were also drawn from similar 3 age clusters, namely 13-15 years old; 16-19 years old; and 20-25 years old respectively. Each focus group consisted of 6-8 students for each age category.

The results of the survey revealed that 37.8% of the girls had ever smoked cigarette. A high percentage 67.3% of the smokers has smoked 1-10 sticks of cigarette. A slightly higher percentage - 18.7% - of the girls and young women are currently smokers, 62% of them preferred specific cigarette brands of which 43.9% of the smokers buy cigarettes.

From the same survey, 3 in 10 girls aged 13-15 years old are smokers, 4 in 10 smokers has close relatives who smoke and 5 in 10 smokers have 2-3 family members who are smokers. Among the smokers, 7 in 10 girls disagreed that tobacco companies actually do good things in their community. Four in 10 girls aged 13-15 years old believed that tobacco companies do encourage others at their age to smoke.

The smoking patterns among the girls in all levels revealed 17.4% smoked less than a stick. 62.9% preferred manufactured brands of cigarettes, 40.7% found it easy to acquire cigarettes while 47.4% of the girls smoked to relief tension and stress.

The girls also had high awareness of the health risk of smoking as reflected by the higher percentages among those who knew that smoking is bad for the health, and that secondhand smoke can cause lung cancer. Most of the girls agreed with the opinion that smoking does not help control weight, smoking is not a symbol of modernity, smokers do not look cool and fit and also disagreed that it is acceptable for young men and girls to smoke at their age, that smokers have more friends as well as that society disapproves of smoking.

Most of the girls had high exposure to anti-smoking campaigns, particularly from television, radio, newspapers and magazines. Most girls also had high level of awareness of tobacco advertising, having noticed them in posters and billboards and from movie ads, and to a lesser degree in discos and karaoke lounges. A greater percentage, 63.2%, was also aware of the anti-smoking messages on cigarette packs and anti-smoking bans in ads, other items and places.

Overall, the extent of smoking is increasing among girls in the Philippines. Cigarettes in the Philippines are widely available and accessible and young girls find it easy to acquire cigarettes preferring manufactured brands. The qualitative research also supports the notion that mixed forms of tobacco promotions flourish in this country due to weak control on penalty measures, that cigarette packs should contain more health information, and that the government should implement pictorial health warnings which are more effective in reducing smoking among young people, with a high level of perception that cigarette companies lie about the dangers of smoking.

The girls also agreed that cigarette companies try to get them to smoke and they want cigarette companies to get out of business. According to the girls, Health Education Programs

at the high school levels should be focused on the social influences to smoke that come from media, friends and family. The program scope should also include:

- 1) The social influences and peer norms on tobacco use and psychological consequences of smoking
- 2) The Health Program should include related training for Health teachers and school guidance counselors
- 3) Schools should also embark on tobacco free initiatives to make sure the health programs are well supported. Other innovations for interventions should also be explored like:
- 4) ICT- based anti tobacco campaigns should also be explored on wider coverage focus on school children
- 5) Peer Based interventions established in the schools which are user friendly
- 6) School policies and sanctions for possession and use
- 7) Community interventions to include vending policies and creation of clean indoor laws
- 8) Interventions that are youth and gender focus on risks and problem behaviors with empirical evidences on the effectiveness on any of these approaches.

Among the most widely accepted support for tobacco control policies was to ban smoking in public places and secondly, to follow-up and implement media campaigns on health education on the health risk of smoking. Despite the awareness of anti-smoking messages, tobacco smoking by minors is still observed with no clear programs on how to counter smoking among young girls and women. Although there are promising strategies employed, laws and policy must learn first-hand from implementers on the success of their programs and restriction campaigns.

ABSTRACT

This study *Smoking in Girls and Young Women in the Philippines* provides updated data on women and young girls smoking experience and behavior, awareness to smoking ban and advertisements, attitude and beliefs on smoking, smoking prevalence and smoking behavior of the respondent's family.

A cross-sectional survey was done among upper and secondary school girls and female college/university students for the phase 1 and qualitative study using focus group discussions (FGDs) was done for phase 2. The combined quantitative and qualitative method was used to investigate the objectives of the study to possibly provide recommendations for stricter policy measures towards tobacco control for youth.

The survey was conducted in Manila and Zamboanga representing the urban and rural capital cities with a response rate of 100%. A total of 3,046 respondents from the urban and rural capital cities were sampled from 15 secondary schools and 14 tertiary institutions. The responses on the questionnaires were done by marking the boxes on the choices provided or by filling out the actual data requested. The survey lasted for six weeks.

The selection of schools was randomly done from the list of schools in Manila for the urban capital and Zamboanga City for the rural capital area. The target respondents were drawn from 3 age clusters, namely 13-15 years old; 16-19 years old; and 20-25 years old, respectively. For the participating secondary schools, permission was sought from the Department of Education (DepEd) and from the Commission on Higher Education (CHED) for tertiary institutions included in the survey.

The qualitative study used FGDs with a total of 228 girls and young women for the twenty eight FGDs with 6-8 girls per group. The narrative data from the qualitative result generally discusses the substantial comparison among the 3 age groups at 2 comparative locations.

From the results of the quantitative and qualitative analysis, the survey revealed a higher prevalence of 37.8% who had ever smoked cigarette of which 18.7% are current smokers. A high percentage - 60.3% - of the girls first tried cigarettes at the age of 18 years and older.

From the qualitative results, mixed forms of tobacco promotions flourished in the country with weak control on penalty measures were claimed by girls. Despite high knowledge and awareness of anti-smoking messages, tobacco smoking in the country is still prevalent; cigarettes are widely available and accessible with no clear agreement on how to counter tobacco advertising which is flourishing in the country targeting young girls and women. Although there are promising strategies, laws and policies have to learn from the early implementers of the programs and campaigns.

From the findings, it can be said that the effectiveness of smoking prevention among girls should be focused on smoking cessation that have strong community-school based partnership to reduce smoking prevalence among youths regardless of gender. More empirical evidences are needed on penalties, and sanctions that cover smoking policies and laws, media campaigns on the adverse effects of secondhand smoke (SHS) on children in schools. There is also a greater need for health programs on smoking intervention, training for teachers and guidance counselors initiated at the first four years of high school. They

should also include the establishment of monitoring and evaluation system and smoking surveillance in school campuses.

This survey is limited to only girls and young women who attend schools and universities, thus not representative of other out of school girls of the same age in the Philippines. Also, the data generated were taken from the self-administered questionnaires. The students may not have revealed their true smoking behavior because the survey was done with the full cooperation of school administrators and teachers. Hence, to increase the cooperation and the quality of responses, the participants were ensured anonymity and confidentiality. The extent of validity of the girls' responses could have been more in-depth if the FGDs were done separately for smokers and non-smokers. A more thorough explanation would have been drawn if there were 2 distinct types of group discussions for smoking and non-smoking females.

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BACKGROUND

Smoking prevalence among young women is rapidly increasing globally whereas for men it is in decline. Although current overall prevalence is about 4 times higher among men than women globally (48% vs. 12%), this situation is quickly changing. Recent studies show that young girls are smoking in most countries nearly as much as young boys, and in some countries, their prevalence is even higher (British Columbia Centre of Excellence for Women's Health, 2006).

Between 1950 and 2000, about 10 million women died from tobacco use and the figure is expected to double in the next 30 years. According to Mackay and Amos (2003), "the epidemic (of tobacco use) among women will not reach its peak until well into the 21st century. This will have enormous consequences not only for women's health and economic wellbeing but also for that of their families".

Increase in smoking among young women has been reported in Association of Southeast Asian Nations (ASEAN) countries. In Thailand, smoking prevalence among female youth (15-24 years old) has increased in recent years. The upward trend was first seen in a 1997 study which showed that almost 5% of female high school and vocational students were smokers, which is twice that of the national smoking rate for women. This increase may be related to the increased prominence of foreign brands, because nearly 70% of these young women preferred Marlboro.

Smoking among young adolescents in ASEAN countries is also an important concern. There are substantial differences in smoking prevalence among girls aged 13 to 15 years old among countries in ASEAN. Malaysia, the Philippines and Singapore ranked the highest with a prevalence of 11.2% and 8.8%, 8.8%, respectively. Thailand and Myanmar reported a smoking prevalence of about 5%. Among the lowest reported prevalence were those in Indonesia (2.3%), Vietnam (1.9%), and Cambodia and Lao PDR with less than 1% prevalence (SEATCA 2007a and 2007b).

In 2004, the BMJ World Health Intelligence Report revealed that in the Philippines overall adult smoking prevalence is 54% for adult men and 11% for adult women. The report of Mackay (2002) placed the Philippines as the fourth highest among ASEAN countries in terms of smoking prevalence. Likewise, a news article in 1996 also reported tobacco use among Filipino youths from ages 18 years old and below to be high. Approximately 37% of young men and 18% of young women smoke at least on a monthly basis, according to the studies done by Alechnowics and Chapman in 2004.

There has been an increase in prevalence (33%) of people having ever smoked since 1995. It is quite alarming that almost one fifth of young Filipinos began smoking before reaching the age of 10 years old (Baquilod, 2001). A WHO (World Health Organization) study on smoking-related hazards in 1999 revealed that on average, two Filipinos die every hour from tobacco use.

The Philippine population is close to 77 million. This country is considered as the biggest consumer of cigarettes in the world which also ranked as the largest consumer of cigarettes among ASEAN countries. Presently, in the Philippines, cigarette prices are low (Guindon *et*

al, 2002) with the price of Marlboro brand being the second lowest in all ASEAN nations. The cigarette market has been dominated by menthol brands for several decades, although non-menthol volume has been steadily improving in recent years. La Suerte Cigar and Cigarette Company and Fortune Tobacco Company (FTC) have been the leading producers with licensing agreements. The FTC commands a 67% market share while La Suerte holds only 25% share.

Philippines banned all forms of tobacco advertising in the cinema and outdoors in July 2007 and in the mass media by July 2008 (SEATCA, 2008). But advertising at point-of-sale is still permitted. A ban on tobacco sponsorships was implemented since July 2008. These are the very special concern in all the regions in the Philippines especially where awareness of the hazards of smoking is low and sometimes non-existent. Local governments, where this situation is rampant, lack financial resources and experience in dealing with the tactics of the tobacco industry.

The GYTS 2000 and 2003 survey for the Philippines revealed approximately 4 in 10 students ever smoke cigarettes even if it was only one or two puffs. The estimates showed a higher percentage (42.8%) in 2000 compared to (41.9%) in 2003. The adolescent boys were more likely to have smoked than adolescent girls. The same report also revealed that 1 in 8 students who had smoke cigarette had started smoking before the age of 12 years old. Almost equal percentages were also revealed with 12.9% in 2000 and 12.7% in 2003 for boys who smoked below 12 years old.

This study serves to provide updated information on the extent and nature of tobacco smoking among females in the Philippines. The evidence generated could be used for development of tobacco control policies that can reduce smoking among youth in general and females in particular.

SPECIFIC OBJECTIVES OF THE STUDY

1. To determine the vulnerability and extent of smoking of the respondents.
2. To examine the girls' and young women's awareness and perception of ban on advertising, promotion and sponsorship and health warnings on cigarette.
3. To determine exposure to tobacco advertising, promotion and sponsorship among the respondents.
4. To examine respondents' support for tobacco control policies.
5. To examine respondents' perception of the tobacco industry's youth smoking prevention program and corporate social responsibility activities.

RESEARCH DESIGN AND METHODS

A combined quantitative and qualitative method was used to investigate the above objectives. The first phase of the study involved cross-sectional sample surveys of female secondary and college students. Data were collected using a self-administered structured questionnaire. This was followed by a more in-depth examination of key findings obtained from the surveys using focus group discussion method. The objective was to elicit better understanding and interpretation of survey results.

3.1 Sampling Design and Sample Size for Cross-sectional Surveys

The study selected girls in urban and rural secondary schools as well as urban female college/university students. A total sample of 3,046 female secondary and college/university students in the age categories of 13-15, 16-19 and the 20-25 year-olds were sampled for the study. The breakdown in samples according to geographical location and age group is presented below.

A list of schools and universities were obtained from the Offices of the Department of Education and Commission on Higher Education (DepEd and CHED) of the National Capital Region, Manila. The selection of schools from both the rural and urban capital areas was done randomly based on school locations. Permission was also sought from both DepEd and CHED to administer the survey questionnaires for the 2 locations. The schools were designated either urban or rural and likewise, public or private.

Table 1: Philippines sample size

Location	13-15 years old	16-19 years old	20-25 years old	Total
Urban (Manila)	525	501	505	1,531
Rural (Zamboanga)	510	505	500	1,515
Total	1,035	1,006	1,005	3,046

3.1.1 Respondents' Characteristics

The distribution of schools surveyed for each location and the demographic ages were summarized in Tables 1 and 2.

Table 2: Total schools participated in the survey

	Urban- Manila		Rural-Zamboanga		Total	
High School						
Public	5	35.7	4	26.7	9	31.0
Private	2	14.3	4	26.8	6	20.7
Tertiary						
Public	5	35.7	2	33.3	10	34.5
Private	2	14.3	5	13.3	4	13.8
Total	14	100 %	15	100 %	29	100 %

As shown from Table 2, there are about 34.5% public tertiary and 31.0% public high schools compared to 20.7% private secondary and 13.8% private tertiary institutions which participated in the survey.

3.1.2 Sampling for School-based Survey

The urban samples were obtained from 7 randomly selected high schools and 7 tertiary institutions in Manila, Quezon City, and the capital urban area. However, when one school declined to participate, an alternate school from Makati City was added in order to fulfill the 1,500 samples required for the urban quota.

Likewise from the rural area, 8 high schools and 7 tertiary institutions were randomly selected from Zamboanga City to obtain the required 1,500 respondents. In the survey, the private high schools were medium size schools while the public schools were large schools. The other 3 tertiary schools were public state universities with student population of 16,000 to 20,000.

Overall, there were a total of 15 secondary schools which consisted of 9 large public high schools and the remaining 6 schools were private medium size schools. The term *large schools* refers to schools with a student population size of about 6,000 while medium schools have more or less 2,000 to 3000 students.

Table 3: Respondents' characteristic by age group, school type and locale

Category	URBAN				RURAL				All groups
Age Group	13-15	16-19	20-25	Total	13-15	16-19	20-25	Total	
Type of Schools									
High Schools									
Public	64.8	34.4	0.9	66.0	82.2	15.8	1.7	34.0	29.3
Private	84.6	14.8	0.6	32.8	72.8	24.9	88.9	67.2	16.9
Tertiary Schools									
Public	0	34.8	65.2	58.7	0.8	37.2	62.0	41.3	38.7
Private	1.2	40.2	58.2	17.8	1.1	50.1	79.4	82.2	15.1

From Table 3, the majority (66%) of the respondents from public high schools were from urban areas whilst 67% of private high school students were from rural areas. Among those from public tertiary schools a majority (58.7%) were from urban areas. Over 80% of students from private tertiary schools were from the rural areas.

3.1.3 Sampling of Female College and University Students

Some of the classes in the selected tertiary schools were over sampled due to the limited number of girls in the classrooms who were between the ages of 23 to 25 years old. Filipinos in the 21-25 year-old age bracket would usually have finished their Bachelors degree. As such, the classes with girls in the age group of 20 to 25 years old were mostly those who attended courses with a five-year degree program or those enrolled in the graduate programs of the school.

Table 4: Respondents' year level

Items		Year level of respondents									
Category		1 st year high school	2 nd year high school	3 rd year high school	4 th year high school	1 st year BS	2 nd year BS	3 rd year BS	4 th year BS	5 th year BS	Graduate
AGE GROUP											
13-15	Urban	66.0	38.9	60.4	42.9						
	Rural	34.0	61.1	39.6	57.1						
16-19	Urban			67.0	36.3	49.3	59.7	45.7	34.1		
	Rural			33.0	63.7	50.7	40.3	54.3	65.9		
20-25	Urban							54.0	39.5	49.5	94.4
	Rural							46.0	60.5	50.5	5.6
Loca- tion	Urban	62.3	39.9	61.1	39.9	46.2	62.9	50.9	38.6	49.0	94.5
	Rural	37.7	60.1	38.9	80.1	53.8	37.1	49.1	61.4	51.0	5.5
Total Philippines		3.7	11.0	17.0	11.9	8.7	10.3	14.8	16.8	3.2	2.4

From Table 4, the female respondents were sampled from various high schools and tertiary institutions for both the urban and rural areas. Overall, the first year high school constituted 3.7%, while second year, third year and fourth year, accounted for 11.0%, 17.0%, and 11.9%, respectively.

Among the total respondents, 8.7% were from first year college, 10.3% from second year, 14.8% from third year, 16.8% from fourth year and 3.2 % from the fifth year in a five-year program of their bachelors' degree with only 2.4% from the higher degrees. The greatest percentage came from the fourth year level.

The survey data also shows the overall proportion of the rural and urban respondents by year levels. Among the urban respondents, the greater majority were found among first year high school students (62.3%) and second year college (62.9%), while accounting for 94.5% of those in higher degree levels.

On the other hand, respondents from the rural area made up the greatest proportion among fourth year high school (80.1%), second year high school (60.1%), and fourth year college students (61.4%).

3.2 The Survey Instruments and Data Collection for Quantitative Survey

The survey questionnaire was in English as it is the medium of instruction in most schools. The questionnaire was first pilot tested on a class in both high school and collegiate level from a public university. The pilot testing was done to approximate the time required for students to fill out the survey questionnaire and to ensure that all the items were clear and understandable.

The survey questionnaire consisted of 2 parts with a total of 68 items. Part I of the survey consisted of 4 aspects, namely; (a) smoking behavior (b) smoking experience and awareness (c) smoking ban (d) attitudes and beliefs. Part II included the items (e) on respondents' family demographics and, lastly (f) smoking behavior of parents and other family members.

In the administration of the questionnaires, the objectives and instructions were provided to the students on how best to answer the items. These were administered to selected classes in the secondary schools as well as in the tertiary institutions.

The responses on the questionnaires were done by marking the boxes on the choices provided or by filling out the actual data requested. The survey was administered between Sept to Oct 2007 over a six-week period. The completed questionnaires from the urban areas were sent through post to be incorporated with the rural sample prior to data analysis. The cities of Manila and Zamboanga are geographically located at extreme north and south of the Philippine archipelago. The response to the survey was voluntary with no additional incentives provided to increase the response rate to 100%.

3.2.1 Survey Questions

The survey questionnaire covered the following main questions:

- a. Smoking status and smoking history, including daily consumption, brand used, and age of onset.
- b. Awareness of and support for tobacco control policies and regulations such as smoking restrictions, ban on advertising, promotion and sponsorship, as well as warnings labels on cigarette pack.
- c. Exposures to tobacco advertising and promotion and anti-smoking activity.
- d. Beliefs about the tobacco industry and perception of tobacco industry youth smoking prevention programs and corporate social responsibility activities.
- e. Demographic characteristics (grade, age, gender, etc.)

3.2.1.1 Smoking Behavior

Smoking status was assessed by asking “Have you ever smoked a cigarette, even just a few puffs?” and “How many cigarettes have you smoked in your life?” Respondents who had smoked at least one cigarette were asked: “Think about the last 30 days. How often did you smoke?” The following criteria were used to define smoking status: *Never Smokers* (have never smoked a cigarette); *Ever smokers* (have tried cigarettes, even just a few puffs) and *Current smokers* (smoked in the past 30 days).

Age of initiation was measured by asking, “How old were you when you first smoked a whole cigarette?” Cigarette consumption among current smokers was assessed by asking, “During the past week, on the days you smoked, how many cigarettes did you smoke each day?” Current smokers were also asked the reasons for smoking, how often they smoke with friends and in the presence of their parents, their preferred brand, where they usually get their cigarettes, and where they usually smoke. In addition, current smokers were also asked their intention to quit.

3.2.1.2 Exposure to Anti-smoking Media Campaigns

Exposure to anti-smoking media campaigns was measured by asking respondents, “In the last six months, have you noticed advertising or information that talks about the dangers of smoking, or encourages quitting, in any of the following places: television, radio, posters, billboards, newspapers or magazines, cinema,

shops/stores, or on cigarette packs?” Respondents were also asked if they saw any advertisements from tobacco companies on the dangers of smoking.

3.2.1.3 Exposure to Advertising, Promotion and Sponsorship

Exposure to cigarette advertising was assessed by asking respondents whether they have noticed cigarettes or tobacco products advertised in any of the following places: on posters, in magazines, at shops or stores, in discos/karaoke clubs, in lounges, etc., and on or around street vendors; and how often they have seen advertisements for cigarettes at sports events, fairs, concerts, or community events. Exposure to cigarette promotion was evaluated by asking “In the last year, has anyone offered you a free sample of cigarettes, other than friends or family?”

3.2.1.4 Opinion on Tobacco Control Measures

Respondents were asked their opinion on health warnings on cigarette packs, ban on tobacco advertising, promotion and sponsorship, ban on smoking scenes in movies and TV programs, ban on display of cigarette packs at point-of-purchase, tobacco industry and their corporate social responsibility activities and implementation of tobacco control measures such as smoke-free areas.

3.2.1.5 Opinion on Smoke-free Areas

Respondents were asked their opinion whether smoking should be allowed at various public places (hospital, workplace, air-conditioned and non air-conditioned restaurants, public transport, place of worship, college).

3.2.1.6 Knowledge and Perception of Risks of Smoking

Knowledge and perception of the risks caused by smoking were assessed by asking if smoking causes various diseases, whether “light” or “mild” cigarettes are less harmful than regular cigarettes, whether cigarette smoking is harmful to smokers’ health, and whether cigarette smoke is dangerous to non-smokers.

3.2.1.7 Beliefs and Attitudes Toward Smoking

Attitudes toward male and female smoking were measured using a six-item scale and rated on a 4-point Likert scale ranging from “strongly agree” to “strongly disagree”. Beliefs about smoking were assessed using an eight-item scale ranging from “strongly agree” to “strongly disagree”. Respondents were also asked about their overall opinion of smoking. Peer smoking was measured by asking respondents to indicate how many of their five closest friends smoke.

3.2.1.8 Socio-demographic Characteristics

Traits that include sex, age, nationality, ethnicity, year of study, field of specialization, mother’s level of education, father’s level of education, place of residence of parents, older brother smoking, older sister smoking, father smoking and mother smoking.

3.2.2 Data Analysis for Quantitative Survey

The quantitative data collected were processed and analyzed using SPSS. Cross-sectional comparisons of each category of respondents and between urban and rural areas were carried out. Analyses of relationships between awareness, beliefs and smoking status were examined. Data obtained from the survey of female respondents were analyzed using descriptive statistics. Means, frequencies and percentages were used to describe the smoking behavior and experience, awareness on health risks on smoking, exposures to tobacco advertising, promotion, sponsorship and bans, attitude and beliefs towards smoking among girls and young women. The data were further cross tabulated and analyzed using Pearson chi square to determine significant differences across age groups and location. Logistic regression was used to determine significant factors associated with smoking.

3.3 Qualitative Study Using Focus Group Discussion (FGD) Method

A total of 28 FGDs was conducted consisting of 228 female students, outlined below. Each FGD comprised of between 6 to 8 female students.

Location/Age	13-15 years old	16-19 years old	20-25 years old
Urban (Manila)	4	4	6
Rural (Zamboanga)	4	4	6
Total	8	8	12

The FGD questions and discussions were based on the following issues:

- a) Awareness and knowledge on policies and rules
- b) Exposure to anti-tobacco messages and advertising
- c) Exposure to tobacco advertising, promotion and sponsorship
- d) Support for tobacco control policies
- e) Perceived effectiveness of current policies
- f) Attitudes and Practices related to Smoking
- g) Prevention of Smoking among youths

The discussions were audio-taped and transcribed verbatim. The 28 FGDs with open ended questions were simultaneously conducted in Manila and Zamboanga. The young girls from the secondary schools were gathered from different classes with the permission from the school principal to ensure complete representation of the ages required for specific groups.

During the FGDs the subjects were encouraged to say what they really felt and were assured not to worry whether their responses would be acceptable to the interviewers. The FGDs lasted between 40 minutes to one hour in a friendly atmosphere conducted within the campus settings, classrooms or in student's hangouts within the school premises. The researchers did not have any personal knowledge of the students' personal identity nor were the identities of the researchers known to the students involved in the FGDs. The discussions ended when no emerging concerns were expressed to provide support to the quantitative data collected. The girls joining the discussions were given ample time to clarify their views during the interviews.

3.3.1 Analysis of Qualitative Data

The Qualitative data collected from focus group discussions were transcribed and analyzed according to emerging themes which were reported in the form of narratives. The analyses were carried out using content analyses. To increase trustworthiness of the data collected, triangulation was done with the involvement of the principal investigator and two other researchers in the initial coding of the data categories. The overall transcripts were repeatedly read to obtain an overall understanding of the content. The continuing analyses coupled with the rereading of the data from the interviews resulted in the construction of the matrices for each category on eight themes pursued.

After careful consideration of the data collected, an initial typology of the responses among age groups was obtained. The data validation consisted of careful inspection of each discussion to check whether there were features that would lead to another category. Reformulation of the distinguishable category continued until each theme could be placed appropriately in one category. The analysis of the data progressed throughout the stages of data collection, data display and drawing of conclusions.

The remarkable similarities in the accounts of girls from various ages who never smoke and for those who smoke were also noted and pooled. The interviews from both the rural and urban schools contained similar proportion of the accounts that were important to the issues in the study. The verbatim data were collated using SPSS software for qualitative data and analyzed using the framework method (Lewis, 2003). The framework analyses proceeded with five stages: familiarization, identification of the thematic framework, indexing, charting and mapping and interpretation. Internal validity was established through the constant comparative method (Silverman, 2000) involving constant and repeated checking of the interpretation of the data, which was inherent to the five stages of analysis. The internal validity was further enhanced through the support of the quotations to supplement the analysis where quotations from the respondents explicitly documented linkages and explanations. To address external validity, triangulation was used from the data generated. To examine the detailed accounts of young girls and women's experience, awareness, attitude and beliefs on smoking the qualitative semi structured interviews was applied. The data were reported in the form of narratives.

ETHICAL CONCERNS

Permission was sought from both Department of Education (DepEd) and Commission on Higher Education (CHED) to administer the survey questionnaires to the schools.

Respondents were informed about the research objectives and plan on the use of the research outcomes, including how these will be disseminated. Verbal consent was obtained from the respondents with the assurance of confidentiality in their responses and that the presentation of results would be in a collective form.

RESULTS

5.1 Part I: Quantitative Study

5.1.1 Extent of Smoking and Smoking Behavior

5.1.1.1 Respondents' Smoking Behavior

The percentages of girls and young women who ever smoked, who smoked within the last 30 days and those vulnerable to smoking are presented in Table 5. Across groupings, by location and by year levels, there were higher percentages (26.3%, 37.1% and 50.4%) of respondents who ever smoked compared to those who smoked (14.6%, 18.3% and 23.3%) in the last 30 days for all levels. Overall, smoking rate among girls and young women from both the urban and the rural areas increases with age. Females aged 20-25 years old reported a significantly higher smoking rate than the younger females ($p < 0.001$).

Table 5: Reports on smoking behavior (% distribution of respondents)

Smoking Behavior	13-15 years old			16-19 years old			20-25 years old		
	Urban n=525	Rural n=510	Total n=1,035	Urban n=501	Rural n=505	Total n=1,006	Urban n=505	Rural n=500	Total n=1,005
% (Yes) Ever Smoked	26.3	26.3	26.3	38.5	35.6	37.1	53.1	47.8	50.4
% (Smoked) Smoked in the Last 30 Days	17.1	12.0	14.6	14.0	22.6	18.3	16.8	29.8	23.3
Cigarettes Smoked in Lifetime									
1-10	79.8	94.6	87.0	80.6	84.9	82.8	70.6	73.0	71.7
11-100	13.4	4.5	9.1	11.9	10.8	11.3	16.6	19.4	17.9
>100	6.7	0.9	3.9	7.5	4.2	5.8	12.8	7.7	10.5
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%
Age First Tried Cigarettes									
13 and below	66.7	82.5	74.1	35.6	41.6	38.5	13.1	36.3	23.9
14-17	33.3	17.5	25.9	64.4	58.4	61.5	86.9	63.7	76.1
18 and above	-	-	-	-	-	-	-	-	-
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%
Smoke if Friends Offer Cigarettes									
No	86.7	93.3	90.0	89.2	89.9	89.6	77.8	85.2	81.5
Yes	13.3	6.7	10.0	10.8	10.1	10.4	22.2	14.8	18.5
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%
Intention to Smoke Next Year									
No	91.4	94.7	93.0	89.4	86.5	88.0	84.2	87.8	86.0
Yes	8.6	5.3	7.0	10.6	13.5	12.0	15.8	12.2	14.0
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%
% (Yes) Older Brother Smoke	26.1	16.1	21.3	24.6	27.9	26.2	29.3	41.1	35.0
% (Yes) Older Sister Smoke	10.9	4.8	7.9	11.2	7.4	9.3	6.1	7.3	6.7

In comparing smoking in the last 30 days between urban and rural areas, higher figures were reflected for older students (22.6% and 29.8%) in the rural areas whereas in the urban areas the rate was higher among younger respondents. This may be an indication that younger students (13-15 years old) in urban settings were more inclined to be smokers due to exposure to tobacco ads which are generally targeting densely populated areas - a common marketing strategy.

Most of the girls and young women have smoked 10 or less cigarettes in their lifetime. A majority (74.1%) of the 13-15 year-olds first tried cigarettes when they were below 13 years old. Meanwhile, 61.5% of those aged 16-19 years old and 76.1% of respondents in the oldest group started smoking at an older age of 14 to 17 years old. None of the respondents started smoking at above 18 years old.

When asked if they will smoke if friends offered them a cigarette, the highest percentage (90%) of the younger girls and 89.6% from the 16-19 year-old age group with a slightly lower (81.5%) for university and college students said they would refuse. In comparison, the older girls were more vulnerable to smoking than the younger ones with 18.5% responding "yes" if offered cigarettes. Overall and across all age groups, the intention to smoke in the next year was low (7%, 12% and 14%) as most (93%, 88% and 86%) have no intention to do so.

The results generally revealed that respondents were more likely to have older brothers than older sisters who smoke.

5.1.1.2 Smoking Pattern of Current Smokers

Table 6 displays the distribution of respondents who smoked currently by smoking pattern

The first column characterized the responses of the lower secondary girls in the age group 13-15 years old. About 65.3% of them consumed 2-5 sticks in the past week while 45% smoked to release tension or stress. About 63.3% of them sometimes smoked with friends but 84% do not smoke with their parents. About 75.2% from these girls smoked manufactured cigarettes, 54% did not even know the taste of imported cigarette brands and 36.2% buy their own cigarettes. Those who usually smoked at their friend's house accounted for 35.8% and 40.7% neither find it easy or difficult to obtain cigarettes with 46.8% of them having the intention to quit smoking in the next 30 days.

The second column reveals smoking patterns for girls aged 16-19 years old from the upper secondary group. Similarly, the highest reflected percentage (54.4%) smoked 2-5 sticks during the past week. About 46.7% smoked to release tension, 63.9% sometimes smoked with friends and 85% never smoked with their parents. The girls (66.5%) also revealed that they smoked manufactured cigarettes. About 48.9% did not know the taste of imported brands and 40.1% of them usually buy their cigarettes. Those who usually smoke at their friend's house accounted for 26.4%. There were almost equal responses between those who said cigarettes were difficult to acquire (33.9%) and those who said it was neither difficult nor easy to get cigarettes (33.3%). About 46.7% had the intention to quit in the next 30 days.

Table 6: Smoking pattern of current smokers (% distribution of respondents)

Smoking Characteristics	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Cigarettes smoked in the last seven days				
<1 stick	14.7	18.1	18.5	17.4
2-5 sticks	65.3	54.4	46.6	54.1
5-10 sticks	16.7	21.4	22.0	20.4
>10 sticks	3.3	6.0	12.9	8.2
TOTAL	100%	100%	100%	100%
Reasons for Smoking				
To release tension/stress	45.0	46.7	49.8	47.5
To do what the guys can do	18.8	14.3	6.9	12.4
To be accepted by group	9.4	5.5	5.6	6.6
To relax	22.1	28.0	29.6	27.1
Group norm	4.7	5.5	8.2	6.4
TOTAL	100%	100%	100%	100%
Smoking with Friends				
Never	28.7	23.9	24.0	25.2
Sometimes	63.3	63.9	48.5	57.4
Often	8.0	12.2	27.5	17.4
TOTAL	100%	100%	100%	100%
Smoking with Parents				
Never	84.0	85.0	84.1	84.4
Sometimes	14.7	10.6	12.4	12.4
Often	1.3	4.4	3.4	3.2
TOTAL	100%	100%	100%	100%
Cigarettes usually smoke				
Manufactured cigarette	75.2	66.5	51.5	62.6
I have no usual brand	22.1	28.5	42.8	32.7
I usually smoke hand rolled cigarettes	2.8	5.0	5.7	4.7
TOTAL	100%	100%	100%	100%
Taste of imported cigarettes				
Taste better	20.7	27.2	24.9	24.5
Taste the same	19.3	19.4	24.9	21.7
Taste worse	6.0	4.4	15.9	9.6
I don't know	54.0	48.9	34.3	44.2
TOTAL	100%	100%	100%	100%
Usually get cigarettes				
I buy them	36.2	40.1	51.4	43.9
Someone buys them for me	16.2	11.1	8.9	11.5
I get them from friends	33.8	34.0	25.7	30.4
I get them from home	10.8	9.3	9.8	9.9
I get them another way	3.1	5.6	4.2	4.3
TOTAL	100%	100%	100%	100%
Usually smoke (where)				

At home	18.7	17.8	17.3	17.8
At school	12.2	11.0	27.3	18.4
At work	3.3	3.7	4.5	4.0
At friends' houses	35.8	26.4	13.6	23.1
At social events	5.7	17.8	23.6	17.4
In public places	17.9	17.2	10.9	14.6
Others	6.5	6.1	2.7	4.7
TOTAL	100%	100%	100%	100%
Easy or difficult to get cigarettes				
Difficult	29.3	33.9	28.0	30.2
Easy	30.0	32.8	53.0	40.4
Not sure	40.7	33.3	19.0	29.4
TOTAL	100%	100%	100%	100%
Intention to quit smoking				
In next 30 days	46.8	47.6	35.7	42.4
Sometime in next six months	18.0	11.9	14.7	14.7
Beyond six months	10.1	18.5	30.8	21.5
Don't plan to quit at all	25.2	22.0	18.8	21.5
TOTAL	100%	100%	100%	100%

For the older girls from the ages of 20-25 years old at the college levels, 46.6% smoked 2-5 sticks in the past week. About 49.8% smoked as a means to release tension and stress, 48.5% sometimes smoked with friends and 84.1% never smoke with their parents. About half (51.5%) smoked manufactured cigarettes; 34.3% do not know whether the taste of imported cigarettes are better, worst or just the same as local cigarettes. Those who bought their cigarettes made up 51.4% of the respondents in this age group and 27.3% of them usually smoked in school. Most (53%) said it was easy to obtain cigarettes and 35.7% had intention to quit smoking in the next month.

Taken together, over half (54.1%) of girls in all age groups combined smoked 2-5 sticks in the last seven days. Most (47.5%) of them smoked to release tension and stress. More than half (57.4%) sometimes smoked with friends and a higher majority (84.4%) did not smoke with their parents. While 62.6% usually smoked manufactured cigarettes, 44.2% of them did not know the taste of imported brands. About 43.9% usually buy their own cigarettes, and 23.1% usually smoke at their friend's house. While 40.4% found it easy to get cigarettes, 42.4% had intentions to quit smoking in the next 30 days.

5.1.2 Overall Opinion on Smoking

Table 7 examines the overall opinion on smoking among the 3 groups of girls. The results indicated that overall, the majority of the girls (88.1%) perceived smoking as bad/very bad. Similarly, most of the girls in each of the age categories were of the opinion that smoking is bad/very bad: 89.1% among those aged 13-15 years old, 88.5% of girls in the 16-19 year-old group and 86.1% of those aged 20-15 years old.

Table 7: Overall opinion on smoking

Overall Opinion	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Bad/very bad	89.7	88.5	86.1	88.1
Neither good nor bad	8.5	9.9	11.3	9.9
Good/very good	1.8	1.6	2.6	2.0
Total	100%	100%	100%	100%

Table 8 presents the overall opinion of smokers among non-smokers and smokers. A significantly lower percentage of smokers (68%) felt that smoking is bad/very bad compared to non-smokers (92.8%). Among smokers, a sizeable percentage (26.5%) viewed smoking as neither good/bad and 5.5% stated that smoking is good/very good. This shows that smokers tend to have a more positive attitude towards smoking compared to non-smokers.

Table 8: Overall opinion on smoking according to smoking status

Overall Opinion	Non-smoker	Smoker	All levels
Bad/very bad	92.8	68.0	88.1
Neither good nor bad	6.0	26.5	9.9
Good/very good	1.2	5.5	2.0
Total	100%	100%	100%

5.1.2.1 Opinion on Smoking

The results of respondents' opinion on smoking are presented in Table 9. The three groups were likely to agree on 5 issues about smoking albeit with some slight variations. They are: smoking controls body weight, it is a sign of modernity, it makes one look more mature, smokers had a harder time in sports and smokers have more friends. There were some differences in opinion regarding smoking between the three age groups. Larger percentages of the older respondents (20-25 years old) agreed that it is acceptable for young men and women to smoke and that the Philippines society approved of smoking compared to the younger girls.

Table 9: Respondents' opinion on smoking (percentage agreeing with statement)

Opinion on Smoking	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Smoking helps to control body weight	15.7	17.7	16.8	16.7%
Smoking is a sign of being modern	18.9	19.7	21.9	20.2%
Smoking makes people look cool or fit	18.0	16.6	22.8	19.1%
Most of the girls/women my age smoke	36.0	40.9	38.1	38.3%

It is acceptable for young men (aged 15 to 25) to smoke	23.6	21.5	35.4	26.8%
It is acceptable for young women (aged 15 to 25) to smoke	18.8	17.3	27.9	21.3%
Smoking is disgusting	59.7	60.1	64.6	61.5%
Smoking makes young people look more mature	40.7	43.9	43.8	42.8%
Smokers have a harder time in sports	42.4	41.3	43.4	42.3%
People who smoke have more friends	18.4	16.3	16.3	17.0%
Philippine society disapproves of smoking	43.8	36.9	30.7	37.2%

5.1.2.2 Opinion on Smoking by Current Smokers and Non-smokers

Table 10 presents the girls' current opinion on smoking according to their smoking status - smoker or non-smoker. Generally smokers perceived smoking more positively than non-smokers. This was reflected in larger percentages of smokers who agreed with most of the statements favoring smoking. On the contrary, non-smokers were more inclined to agree with statements that have a negative opinion on smoking such as smoking is disgusting, smokers have a harder time in sports and that society disapproves of smoking.

Table 10: Opinion on smoking by current smokers (smoking in last 30 days) and non-smokers

Opinion On Smoking	Non-Smoker n= 2,238	Smoker n=807	Total n=3,045
Smoking helps to control body weight	14.3	27.6	16.7%
Smoking is a sign of being modern	16.3	37.2	20.2%
Smoking make people look cool or fit	16.1	32.4	19.1%
Most of the girls/women my age smoke	35.7	49.7	38.3%
It is acceptable for young men (aged 15 to 25) to smoke	23.9	39.5	26.8%
It is acceptable for young women (aged 15 to 25) to smoke	18.5	33.7	21.3%
People who smoke have more friends	13.5	32.3	17.0%
Smoking is disgusting	64.7	42.4	61.5%
Smoking makes young people look more mature	40.9	51.0	42.8%
Smokers have a harder time in sports	47.2	42.1	42.3%
Philippine society disapproves of smoking	36.7	29.2	37.2%

5.1.3 Awareness of Diseases Caused by Smoking

Table 11 shows the awareness of diseases caused by smoking by age groups. The overall knowledge on smoking-related diseases was high among all 3 groups of female students. Nine in ten girls were aware that smoking causes lung cancer, stained teeth and stroke as well as pregnancy-related complications in women smokers. Over 80% were aware that smoking causes lung cancer in non-smokers and premature ageing; knowledge that smoking causes impotence in male smokers was relatively lower. The oldest respondents have a higher knowledge compared to the younger ones.

**Table 11: Awareness of diseases caused by smoking
(% of respondents who believe)**

Smoking causes the following diseases	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Lung cancer in smokers	93.8	97.3	98.7	96.6
Lung cancer in non-smokers from secondhand smoke	73.3	83.2	90.2	82.4
Stained teeth in smokers	89.6	94.5	92.9	92.3
Premature ageing	82.7	88.7	89.7	87.0
Stroke in smokers	85.7	92.2	93.2	90.0
Impotence in male smokers	74.9	79.6	82.2	78.8
Pregnancy related complications in women smokers	89.2	93.3	94.3	92.3

Comparably, the level of awareness was slightly higher among non-smokers than smokers for 7 of the diseases caused by smoking (Table 12). Non-smokers were more aware that smoking causes lung cancer among non-smokers from secondhand smoke, stained teeth, premature ageing, stroke, impotence for men, and pregnancy-related complications for women.

**Table 12: Awareness of diseases caused by smoking according to smoking status
(% of respondents who believe)**

Smoking causes the following diseases	Non-Smoker n= 2,238	Smoker n=807	Total n=3,045
Lung cancer in smokers	96.5%	96.8%	96.6%
Lung cancer in non-smokers from secondhand smoke	83.6%	77.0%	82.4%
Stained teeth in smokers	93.5%	87.3%	92.3%
Premature ageing	88.2%	81.9%	87.0%
Stroke in smokers	91.1%	85.2%	90.0%
Impotence in male smokers	80.4%	72.2%	78.9%
Pregnancy-related complications in women smokers	93.0%	88.8%	92.3%

5.1.4 Exposure to Media Campaign, Health Warnings, Advertising, Promotion and Sponsorship

5.1.4.1 Exposure to Anti-smoking Media Messages in Last Six Months (by age)

As shown in Table 13, most girls in each age group were sometimes exposed to anti-smoking messages in the last six months. Overall, the girls' responses revealed that 54.3% were sometimes exposed to anti-smoking messages.

Television (71.6%) is the major source of anti-smoking messages followed by warning signs on cigarette packs (63.2%). Over half of the respondents have also heard anti-smoking messages over the radio (55.0%) and seen them in newspapers and magazines (55.9%). Other sources include billboards, ads flashed in cinema before and after the movie, at karaoke and disco lounges.

**Table 13: Exposure to anti-smoking media messages in last six months
(% distribution of respondents)**

Exposure to Anti-Smoking	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Exposure to anti-smoking messages				
Never	39.1	34.4	41.5	38.3
Sometimes	53.1	58.3	51.5	54.3
A lot	7.7	7.3	7.0	7.3
Total	100%	100%	100%	100%
Source of anti-smoking Advertising				(*)
On television	75.0	75.8	63.7	71.6%
On radio	55.9	57.6	51.4	55.0%
On poster	51.3	53.7	44.9	50.0%
On billboards	36.0	37.0	31.8	34.9%
In newspapers or magazines	54.9	60.7	52.1	55.9%
At cinema before or after film	34.1	36.9	32.1	34.4%
In discos/karaoke lounges	23.9	29.8	24.9	26.2%
On cigarette packs	64.9	68.6	56.2	63.2%
Others	66.1	62.5	45.7	59.3%

The data in Table 14 shows a slightly larger proportion of smokers exposed to anti-smoking messages. Over two-thirds of smokers or 68.4% and 60.2% non-smokers reported exposures to anti-smoking messages in the last six months. Exposure to all forms of anti-smoking advertising was higher among smokers compared to non-smokers.

**Table 14: Exposure to anti-smoking media messages in last six months
by current smoking status (% distribution of respondents)**

Exposure to Anti-Smoking	Non- Smoker n= 2,238	Smoker n=807	Total n=3,045
Exposure to anti-smoking messages			
Never	39.9	31.6	38.3
Sometimes	53.2	59.4	54.3
A lot	7.0	9.0	7.3
Total	100.0%	100.0%	100.0%
Source of anti-smoking advertising			(*)
On television	70.3	77.1	71.6%
On radio	52.9	64.0	55.0%
On poster	48.5	56.3	50.0%
On billboards	32.6	45.3	34.9%
In newspapers or magazines	54.0	64.3	55.9%
At cinema before or after film	32.3	43.6	34.4%
In discos/karaoke lounges	23.6	37.4	26.2%
On cigarette packs	60.7	74.2	63.2%
Others	62.4	50.0	59.3%

5.1.4.2 Exposure to Health Warnings on Cigarette Packs

Table 15 shows that a majority of the girls were aware of health warnings on cigarette packs, i.e., the younger age group (70.2%), older group (75.7%) and oldest group (80.3%). A sizeable proportion of the girls in each age group also revealed that they have often noticed health warnings in the last month: 39.7% among 13-15 year-olds, 44.1% among 16-19 year-olds and 40.9% among 20-25 year-olds. These health warnings have had an impact as they have influenced a significant proportion of girls within each age category to think a lot about health risks of smoking.

**Table 15: Exposure to health warnings on cigarette packs
(% distribution of respondents)**

Exposure to Health Warnings	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Awareness of health warning on packs				
Yes	70.2	75.7	80.3	75.4
No	10.3	6.8	6.6	7.9
Don't know	19.4	17.5	13.1	16.7
Total	100%	100%	100%	100%
Noticed health warnings in last month				
Never	34.2	29.5	30.7	31.5
Once in a while	26.1	26.4	28.5	27.0
Often	39.7	44.1	40.9	41.6
Total	100%	100%	100%	100%
Extent health warnings made you think about health risks of smoking				
Not at all	28.1	24.7	21.7	24.9
A little	23.1	25.0	29.9	26.0
A lot	38.6	44.6	37.9	40.4
Haven't seen any	10.1	5.7	10.5	8.8
Total	100%	100%	100%	100%

Overall, the study revealed a high level of exposure to health warnings with 75.4% of the girls indicating awareness of such warnings, with 41.6% having noticed health warnings often in the last month while 40.4% said the health warnings made them think a lot about the risks of smoking.

**Table 16: Exposure to health warnings on cigarette packs
by current smoking status (% distribution of respondents)**

Exposure to Health Warnings	Non-Smoker n= 2,238	Smoker n=807	Total n=3,045
Awareness of health warnings			
Yes	73.6	83.0	75.4
No	7.3	10.5	7.9
Don't know	19.1	6.5	16.7
Total	100%	100%	100%

Noticed health warnings in last month			
Never	35.8	12.5	31.5
Once in a while	25.9	31.8	27.0
Often	38.3	55.7	41.6
Total	100%	100%	100%
Extent health warnings made you think about health risks of smoking			
Not at all	27.0	15.5	24.9
A little	22.8	39.7	26.0
A lot	40.3	40.7	40.4
Haven't seen any	9.9	4.1	8.8
Total	100%	100%	100%

Table 16 presents the respondents' awareness of health warnings on cigarette packs, health warnings noticed in the last month and health warnings about the risk of smoking among smokers and non-smokers. Both non-smokers (73.6%) and smokers (83%) were aware of health warnings in cigarette packs. A larger percentage of smokers (55.7%) compared to non-smokers (38.3%) have often noticed health warnings in the last month. Four in ten smokers and non-smokers said that health warnings on cigarette packs made them think a lot about the health risks of smoking.

5.1.4.3 Exposure to Tobacco Advertising, Promotion and Sponsorship

Table 17 presents results on the respondents' exposure to tobacco advertising in the last 30 days. Most girls and young women were exposed to tobacco advertising with slightly over a third who mentioned often being exposed. Exposures were higher among the oldest respondents. Tobacco advertising is prevalent and diverse. Over three quarters of the female respondents have seen tobacco advertising on television, posters, in stores and at cigarette points of sales. Two-thirds have heard tobacco advertising over the radio; have noticed advertising on billboards, in print media and at hospitality and entertainment venues. A comparison across age groups revealed that a larger percentage of the older respondents reported noticing tobacco advertising from all media.

Table 17: Exposure to tobacco advertising (% distribution of respondents)

Exposure to Tobacco Ads	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Noticed tobacco advertisements in last 30 days				
Never	34.8	27.5	20.5	27.7
Once in a while	33.2	38.6	37.8	36.5
Often	32.0	33.9	41.6	35.8
Total	100%	100%	100%	100.0%
Source of tobacco advertising in the last 30 days:	(% yes)	(% yes)	(% yes)	(% yes)
On television	85.2%	86.0%	89.5%	86.9%
On radio	61.1%	62.0%	72.4%	65.1%
On poster	79.5%	78.7%	84.7%	81.0%
On billboards	60.6%	63.4%	71.5%	65.1%
In newspapers or magazines	60.1%	62.0%	76.5%	66.1%

Stores	77.9%	78.9%	80.5%	79.1%
Café/restaurants/karaoke lounges	51.7%	57.1%	68.1%	58.9%
Cigarette points of sale	77.7%	77.5%	80.3%	78.5%
Others	69.2%	75.4%	77.3%	73.0%
Exposure to cigarette ads at sports events, fairs, concerts, or community events				
Never	37.0	30.4	31.2	32.9
Sometimes	48.2	51.1	46.7	48.7
A lot	7.6	12.3	11.2	10.3
Hardly attend such events	7.3	6.3	11.0	8.2
Total	100%	100%	100%	100%
Offered free sample of cigarettes (% yes)	14.0	16.9	18.2	16.3%
Noticed competitions/prizes associated with cigarettes (% yes)	27.6	37.6	47.5	37.5%
Owned merchandise with cigarette brand name (% yes)	16.7	17.0	25.5	19.7%
Likely to use something with cigarette brand name (% yes)	14.1	14.4	34.7	21.0%
Watching actors smoke on TV, videos or movies				
Never	9.8	8.5	9.9	9.4
Sometimes	57.0	48.8	48.4	51.4
A lot	28.9	39.4	39.3	35.8
Hardly watch TV, videos or movies	4.3	3.3	2.5	3.4
Total	100%	100%	100%	100%
Favorite actors smoke				
None	24.4	15.1	12.5	17.4
Some	40.1	47.0	40.5	42.5
Most or all	10.9	15.3	14.9	13.7
Don't have any favorite actors	4.3	5.0	4.1	4.4
Don't know	20.3	17.6	28.0	21.9
Total	100%	100%	100%	100%

About half of the females in all age groups have sometimes seen cigarette ads at sports events, fairs, concerts, or community events with a small minority having seen a lot of tobacco advertising at such events. Although a small percentage of girls of all age groups have been offered free sample of cigarettes, a significantly higher percentage was reported by the oldest group (18.2%).

Slightly over a third (37.5%) of the female respondents has noticed competitions or prizes associated with cigarettes. Reports of such observations increased with age. Almost half of the 20-25 year-olds have seen such forms of cigarette promotions compared to significantly lower percentages among the younger groups.

One in five female students owned merchandise with a cigarette brand name. Ownership of such items also increased with age. A similar proportion of female students said that they were likely to use something with a cigarette brand name. A larger percentage of older female students aged 20-25 years old mentioned that they were more likely to use such items compared to the younger groups.

Most respondents from all age groups reported watching actors smoke on television, videos and movies. Nearly half of the respondents mentioned that some of their favorite actors smoke.

Table 18 compares smoking and non-smoking respondents' exposures to tobacco advertising. A significantly larger percentage of smokers were exposed to tobacco advertising compared to non-smokers in the last 30 days ($p < 0.01$). An overwhelming majority of both smokers and non-smokers have noticed tobacco advertising on all media. Both groups provided comparable responses as to their exposure to cigarette ads at sports, events, fairs, concerts or community events (48.4% of non-smokers and 49.7% of smokers said they sometimes notice such ads). Slightly over half (52.3%) of the non-smokers sometimes watched actors smoke on TV, videos or movie while 47.6% smokers revealed likewise. Some of the favorite actors of non-smokers (41.8%) and smokers (45.4%) smoked.

About half of both groups supported the banning of smoking scenes in movies and television programs.

Table 18: Exposure to tobacco advertising by current smoking status

Exposure to tobacco advertising	Non-Smoker n= 2,238	Smoker n=807	Total n=3,045
Noticed tobacco advertisements in last 30 days			
Never	30.3	16.3	27.7
Once in a while	35.3	41.9	36.5
Often	34.5	41.8	35.8
Total	100%	100%	100%
Source of tobacco advertising in the last 30 days	(% yes)	(% yes)	(% yes)
On television	86.3%	89.5%	86.9%
On radio	64.4%	68.3%	65.1%
On poster	80.3%	84.0%	81.0%
On billboards	63.9%	70.5%	65.1%
In newspapers or magazines	65.6%	68.3%	66.1%
Stores	79.0%	79.3%	79.1%
Café/restaurants/karaoke lounges	56.7%	68.6%	58.9%
Cigarette points of sale	77.6%	82.5%	78.5%
Others	69.7%	81.8%	73.0%
Exposure to cigarette ads at sports events, fairs, concerts, or community events			
Never	34.8	24.6	32.9
Sometimes	48.4	49.7	48.7
A lot	8.6	17.8	10.3
Hardly attend such events	8.2	7.9	8.2
Total	100%	100%	100%
Offered a free sample of cigarettes (% yes)	13.2%	30.2%	16.3%
Noticed competitions/prizes associated with cigarettes (% yes)	36.7%	41.1%	37.5%
Owned merchandise with cigarette brand name (% yes)	16.7%	32.7%	19.7%
Likely to use something with cigarette brand name (% yes)	19.1%	29.3%	21.0%
Watching actors smoke on TV, videos or movies			
Never	9.2	10.2	9.4
Sometimes	52.3	47.6	51.4
A lot	35.2	38.1	35.8

Hardly watch TV, videos or movies	3.2	4.0	3.4
Total	100%	100%	100%
Favorite actors smoke			
None	18.4	13.0	17.4
Some	41.8	45.5	42.5
Most or all	11.9	21.4	13.7
Don't have any favorite actors	4.2	5.3	4.4
Don't know	23.6	14.8	21.9
Total	100%	100%	100%
Support banning on smoking scenes in movies and television programs			
Not at all	48.0	51.5	48.7
A little/somewhat	29.6	32.6	30.2
A lot	22.4	15.9	21.2
Total	100%	100%	100%

A significantly ($p < 0.01$) larger percentage of smokers (30.2%) were offered free sample of cigarettes, compared to non-smokers (13.2%). More smokers (41.2%) than non-smokers (36.7%) noticed competitions and prizes associated with cigarettes. Smokers were more likely to own a merchandize with a cigarette brand name on it compared to non-smokers (32.7% vs. 16.7%; $p < 0.01$). Smokers were also more likely to use such products compared to non-smokers (29.3% vs. 19.1%; $p < 0.01$).

5.1.5 Opinion on Tobacco Control Policies

5.1.5.1 Opinion on Pictorial Health Warnings

Table 19 presents the respondents' opinion on health warnings on cigarette packages and health pictorials.

Overall, slightly half (52.7%) of the girls mentioned that cigarettes should have more health information on cigarette packages; 52.8% believed that pictorial health warnings is effective in reducing smoking among young people and 75.9% also agreed that the government should implement pictorial health warnings on cigarette packs in the Philippines. Females of all age groups have rather similar opinions concerning health warnings on cigarettes packs.

Table 19: Opinion on pictorial health warnings (% distribution of respondents)

Health Warnings on Cigarette Packages	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Think that cigarette packages should have...				
Less health information compared to now	16.3	17.0	13.1	15.5
About the same as now	9.4	9.1	13.1	10.5
More health information compared to now	50.0	52.2	55.9	52.7
Can't say	24.3	21.7	18.0	21.3
Total	100%	100%	100%	100.0%
Believe that pictorial health warnings is effective in reducing smoking among young people				
Effective	51.9	49.0	57.5	52.8

Neither effective nor ineffective	32.2	31.1	28.4	30.6
Ineffective	16.0	19.8	14.1	16.6
Total	100%	100%	100%	100%
Should government implement pictorial health warnings on cigarette packs in the Philippines				
Yes	70.2	75.7	82.0	75.9
No	9.9	9.4	6.6	8.6
Unsure	19.9	14.9	11.4	15.4
Total	100%	100%	100%	100%

5.1.5.2 Opinion on Tobacco Advertising Ban

The figures in Table 20 show that slightly more than half (53.4%) of the girls support a complete ban on tobacco advertisements inside shops and stores with a sizeable percentage (23.1%) who stated that they support this policy a lot. Across the 3 age groups, the oldest girls (20-25 years of age) have expressed the strongest support.

A rather similar support is indicated for a complete ban on displays of cigarettes inside shops and stores. Over half of the female respondents said that they would support such a policy, with one in four females strongly supporting this measure. Likewise, the oldest females showed the strongest support for bans on displays of cigarettes.

Table 20: Opinion on tobacco advertising ban (% distribution of respondents)

Opinion on Tobacco Ads	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Support a complete ban on tobacco advertisements inside shops and stores				
Not at all	57.4	47.2	35.0	46.6
A little/somewhat	24.0	29.6	37.4	30.3
A lot	18.6	23.2	27.6	23.1
Total	100%	100%	100%	100%
Support a complete ban on displays of cigarettes inside shops and stores				
Not at all	55.2	46.0	36.6	46.0
A little/somewhat	25.1	29.5	37.6	30.7
A lot	19.7	24.5	25.8	23.3
Total	100%	100%	100%	100%
Believe that ban on sale to minors is effective in reducing smoking among young people in the Philippines				
Effective	59.4	54.9	54.4	56.3
Neither effective nor ineffective	24.8	26.6	30.0	27.1
Ineffective	15.8	18.5	15.5	16.6
Total	100%	100%	100%	100%

When asked whether the ban on cigarette sales to minors is effective in reducing smoking among young people in the Philippines, over half (56.3%) of the females believed that it is an effective measure in curbing smoking among the young. Less

than a third of the girls said that banning sales to minors is neither effective nor ineffective. Only a minority of the females perceived that this is an ineffective measure in controlling smoking among youths. There are no significant differences in opinion between the 3 age groups.

5.1.5.3 Support for Complete Ban on Smoking in Various Public Places

Table 21 presents results of respondents' opinion on total ban on smoking at various public places. Nine in ten females supported a total ban on smoking in hospitals, air-conditioned restaurants and other air-conditioned places, in door areas at places of worship and educational institutions. There was moderate support for smoking prohibitions in outdoor areas of worship, public transport and workplaces (67% to 75%). Support for a total smoking ban was least for non air-conditioned restaurants and public eating areas (55.6%) as well as bars/pubs and discos (40.9%). Support for smoke-free policies was similar across all age groups.

**Table 21: Support for complete ban on smoking in various public places
(% of respondents who agreed to a total ban)**

Support for Complete Ban at Public Places	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Hospitals	90.5	89.1	92.0	90.6
Workplaces	68.5	64.1	67.9	66.9
Air-conditioned restaurants and other air-conditioned places	89.6	89.9	88.5	89.3
Non air-conditioned restaurants and public eating areas	56.5	53.4	56.8	55.6
Public transport	64.6	66.8	72.3	67.9
Indoor areas at your place of worship	89.1	91.0	92.5	90.8
Outdoor areas at your place of worship	71.7	73.3	79.4	74.8
Bars/pubs/discos	42.9	40.3	39.4	40.9
Universities/colleges/school	84.2	78.5	80.1	80.9

5.1.5.4 Opinion on Effectiveness of Enforcement of Smoking Bans in Public Places

Table 22 reveals that the opinions on the effectiveness of smoking ban is mixed and generally differ between age groups. Over a third of the females believed that the enforcement of smoking bans in public places is ineffective. A third of the female respondents have neutral opinions. Significantly more of the oldest females believed that smoking bans are not effectively enforced.

Table 22: Opinion on effectiveness of enforcement of smoking bans in public places

Effectiveness of Enforcement	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Enforcement of smoking bans				
Effective	35.9	28.0	19.3	27.8
Neither effective nor ineffective	36.6	37.2	28.2	34.0
Ineffective	27.5	34.8	52.6	38.2
Total	100%	100%	100%	100%
Factors preventing implementation of smoking ban in public places	(*%)	(*%)	(*%)	(*%)
Lack of enforcement	71.8	80.7	89.0	80.5
Public awareness is inadequate	72.4	78.6	87.6	79.5
Lack of concern of non-smokers about passive smoking	71.6	80.0	88.9	80.1
High social acceptability of smoking	66.5	75.1	85.7	75.7
Others	59.7	64.4	71.8	64.4
Ways to improve implementation of smoking ban	(*%)	(*%)	(*%)	(*%)
Increase enforcement	78.0	82.2	92.7	84.2
Increase public awareness	81.3	84.5	91.4	85.7
Educate public about the harms of passive smoking	81.2	86.8	92.7	86.8
Others	76.9	71.7	82.3	77.0

Comparing their responses on the factors that prevent implementation of smoking bans in public places, the results showed that a large majority of the girls identified all the factors as barriers to implementation of smoking bans namely: lack of enforcement, inadequate public awareness, non-smokers' lack of concern for passive smoking and a high social acceptability of smoking. Significantly older girls attributed the ineffective execution of smoking bans to these factors.

5.1.5.5 Awareness of “light” and “mild” cigarettes

The respondents' awareness of “light” and “mild” cigarettes is reflected in Table 23. A larger percentage of younger girls have not heard of “light” and “mild” brands compared to the older girls: 41.6% among 16-19 years old and 33.5% of older girls. The two older groups had a greater awareness of “light” and “mild” brands compared to the younger groups.

When asked whether “light” or “mild” cigarettes are easier or harder to smoke and less harmful than regular cigarettes, the responses were varied. A larger percentage of younger female respondents - 54.6% of those aged 13-15 years old, 49.5% among those aged 16-19 years old and 42.5% of the oldest group - revealed that they didn't know if there is a difference or they have not heard about such cigarettes. On their awareness on whether “light” and “mild” cigarettes are less harmful than regular brands, a similar pattern of responses was observed. A large percentage of girls in all

age groups did not know whether “mild”/“light” cigarettes are less harmful than regular cigarettes or they haven’t heard of it.

Table 23: Awareness of “light” and “mild” cigarettes

Awareness of light and mild cigarettes	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Ever heard of “light” or “mild” cigarettes				
Yes	45.8	58.4	66.5	56.8
No	54.2	41.6	33.5	43.2
Total	100%	100%	100%	100%
Are “light” or “mild” cigarettes easier or harder to smoke?				
Easier	16.3	17.8	25.4	19.8
Harder	9.6	14.4	10.1	11.4
No Difference	19.5	18.2	22.0	19.9
Don’t know/haven’t heard of “light” or “mild” cigarettes	54.6	49.5	42.5	48.9
Total	100%	100%	100%	100%
Believe that “light” or “mild” cigarettes are less harmful than regular cigarettes				
No, they are not	28.1	30.9	25.9	28.3
Yes, they are less harmful	17.3	17.6	25.5	20.1
Don’t know/haven’t heard of “light” or “mild” cigarettes	54.6	51.5	48.6	51.6
Total	100%	100%	100%	100%

Table 24: Awareness of “light” and “mild” cigarettes by current smoking status

Awareness of “light” and “mild” cigarettes	Non-Smoker n= 2,238	Smoker n=807	Total n=3,045
Ever heard of “light” or “mild” cigarettes			
Yes	52.8	74.1	56.8
No	47.2	25.9	43.2
Total	100%	100%	100%
Are “light” or “mild” cigarettes easier or harder to smoke?			
Easier	16.2	35.4	19.8
Harder	9.1	21.3	11.4
No Difference	19.0	23.6	19.9
Don’t know/haven’t heard of “light” or “mild” cigarettes	55.7	19.6	48.9
Total	100%	100%	100%
Believe that “light” or “mild” cigarettes are less harmful than regular cigarettes			
No, they are not	28.0	29.5	28.3
Yes, they are less harmful	15.1	41.7	20.1
Don’t know/haven’t heard of “light” or “mild” cigarettes	56.8	28.8	51.6
Total	100%	100%	100%

Responses on awareness of “light” and “mild” cigarettes between smokers and non-smokers are shown in Table 24.

Significantly more smokers (74.1%) were aware of “light” or “mild” cigarettes compared to non-smokers (52.8%), indicating a much less exposure to cigarettes among non-smokers.

When asked whether “light” or “mild” cigarettes are easier or harder to smoke and whether they believe if “light” and “mild” brands are less harmful than regular cigarettes, significant differences in responses were seen between smokers and non-smokers. Generally, smokers rather than non-smokers were more likely to believe that “light” and “mild” cigarettes are easier to smoke and are less harmful.

5.1.5.6 Perception of Tobacco Industry’s Youth Smoking Prevention (YSP)

The data in Table 25 presents the perception of tobacco industry’s Youth Smoking Prevention (YSP) Program and Social Corporate Responsibility (CSR) activities.

Most of the girls in the two younger age groups (53.5% of 13-15 year-olds and 49% of 16-19 year-olds, respectively) believed that the YSP program is effective in reducing smoking among the youth compared to the older girls (37.1% of 20-15 year-olds). A sizeable proportion of the girls felt that this program is neither effective nor ineffective. A varied perception is also revealed among the girls relating to their support for corporate social responsibility activities of the tobacco industry. About half of the two youngest group were non supportive compared to slightly over a third of the 20-25 year-olds. On the contrary, a higher percentage of the latter group expressed support for this program.

Table 25: Perception of tobacco industry’s youth smoking prevention (YSP) program and corporate social responsibility (CSR) activities

Tobacco Industry Activities	13-15 years old n=1,035	16-19 years old n=1,006	20-25 years old n=1,005	All Groups n=3,046
Believe that YSP program is effective in reducing smoking among young people				
Effective	53.5	49.0	37.1	46.6
Neither effective nor ineffective	36.9	38.9	39.1	38.3
Ineffective	3.9	6.6	9.4	6.6
Never heard of YSP program	5.7	5.6	14.5	8.5
Total	100%	100%	100%	100%
Support corporate social responsibility activities of tobacco industry				
Not at all	49.6	46.3	37.3	44.5
A little/somewhat	39.2	40.9	49.8	43.3
A lot	11.1	12.9	12.9	12.3
Total	100%	100%	100%	100%
Opinion about the contribution of tobacco industry to the Philippine economy				
Nothing	15.8	11.6	17.3	14.9
Very little/somewhat	34.2	37.4	39.8	37.1
A lot	11.0	14.7	15.8	13.8

No idea	39.0	36.2	27.1	34.1
Total	100%	100%	100%	100%
Like cigarette company				
Like them a lot/somewhat	11.6	11.9	9.9	11.1
Neither like or dislike	18.6	21.7	28.7	23.0
Don't like them somewhat/at all	69.8	66.4	61.5	65.9
Total	100%	100%	100%	100.0%
Opinion on cigarette companies				
Cigarette companies lie about the danger of smoking (% agreeing)	45.0%	50.7%	55.2%	50.2%
Cigarette companies try to get people my age to smoke (% agreeing)	45.1%	54.9%	57.5%	52.4%
I would like to see cigarette companies go out of business (% agreeing)	56.5%	58.4%	62.2%	59.0%
Tobacco companies do good things for the community (% agreeing)	21.3%	22.2%	18.8%	20.8%

When asked about the contribution of the tobacco industry to the Philippine economy, about half of the females held the opinion that the industry contribute nothing or very little to the economy. A third of the females said they had “no idea”. Most of the females also expressed their dislike for the tobacco industry. Responses are similar among all the 3 age-groups.

Half of the respondents felt that cigarette companies lie about the dangers of smoking; 52.4% agreed that cigarette companies try to get the youth to smoke, while 59.0% also said that they would like to see cigarette companies go out of business. Only 20.9% of the girls perceived that tobacco companies do good things for the community.

5.1.6 Multivariate Analysis of Factors Related to Smoking

Bivariate analyses were computed to determine the relationship between female smoking, and personal (knowledge of smoking-related diseases, attitudes and beliefs about smoking) and socio-cultural factors such as exposure to cigarette advertising, peer smoking, parent smoking, offered free cigarette. Thirteen variables were found to be significantly associated with current smoking status. The list of predictor variables and coding are shown in Table 26 below. A binary logistic regression analysis was carried out to determine which variables significantly predicted smoking among the girls and young women. All variables were entered into the logistic regression model. The logistic regression coefficients were used to estimate odds ratios for each of the independent variables in the model.

Table 26: Coding of predictor variables

Predictor variable	Coding (dichotomy)
Personal factors	
1. Knowledge of smoking-related diseases	High = 0; Low/moderate = 1
2. Overall opinion on smoking	Bad = 0; Good or neutral = 1
3. Perception about image of smoking	Negative image= 0; Positive image = 1
4. Acceptable for young men to smoke	Disagree = 0; Agree =1

5. Acceptable for young women to smoke	Disagree = 0; Agree =1
6. Most girls my age smoke	Disagree = 0; Agree =1
7. Age	13-19= 0; 20-25= 1
Socio-cultural factors	
8. At least one member of family smokes	No =0; Yes =1
9. Number of closest friends who smoke	0 friends =0; 1-5 friends = 1
10. Noticed things that encourage smoking	No =0; Yes =1
11. Exposure to cigarette ads at sports and cultural events	No =0; Yes =1
12. Offered free cigarette samples	No =0; Yes =1
13. Owned merchandise with cigarette brand name	No =0; Yes =1

5.1.7 Predictors of Current Smoking among Females

Of the 3,046 female respondents, only 2,729 respondents were available for analysis using stepwise logistic regression. Among this group 505 were current smokers.

Table 27 presents the predictors of current smoking from the logistic regression model. Three of the seven personal factors and five of the six socio-cultural factors significantly predicted smoking. The girls who had low knowledge of smoking-related diseases were 1.3 times more likely to smoke. Females with a positive overall opinion of smoking (i.e., think that smoking is good) were 3.1 times more likely to smoke. Girls and young women were 1.8 times more likely to smoke if they have a positive image of smoking. Other personal factors have no effect on the likelihood of smoking.

Among the significant socio-cultural predictors, girls and young women who have at least one close friend who smoked are four times more likely to smoke. Individuals with a family member who smoked were 2.2 times more likely to smoke. Those who noticed things that made them think about smoking were 1.9 times more likely to smoke. Females who were offered free cigarettes in the last year and those who owned a merchandise with a cigarette brand name were 1.6 times and 1.3 times more likely to smoke, respectively.

Exposure to cigarette advertising at sports or community events did not significantly predict smoking among the females. The Nagelkerke R^2 at 0.302 indicates that 30% of the variation in predicting current smoking is explained by the predictors from the logistic regression model.

Table 27: Predictors of Current Smoking among Females

Variable	Odds Ratio	95% Confidence Interval (CI)		p-value
Personal factors				
1. Knowledge smoking-related diseases (High ¹) Low/moderate	1.327	1.019	1.729	.035*
2. Overall opinion on smoking (Bad/neutral ¹) Good	3.098	2.339	4.105	.000*
3. Perception about image of smoking (Negative ¹) Positive	1.821	1.417	2.340	.000*
4. Acceptable for young men to smoke (Not-acceptable ¹) Acceptable	1.156	.845	1.583	.364
5. Acceptable for young women to smoke (Not-acceptable ¹) Acceptable	.998	.715	1.394	.993
6. Most girls my age smoke (Disagree ¹) Agree	1.006	.791	1.279	.960
7. Age (13-15 years old ¹) 16 -25	1.220	.968	1.538	.093
Socio-cultural factors				
8. At least one member of family smokes (No ¹) Yes	2.185	1.610	2.965	.000*
9. Number of closest friends who smoke (None ¹) 1-5	3.953	3.079	5.074	.000*
10. Noticed things that encourage smoking (Never ¹) Once in a while/often	1.922	1.451	2.547	.000*
11. Exposure to cigarette ads at sports and community events (Never ¹) Sometimes/a lot	1.199	.945	1.520	.135
12. Offered free cigarette samples (No ¹) Yes	1.590	1.217	2.078	.001*
13. Owned merchandise with cigarette brand name (No ¹) Yes	1.303	1.008	1.683	.043*

¹ Reference category

*significant at 0.01 level

5.2 Part II: Qualitative Study

5.2.1 FGD topics covered

The following issues were discussed during the focus group discussions:

- a) Awareness and knowledge on policies and rules
- b) Exposure to anti-tobacco messages and advertising
- c) Exposure to tobacco advertising, promotion and sponsorship
- d) Support for tobacco control policies
- e) Perceived effectiveness of current policies
- f) Attitudes and Practices related to Smoking

g) Prevention of Smoking among youths

5.2.1.1 Awareness and Knowledge on Policies and Rules

The first part of the discussion focused on awareness and knowledge on smoking policies and rules. The answers revealed by most young girls and women showed much awareness and knowledge of the implemented smoking rules and regulations particularly on the smoking ban and smoking restrictions in the public and designated places. The wide knowledge and awareness on smoking policies and rules among girls from both the rural and urban places were shown from their similar answers observed, a factor which might facilitate stricter measures on smoking policies.

According to the respondents the presence of no smoking signs were seen more likely from public utility transportations especially among air conditioned buses and vehicles. When the respondents were repeatedly asked what they have observed, heard and seen lately on smoking rules and policies especially on laws regulating smoking in open areas, the typical response among all the age groups were:

“I often see signage’s or no smoking signs in vehicles ... public transportations especially on jeepneys, air conditioned busses, vans and gasoline stations”.

“Many of these warning regulations are those I have always read in cigarette packs and television commercials. The anti tobacco signs are also often found in my school boards, in hospitals and air conditioned establishments”.

Many of the 13- 15 year old said.....*we always hear verbal rules spoken by our teachers at school and even in the television screens. These are all flashed as reminders . . . even the policy on no sale for minors”.* The respondents from urban areas were also aware that some places have no ordinances, but the presence of warning signs on smoking are found in indoor areas especially in air conditioned establishments.

A majority (70%) of the older respondents from ages 20-25 from the rural areas have observed smoking signs in many designated places like malls, movie houses, restaurants, clinics, churches and various air conditioned business establishments. They also confirmed existence of regulations banning smoking in public places including smoking regulations for minors. Among the urban younger respondents, about 85% of the FGDs were aware of the warning signs printed in the cigarette packs, in streets, wall signboards mostly in public places and public vehicles.

When all of the respondents were asked about their understanding of the policy, their knowledge on penalties and the enforcement process, the younger respondents claimed that at the school level, teachers confiscate their school identification tags when they were caught smoking in campus. There was also a wider indication of respondent’s awareness of penalties for those caught ranging from 500-2000 pesos¹ (US\$11-44) and even higher as 6,000 pesos (US\$133.33) for most cities who have already implemented stricter restrictions like cities of Makati, Davao, Cavite and others. According to them, smaller amounts on penalties are sanctioned for those

¹ Pesos is the Philippine currency, where 1 US\$ is equivalent to 45 pesos (2008)

caught violating at the first offence. The older groups also revealed awareness of the Commission on Higher Education (CHED) memo on smoke free campus policy and citing a country Senator advocating the smoking ban in public places.

The policies of no sale allowed for minors were the common responses given by the girls. However, there were also a few who exclaimed they have not heard any policy regulating smoking. The girls also mentioned some places have no ordinances on smoking ban but just show warning signs of smoking. Most of the urban respondents claimed

- *Some signs are just to increase awareness but no laws or sanctions that are sustained*
- *Our government lack the enforcement, the enforcers are those that really smoke most*
- *There is no ban in advertising . . . Ads are still carried by public transport, even the small store billboards carries the cigarette's brand name*
- *There are no strict implementation for minors, the store proprietors don't discriminate who buys cigarette after all it's the profit that matters. . .*
- *Some signs are just for minors ... they are probably reminders and for display. These signs are often ignored with no adherence to the policies*
- *Maybe the anti signs are for vehicles safety*
- *Some of these policies are enforced well and should be a must to protect peoples health*

There were some evidences of compliance and non compliance to policies regarding enforcement of smoking ban among youths. When asked about their opinion whether youths are compliant to the policies, there were contrasting responses given by the respondents. About 70% of them replied that,

“parents or our elder folks asked us to light their cigarettes.....when they want to smoke or asked us...the younger ones for errands to buy cigarette for them. . . , that's how we initially started to smoke at first . . . and eventually encourages us to really smoke occasionally”.

In some cases during the interviews, the girls had almost similar childhood memories recalled that smoking was common in their environment as observed from their parents and relatives in the homes. According to the older groups of the respondents, these incidences probably had influence their smoking behaviors as a whole so that it becomes natural for any of the family members to follow similar smoking habits.

During the discussions, these are the perceived barrier to the non compliance among youths. The girls believed that laws could be mitigated by enforcing a restriction rather than a ban. Majority of the girls' views also revealed poor enforcement on policy measures to curb smoking among the youths.

“Warning signs are very prominent elsewhere however, we have not heard any youth being punished for the violations”. The no sale to minors according to the girls is poorly implemented. Minors are just verbally warned since minors are just occasional smokers. On these questions most of the girls' frequent answers were:

- *“Cigarettes are just within our reach its not difficult to buy”*
- *“Most of us minors started to smoke because our friends offer it for a try... these invitations are frequent “*

The respondents also claimed that youths don't comply with the non smoking policy for youths since most of their parents are bad examples.

The findings on the qualitative interviews revealed a limited level of policy communication, as well as documented cases of sanctioned penalties among those caught violating the regulations. The findings also show three forms of policy enforcement revealed from the study. The first policy seemed to be informal, with students within the campus or teacher doing disciplinary action in schools. The policy was better enforced in most private sectarian schools as well as City Ordinances written on billboards along streets in few cities in the Philippines. Secondly, the respondents mentioned first class cities like (Makati and Quezon City) Health Departments (Dept of Health and the Commission of Higher education) providing information on their environment as smoke free and are more likely to take disciplinary sanctions against those who failed to comply with the rules. Thirdly, the respondents also cited a popular politician advocating the county's Presidential Decree 9211 banning smoking in public places.

5.2.1.2 Exposure to Anti-tobacco Messages and Advertising

When the respondents were asked regarding frequencies of exposure, it was clear in the qualitative interviews that their exposure to the anti-tobacco messages revealed significant exposures like almost everyday, to frequently expose and often times.

It was clear from the qualitative interviews that the frequent sources of the anti tobacco ads were mostly from the cigarette packs itself, television screens, posters posted in health clinics and hospitals, newspapers, health centers, including school campus signs. A few of the respondents indicated verbal messages from their teachers, elders and people who are considered role models and authority of discipline. This indicated that there is a greater proportion of anti tobacco exposure and advertising among the respondents.

When asked whether these messages are discouraging, four to five out of six respondents from each Focus Group claimed that the messages are not so much discouraging with their justifications that;

- *only if the people are concerned of their health*
- *maybe for some who have relatives affected by diseases caused by smoking*
- *for people with no proper health information and guidance it is not alarming. .*

The respondents were also unable to identify what would be helpful to discourage smoking among youths. When asked whether anti smoking messages discourage smoking among youths and girls, their views vary. The study found out that the messages does not discourage smoking however only restricts smoking in public.

Youths were also not aware of existing programs that will help them rehabilitate and lessen the smoking habits of their friends if not themselves. The respondents believed

that it would be good if the youths are provided with supportive programs to facilitate the introduction of health hazards on smoking, awareness on the negative effects of second hand smoke respectively, and involvement of both schools and community clinics in anti smoking programs.

The respondents made their own evaluations on some effective ways to discourage smoking among youths. The majority of the young girls indicated that stricter implementation and enforcement rules should be done especially among minors on ban of tobacco sales, the campaigns to place scary posters should be always shown in public.

Among the older age groups, many did not agree that scary posters could be a restriction to quit smoking, and believed that quitting was down to the individual and felt that those who have the opportunity to talk about smoking should focus on those minors who have started to smoke. Most of their responses cited were:

- *use penalties and punishments for violator of restrictions*
- *educate and conduct mass campaigns and seminars in schools*
- *more media campaigns and programs on health hazards from smoking*
- *implement sanctions and expose methods of punishment to the public*
- *regulate the sale of tobacco with higher tax*
- *offer alternative activity to deviate from smoking habits*
- *show real life situations of long time smokers and its potential risk*

The older group of the respondents believed that anti smoking advice should always be in opportunistic interventions tailored according to the need of the individuals. These interventions should involve understanding individual's feelings, ideas, perceptions and unique experiences.

5.2.1.3 Exposure to Tobacco Advertising, Promotion and Sponsorship

Ninety percent of all the FGD respondents agreed seeing tobacco, promotion and advertising frequently, always and most of the time. They stated all mixed forms of tobacco promotions flourishing in almost all tobacco products with weak controls on ads. In the interviews, the girls indicated most of the promotions were in the establishment billboard name, tobacco brand names in public transportations, posters lighters, bags and cell phone casing as well as the names of tobacco companies written on fence walls. A number of the girls said:

“well, in our community stores, big cigarette outlets have drop boxes for bonanza raffles for every cigarette pack drop, one is entitled a chance to win prizes ranging from household equipments to motorcycles”....

Girls in the younger ages even cited.....*tobacco manufacturers exchange number of items for every 10 empty cigarette packs to one empty rim of cigarette for ... items like T-shirt, caps, dining plates, and other common kitchen utensils with tobacco brand names on it”*. It's very surprising that some of the girls' responses were:

- *cigarettes are sold by fiddlers just outside our school gates*
- *there are flash ad before and after the movie shows in small cinemas*

- *street vendors fiddling in busy streets all over the cities*
- *calendars with cigarettes brand name given as added value during shopping*
- *tobacco sponsors most sports events*

When asked from the qualitative interviews whether tobacco industries encouraged girls and young women to smoke, the majority of the girls from the Focus groups responded with 70% greater agreement in most FGDs. One of their similar responses to the issue was:

“Certainly as manufacturers show women models the industry is so much supported by the males the next target groups are the females... there are newly advertised varied flavors.... lighter and imported brands if you search in famous stores ”

“The likelihood of targeting women is very observable, female smokers are lower compared to the men... but with more flavor brands introduce in the market today the prices are very affordable”.

Among the FGDs, eight out of ten had a widespread belief that tobacco advertising encourages girls and young women to smoke. Some felt that the lighter and menthol brands are for the female taste buds, together with pop models posing in many of its advertising posters and calendars given away as promo. The reasons for encouraging women to smoke according to the girls are was probably to increase the number of females to expand tobacco market among females.

5.2.1.4 Support for Tobacco Control Policies

The central theme on support for tobacco control policies emerging from the interviews among young girls and women revealed various support like advising friends to stop smoking and to provide more specific intervention programs for friends who are willing to admit and determined to quit smoking among friends.

From the interviews, the most widely supported tobacco control policies were first, to ban smoking in public places and secondly to follow up and implement media campaigns on health education on the health risk of smoking.

Four in every six respondents in all FGDs thought that to ban smoking in public places would be necessary to assist implementation of smoking restrictions. From the interviews conducted, the responses showed preference for smoking ban and media campaign over other policies like ban sales to minors; banning advertising, promotion and sponsorship; putting scary graphic health warnings on cigarette packs; and increasing prices of cigarettes. This show the lack of understanding and knowledge of tobacco control policies among most young people. Particularly, few of their emphatic responses on banning smoking in public places and implementing media campaigns were:

“We are aware of the danger of second hand smoke.... to lessen health hazards from smoking affecting people’s lives specially the children. The public must be educated that this ban presently exists”

“Most policies are supported but we observe not much enforcement is done on these policies...like in most public places everywhere most men puff cigarette elsewhere”

“The people should be educated that second hand smoking is equally dangerous for passive smokers... only a few knows this effect but the less educated at large are not aware... that is why media campaigns on health education is necessary especially the health risk... my father died of lung cancer from smoking”

“We really have concerns about smoking affecting our health . . . there are a lot of negative consequences of smoking and only when there are media campaigns people realized that we, who do not smoke have also rights to breath fresh and clean air”

Seventy percent of the FGDs viewed smoking negatively, due to comfort and health concerns. Only few of the girls revealed a great deal of uncertainty about the real risk associated with smoking and breathing in second-hand smoke.

5.2.1.5 Perceived Effectiveness of Current Policies

The findings from the interviews conducted on all the focus group discussions indicated that banning smoking in public places and conducting media campaigns were more effective policies of control than ban sales to minors, ban advertising, promotion, and sponsorship, putting of scary graphic health warnings in cigarette packs and increasing the price of cigarettes.

The respondents could see the health benefits of implementing both the smoking ban or smoking restrictions and media campaigns as effective support policies for both the rural and urban areas. About 80% of the FGDs had a widespread acceptance of the health risks associated with passive smoking, a factor which might help support smoking policies more so with the incidence of cigarette peddling in many public places is very observable.

There were mixed feelings and views discussed by the girls on the impact of smoking restrictions on public places. According to them, the main barriers to both policies could be the process of implementing the punishments on the growing number of violators caught. From observations according to the respondents, this anticipated barrier has been observed on the existing policy showing less evidence of compliance for most smoking restrictions especially in public places. The respondents equally mentioned the lack of resources for the initial implementation which could be anticipated as added barrier on enforcement.

The issue regarding the effectiveness of media campaigns was ranked as second effective policy on smoking among the respondents interviewed. Most (80%) of the girls believed that the media campaigns will be a good support for smoking bans. Educating the public on these bans through media campaigns will be a factor for widespread acceptance on the health risk posed by smokers. While some agreed that enforcement will be improved to reduce the growing percentages of smokers, only

about 40% did not believe it will reduce smoking trends among youths. According to them much of the stated policies related to smoking are never in practice.

Only few of the respondent's views of other reasons on ineffective policies revealed the following thoughts:

“Most of the policies are not effective because of the leniency of the implementers. I have not heard anyone punished or jail because of smoking offense”

“we always lack enforcing authorities ... its only good at start but it is not sustained by authority ... there are few who does not smoke and most authority enforcing it are even smokers”

“I don't think so it is a policy... it is ineffective because many violators are not punished after all, punishments are never heard, thus it is a poor implementation, to me it's good only as plain reminders”

“so long as peddlers are still around the streets...in every corner elsewhere smoking policies can never take off ...banning smoking in public places will never work that way”

5.2.1.6 Attitudes and Practices related to Smoking

The respondents were also asked reasons why girls and women smoke. The majority of their reasons during repeated interviews revealed many similarities like...*I started smoking from*

- *Peer curiosity, for leisure and pleasure*
- *From my Parents and elders role modeling who smoke at home*
- *To increase self esteem and impress others, to show off*
- *Its just to pass time and very relaxing especially when you have problems*
- *To show equality among men*
- *I'm really addicted and to ease my tension. I smoke inside the comfort rooms*

Many of the girls also revealed greatest concern on friends who smoke around them. They also wanted smoking restrictions in order for their friends to quit smoking even reduce the smell. Concerns were also raised how to help their friends and love ones at home quit smoking habits. Their views about their friends who smoke were varied. Some of them felt they could not help much without a visible health programs aiding smokers to help quit smoking.

“I have never heard of any program to help smokers quit... many of those I knew wanted to quit because of health related problems like high blood pressure and diabetes. My relatives have these but could not really quit smoking; it was too late to quit my uncle died of lung cancer”.

It was also very clear from the interviews that most of the policies on tobacco control were limited only to formal communication from the media announcements only. Majority of the girls tended to believe its policy enforcement are just plain

communication with very low compliance on any smoking policy. News items all commonly feature and highlight places where these policies are strictly enforced. Youths views on smoking restrictions have been a common saying “beware *don’t be caught...it just depends where you are in the country*”

5.2.1.7 Prevention of Smoking among Youths

The girls were also asked to identify the type of support the government should embark to prevent smoking. Further discussion was also raised on what policy measures should be done by the government to prevent smoking among young girls and women in particular. From the respondent’s views, smoking to them is viewed as “identification”; it is normal and acceptable like most men who smoke.

To the 60% of the girls, the probability of greatest resistance would be “identifying them” which may cause humiliation and fear of rejection. From the respondents views their “identification” as occasional smokers was always keep in denial as one claims “*to us identification indicates determination to quit, negative reaction of parents, and taboo from society.*”

Their responses also showed they have no knowledge of any health program to support smoking cessation especially for women in health centers in their community.

“If these programs are really available, girls in particular may not submit because of cultural taboos and humiliation being identified as a young smoker sneered by people. Most of us perceived that those who are already addicted to tobacco smoking keep it among friends if we are still minors and would have to be persuaded towards this kind of needs”.

Many of the girls have considerable fears when expose, fear of confrontation among elders prohibiting and preaching them for smoking. While some agreed others are worried. Most of their reasons given, also expressed views how to help prevent smoking like:

- *Provide lectures about anti-smoking in school for awareness about programs on smoking*
- *Initiate campaigns in schools with the health sectors partnership which is vital in managing campaigns*
- *Monitor advertising, promotion and sponsorship of cigarette and create local watch in communities*
- *Strict enforcement of fine and penalties for violators*
- *Organize gender youth specific programs on how to quit smoking*
- *Organize youth advocacy on total ban with active participation of school principals and administrators*
- *Initiate posting of scary graphics and enforce smoking restrictions for minors*
- *\Total ban advertisements and promotions of tobacco products*
- *Media campaign showing health hazards specifically on reproductive health and smoking related problems*

- *Engage the participation of the community in the establishment of drop in centers for youth smoking cessation programs*

5.2.1.8 Other Important Issues

On the regional focus for the Philippines, a total of eight grand questions were specifically highlighted as broad areas of concerns emerging from the number of categories expressed by most girls with almost similar accounts. Because of the similarities of the accounts found in proportion these categories were considered relevant for the FGD interactions.

- a. Perceived beliefs what made respondents start smoking
- b. Smoking “identification” among young girls and women is confidential especially among early smokers who are still minors
- c. Most believed that smoking is always controllable and down to the individual
- d. The girls were skeptical about persuasion to influence their smoking
- e. The respondents felt that opportunistic interventions for those young smokers should be sensitive centering to the individual

Perceived Beliefs

“Parents or their older folks asked us to light their cigarettes ... When they want to smoke they asked us...the younger ones for errands to buy cigarette for them. . . , that’s how we initially started to smoke at first . . . and eventually encourages us to really smoke occasionally”.

... I started smoking from

- *Peer curiosity, leisure and pleasure*
- *Parents and elders role modeling at home*
- *To increase self esteem and impress others, to show off*
- *Its just to pass time and very relaxing especially when you have problems*
- *To show equality among men*
- *I’m really addicted and to ease my tension. I smoke inside the comfort rooms*

Their smoking “identification”

To the girls, the probability of greatest resistance would be “identifying them” which may cause humiliation and fear of rejection. To the respondents who were occasional smokers, their identification was always kept in denial as one claims *“to us identification indicates determination to quit, reaction of parents, and taboo from society.”*

To quit smoking

Among the older age groups, many did not agree that scary posters could be of help to quit smoking. The respondents believed that quitting was down to the individual and felt that those who have the opportunity to talk about smoking should focus on those

minors who have started to smoke. Most of their responses cited good practices involving sensitivity and understanding of their problems, and fear of rejection. According to most girls who admitted they smoke secretly, the guidance counselors and school heads can be their parent's partners, in understanding how they are and what they feel. To the respondents who admitted addicted of smoking trying to scare them with visual images helps youth confront the negative consequences which are expected.

Anticipating advises

The girls highlighted on the views that there are better alternative to help their friends whom they know are habitual smokers and are addicted already to smoking. To them adult supervision in the process is very critical and verbal discouragement should be avoided to refrain youths from humiliation for them to submit on alternative programs to quit smoking. Scaring for imprisonment would not help however, needs parents and adults understanding and counseling.

To the girls at the start, the probability of greatest resistance would be "identifying them" as smokers which may cause humiliation and fear of rejection. To the respondents who are occasional smokers their views about their identification was always keep in denial as one claims "*to us identification indicates determination to quit, reaction of parents, and taboo from society.*"

Opportunistic interventions

"If these programs really are on going, girls in particularly may not submit because of cultural taboos and humiliation from friends and relatives. Most of us perceived that those who are already addicted to tobacco smoking keep it among friends if we are still minors and would have to be persuaded towards this kind of needs".

DISCUSSION AND POLICY IMPLICATIONS

Overall, the extent of smoking is increasing among girls in the Philippines. The survey indicated 6 variables which have significance in characterizing girls' smoking patterns.

Environmental tobacco smoke is also high. Cigarettes in the Philippines are widely available and accessible. Girl smokers find it easy to acquire cigarettes, preferring manufactured brands. The qualitative research also supports that mixed forms of tobacco promotions flourish in this country with weak control on penalty measures as claimed by the girls.

The warnings seen on cigarette packs provide a high level of awareness on the risks of smoking. The exposures to health warnings on cigarette packs significantly exert a higher level of awareness. The number of variables analyzed on the exposure to tobacco advertising showed that such exposure significantly encourages smoking. Overall, the results suggest that the current smoking status reveal a significant level of exposure to tobacco advertising. The girls agreed that cigarette packs should contain more health information, and that the government should implement pictorial health warnings which are more effective in reducing smoking among young people.

It is a bit alarming that the girls do not support a complete ban on tobacco ads inside stores and shops and likewise do not support a complete ban on displays of cigarettes inside shops and stores. On the contrary, the girls' believed that ban on sale to minors is effective in reducing smoking in the country. As such, they strongly support a complete ban on smoking in most public areas.

The girls' opinion regarding the effectiveness of enforcement of smoking bans in public places showed a high agreement that such enforcement has been ineffective. The girls had also a high level of perception that cigarette companies lie about the dangers of smoking; they also showed agreement in opinion that cigarette companies try to get them to smoke and they wish that cigarette companies would be out of business.

6.1 Awareness and knowledge on policies and rules

Most of the young girls and women showed a high level of awareness and knowledge of the existing smoking policies, health risks and smoking bans in public places. These wide knowledge and awareness on smoking policies and health hazards among the respondents from both the rural and urban places were shown from the similar answers they gave regarding smoking policies and warnings, a factor which might facilitate stricter enforcement of anti-smoking measures.

According to the girls, educational programs will have stronger positive effects on smoking behavior and on tobacco related attitudes of youths. The program should be embedded within the first four years in the high school health curriculum where peer influence is very strong. The existence of Health Education Programs at the high school level should be focused on the social influences to smoke from media, friends and family. The program scope should also include:

- 1) The social influences and peer norms on tobacco use and psychological consequences of smoking.

- 2) The Health Program should include related training for health teachers and school guidance counselors.
- 3) Schools should also embark on tobacco-free initiatives to make sure the health programs are well supported.

6.2 Exposure to anti-tobacco messages and advertising

It was clear in the survey and qualitative interviews that the respondents had greater exposures to the anti-tobacco messages through media messages. Their responses revealed seeing and hearing anti-smoking messages almost everyday, frequently in printed and television media. None of the respondents revealed a lack of awareness and knowledge on all anti-smoking signs and health warnings.

There was a clear agreement among the girls that banning smoking in public places followed by implementing media campaigns on health risk of smoking were the best approach to counter tobacco promotion messages and advertising. The FGDs results may not be sufficient to test whether these measures will lead to lower youth smoking rates. Hence, other innovations for interventions should also be explored:

- 1) ICT-based anti-tobacco campaigns should also be explored for wider coverage that focus on school children.
- 2) Peer-based interventions established in schools which are user-friendly.
- 3) School policies and sanctions for possession and use.
- 4) Community interventions to include vending policies and creation of clean indoor laws.
- 5) Interventions that are youth and gender focus on risks and problem behaviors with empirical evidences on the effectiveness on any of these approaches.

6.3 Exposure to tobacco advertising, promotion and sponsorship

The girls agreed having seen tobacco promotion and advertising frequently, always and most of the time. They came across most of the promotions in the establishment's billboard, tobacco brand names in public transportations, posters, lighters, bags and cell phone casing as well as the names of tobacco companies written on fence walls with ad signs of tobacco brands.

6.4 Support for tobacco control policies

Topping their views among the most widely accepted support for tobacco control policies was, first, to ban smoking in public places and secondly, to follow up and implement media campaigns on health education on the health risk of smoking. These are the two views where the respondents provided more evidences in support for tobacco control.

The mass media campaigns may have an effect on the attitudes and behaviors of youth regarding tobacco use. Although this impact may be difficult to evaluate, however, no known local study has looked into it. From the results, the FGDs strongly suggest interventions through mass media campaigns to increase their chances of having an impact.

Most of the recommendations provided by the girls were:

- 1) The campaign strategies should be based on educating youths on the health risks posed by tobacco on smoking and secondhand smoke.
- 2) Youth and gender groups should be carefully differentiated.
- 3) Messages for youth groups should show empirical findings.
- 4) The campaigns should be part of the health education program to start at the high school level.

6.5 Perceived effectiveness of current policies

The respondents could see the health benefits of implementing both the smoking ban or smoking restrictions and media campaigns as effective support policies for the youth in both the rural and urban areas. Among the FGDs, 6 out of every 8 girls had a widespread acceptance of the health risks associated with passive smoking, a factor which might help support smoking policies more to curb the incidence of cigarette peddling in many public places especially in the sale of cigarettes on school campus.

Restrictions on cigarette access may provide greater reduction in illegal sales to minors and imposition of stronger control measures and more evidence in the form of school-related programs are needed to support the effectiveness of the current policies on smoking among youth, such as:

- 1) Pilot testing at school levels of smoking cessation and prevention programs to be expanded gradually.
- 2) Partnership between parents and school authorities to establish monitoring and evaluation on tobacco use in schools.

6.6 Attitudes and practices related to smoking

Many of the girls also revealed greatest concern for friends who smoke around them. They also wanted smoking restrictions in order for their friends to quit smoking and also to reduce the smell. Concerns were also raised on how to help their friends and loved ones at home quit their smoking habits. Their views about their friends who smoke were varied. Some of them felt they could not help without visible health programs to aid their relatives and friends to quit smoking.

The provision of community-based interventions on youths including members of the family within the community may enhance effectiveness on smoking reduction in which parents, the mass media and community organizations can be involved.

6.7 Prevention of smoking among youths

The girls' responses showed a lack of knowledge and awareness of any health program existing that supports smoking cessation specifically for women in the community health centers. Several of the participants argued that the most important factor was their own will to stop smoking. Rules and regulations could be equally important to inform about the health hazards of smoking thus prevent the adoption of smoking habits among youth.

The impact of policies and regulations to curb smoking prevalence among youth in the Philippines is not well documented by studies locally. Measuring the effectiveness of any intervention to the growing number of teenagers addicted to smoking is a priority area for research specifically in coming out with effective programs and interventions that are customized to the youth, gender and age.

CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusions

Results of the quantitative and qualitative analysis revealed that the smoking prevalence is high and greater in the rural areas with girls starting to smoke at ages as young as eight to nine years old. The findings also pointed out that varied forms of tobacco advertising do flourish in the country with weak control on penalty measures and absence of any measure to discourage youths from smoking. Despite the awareness of anti-smoking messages, tobacco smoking by minors is still observed uncontained by any clear programs on how to counter advertisements on smoking targeting young girls and women. Although there are promising strategies, laws and policies much have to be learnt from those who had earlier successfully implemented tobacco control programs and campaigns.

7.2 Recommendations

Based on the conclusions, effective smoking prevention should focus on smoking cessation supported by a strong community-school based partnership to reduce smoking prevalence among youths regardless of gender. There is also a need for more empirical evidences on penalties meted out and sanctions covering smoking policies and laws, media campaigns on adverse effects of smoking targeting children in schools. Furthermore, there is also a greater need for health programs on smoking intervention, training for teachers and guidance counselors initiated at the first four years of high school including the monitoring, evaluation and smoking surveillance on school campuses.

The Department of Education and the Commission on Higher Education should work closely with the Department of Health to intensify campaign efforts toward curbing smoking among the youths through instructive anti-tobacco campaigns as part of the school program. The government should prioritize the implementation of tobacco control measures that are free from tobacco industry interference and manipulation like the use of tobacco-related promotional items, kiddie packs and the sale of single cigarette stick. Urgent massive campaigns on smoking bans should be strictly enforced accompanied by a heightened monitoring procedure to effectively implement smoking bans.

The immediate display of pictorial health warnings on tobacco packages and the prohibition of misleading descriptions like “mild brand”, “low tar” and “flavored cigarettes” are hereby strongly recommended to increase awareness on the ill-effects of smoking.

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APPENDIX

ID Interviewer: -

**Western Mindanao State University
Research Extension and Development
RESEARCH DEVELOPMENT AND EVALUATION CENTER
Zamboanga City, Philippines**

**SMOKING IN GIRLS AND YOUNG WOMEN
SURVEY IN THE PHILIPPINES**

INSTRUCTIONS

These questions are about awareness and attitudes of young people like yourself to antismoking activities, smoking tobacco products and any smoking experiences you might have had.

Please read each question carefully and answer honestly.

The answers you give will be kept completely secret and confidential, including from your family.

To help us keep your information confidential, please do not put your name on any of the pages.

For each question, indicate your answer by circling your response.

For example: 1 No 2 Yes

DATE: ____/____/____

**Checked by: _____
(Name of Field Supervisor)**

Q Code

Part I

SECTION A: SMOKING BEHAVIOR

1. Have you ever smoked a cigarette, even just a few puffs?

- 1 Yes
- 2 No

2. How many cigarettes have you smoked in your life? (Choose only one)

- 1 None
- 2 1-10
- 3 11-100
- 4 More than 100

3. How old were you when you first tried a cigarette?

- 1 I have never smoked cigarettes
- 2 7 years old or younger
- 3 8 or 9 years old
- 4 10 or 11 years old
- 5 12 or 13 years old
- 6 14 or 15 years old
- 7 16 years old or older
- 8 Others (specify: _____)

4. During the Past 30 days (one month). How many days did you smoke cigarette?
(Choose only one)

- 1 Not at all → [SKIP TO SECTION B (Q. 15) on PAGE 4]
- 2 1 or 2 days
- 3 Some days
- 4 Almost every day
- 5 Every day

Go to NEXT QUESTION

5. During the past week, on the days you smoked, how many cigarettes did you smoke each day?

- 1 None at all
- 2 Less than 1 cigarette (only puffs)
- 3 1 cigarette
- 4 2 to 5 cigarettes
- 5 6 to 10 cigarettes
- 6 11 to 20 cigarettes
- 7 More than 20 cigarettes

5A. In your opinion on the days you smoked, how much does it cost you monthly?

- 1 Less than P50
- 2 About a P100
- 3 More than P100

6. Which of the following best describe the reasons for smoking?

- 1 To release tension/stress
- 2 To do what the guys can do
- 3 To be accepted by group
- 4 To relax
- 5 Group norm

7. How often do you smoke with your friends?

- 1 Never
- 2 Sometimes
- 3 Often

8. How often do you smoke with your parents?

- 1 Never
- 2 Sometimes
- 3 Often

9. What brand of cigarettes do you usually smoke? (**Select only one response**)

- 1 Write name of brand (e.g.) Marlboro Light) _____
- 2 I have no usual brand
- 3 I usually smoke hand rolled cigarettes

10. In your opinion, do **imported Western cigarettes** taste better or worse than local brands?

- 1 Taste better
- 2 Taste the same
- 3 Taste worse
- 4 I don't know

11. How do you **usually** get your cigarettes? (**Select only one response**)

- 1 I do not smoke
- 2 I buy them
- 3 Someone buys them for me
- 4 I get them from friends
- 5 I get them from home
- 6 I get them another way

12. Where do you **usually** smoke? (**Select only one response**)

- 1 I have never smoked cigarettes
- 2 At home
- 3 At school
- 4 At work
- 5 At friends houses
- 6 At social events
- 7 In public places (e.g. parks, shopping centers, street corners)
- 8 Others (specify): _____

13. How **easy or difficult** is it for you to get cigarettes when you want them?

- 1 Very difficult
- 2 A little difficult
- 3 A little easy
- 4 Very easy
- 5 I don't know/Not sure

14. Which of the following describe your thoughts about quitting smoking?

- 1 I plan to quit in the next 30 days (1 month)
- 2 I plan to quit sometime in the next 6 months
- 3 I plan to quit, but not in the next 6 months
- 4 I do not plan to quit at all

SECTION B: SMOKING EXPERIENCE AND AWARENESS
(TO BE ANSWERED BY EVERYBODY)

15. If one of your best friends were to offer you a cigarette, would you smoke it?

- 1 Definitely not
- 2 Probably not
- 3 Probably yes
- 4 Definitely yes

16. At any time during the next year do you think you will smoke a cigarette?

- 1 Definitely not
- 2 Probably not
- 3 Probably yes
- 4 Definitely yes

17. As far as you know, are there any health warnings on cigarette packs?

- 1 Yes
- 2 No
- 3 Don't know

18. In the last month, how often, if at all, have you NOTICED health warnings on cigarette packages?

- 1 Never
- 2 Once in a while
- 3 Often
- 4 Very often

19. To what extent, if at all, have the health warnings made you think about the health risks of smoking?

- 1 Not at all
- 2 A little
- 3 A lot
- 4 I haven't seen any warning labels

20. Do you think that cigarette packages should have more health information, less, or about the same amount as they do now?

- 1 Less health information
- 2 About the same
- 3 More health information
- 4 Can't say

21. Do you think printing pictorial health warnings about harmful effects of smoking on cigarette packs is an effective way to reduce smoking among young people?

- 1 Very effective
- 2 Effective
- 3 Neither effective nor ineffective
- 4 Ineffective
- 5 Very ineffective

22. In your opinion, should the government implement pictorial health warnings on cigarette packs in the country?

- 1 Yes
- 2 No
- 3 Unsure

23. In the last 30 days, how often have you noticed things that are designed to encourage smoking or which make you think about smoking? (Things like advertisements in billboards, tv, newspapers and pictures of smoking).

- 1 Never
- 2 Once in a while
- 3 Often
- 4 Very often

24. In the last 30 days, have you noticed CIGARETTES or TOBACCO PRODUCTS ADVERTISED in any of the following places:

	Tick <input checked="" type="checkbox"/> in appropriate box	
	¹ Yes	² No
a. on television	<input type="checkbox"/>	<input type="checkbox"/>
b. on radio	<input type="checkbox"/>	<input type="checkbox"/>
c. on posters	<input type="checkbox"/>	<input type="checkbox"/>
d. on billboards	<input type="checkbox"/>	<input type="checkbox"/>
e. in newspapers or magazines	<input type="checkbox"/>	<input type="checkbox"/>
f. at shops or stores	<input type="checkbox"/>	<input type="checkbox"/>
g. in discos/karaoke lounges, etc.	<input type="checkbox"/>	<input type="checkbox"/>
h. on or around street vendors	<input type="checkbox"/>	<input type="checkbox"/>
i. others (specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

25. When you go to sports events, school fairs, concerts, or community events, how often do you see advertisements for cigarettes?

- 1 Never
- 2 Sometimes
- 3 A lot
- 4 I hardly ever attend sports events, school fairs, concerts, or community events

26. Do you support the banning of sponsorship of sports and cultural activities by tobacco industry in the country?

- 1 Not at all

- 2 A little/somewhat
- 3 A lot

27. In the last year, has anyone offered you a free sample of cigarettes, other than friends or family?

- 1 Yes
- 2 No

28. In the last year, have you noticed COMPETITIONS or PRIZES associated with cigarettes?

- 1 Yes
- 2 No

29. Do you have something like a hat or t-shirt, or any other clothing with a cigarette brand name or logo on it?

- 1 Yes
- 2 No

30. Would you ever use or wear something that has a cigarette name or logo on it, like a t-shirt or hat?

- 1 Definitely not
- 2 Probably not
- 3 Probably yes
- 4 Definitely yes
- 5 Don't know

31. When you watch TV, videos, or movies, how often do you see actors smoking?

- 1 Never
- 2 Sometimes
- 3 A lot
- 4 I hardly ever watch TV, videos, or movies

32. As far as you know, how many of your favorite actors smoke?

- 1 None
- 2 Some
- 3 Most of all
- 4 I don't have any favorite actors
- 5 I don't know

33. Do you support banning smoking scenes in movies and television programs?

- 1 Not at all
- 2 A little/somewhat
- 3 A lot

34. In your opinion, how effective has the government been in enforcing ban on tobacco advertising, promotion and sponsorship in the country?

- 1 Very effective
- 2 Effective
- 3 Neither effective nor ineffective
- 4 Ineffective
- 5 Very ineffective

35. In your opinion, what should be done to tobacco companies that violate this ban on advertising, promotion and sponsorship?

	Tick \checkmark in appropriate box	
	1 Yes	2 No
a. Heavy penalty placed on tobacco industry.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Withdraw license to operate	<input type="checkbox"/>	<input type="checkbox"/>
c. Relevant government agencies should be held responsible	<input type="checkbox"/>	<input type="checkbox"/>
d. Others (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

36. Do you support a complete **ban on tobacco advertisements** inside shops and stores?

- 1 Not at all
- 2 A little/somewhat
- 3 A lot

37. Do you support a complete **ban on displays** of cigarettes inside shops and stores?

- 1 Not at all
- 2 A little/somewhat
- 3 A lot

38. Do you believe **banning tobacco sales to minors** is an effective way to reduce smoking among young people in the country?

- 1 Very effective
- 2 Effective
- 3 Neither effective nor ineffective
- 4 Ineffective
- 5 Very ineffective

39. Do you believe that the tobacco industry's **Youth Smoking Prevention Program (YSP)** is effective in reducing smoking among young people?

- 1 Very effective
- 2 Effective
- 3 Neither effective nor ineffective

- 4 Ineffective
- 5 Very ineffective
- 6 Never Heard

40. The tobacco industry provides scholarship to students, aid to disaster victims, build bus stands, plant trees and other forms of philanthropic actions. Do you support these actions of the tobacco industry?

- 1 Not at all
- 2 A little/somewhat
- 3 A lot

41. In your opinion, how much does the tobacco industry contribute to the country's economy?

- 1 Contribute nothing
- 2 Contribute very little
- 3 Contribute somewhat
- 4 Contribute a lot
- 5 No idea

42. How much do you like cigarette company?

- 1 I like a them a lot
- 2 I like them somewhat
- 3 Neither like nor dislike
- 4 I don't like them somewhat
- 5 I don't like them at all

43. During the past 6 months, how often have you noticed **ANTI-SMOKING** media messages (e.g., television, radio, billboards, posters, newspapers, magazines, movies)?

- 1 Never
- 2 Sometimes
- 3 A lot

44. In the last 6 months, have you noticed **advertising or information** that talks about the dangers of smoking, or encourages quitting in any of the following places?

	Tick <input checked="" type="checkbox"/> in appropriate box	
	¹ Yes	² No
a. on television	<input type="checkbox"/>	<input type="checkbox"/>
b. on radio	<input type="checkbox"/>	<input type="checkbox"/>
c. on posters	<input type="checkbox"/>	<input type="checkbox"/>
d. on billboards	<input type="checkbox"/>	<input type="checkbox"/>
e. in newspapers or magazine.....	<input type="checkbox"/>	<input type="checkbox"/>

- f. at cinema before or after film.....
- g. in discos/karaoke lounges, etc.
- h. on cigarette packs
- i. others (specify _____)

SECTION C: SMOKING BAN

45. For each of the following public places, please tell me if you think smoking should be allowed in all indoor areas, in some indoor areas, or not allowed indoors at all (tick within the given boxes):

	1 Smoking allowed in all indoor areas	2 Smoking allowed in some indoor areas	3 Smoking should not be allowed at all
a. Hospitals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Workplaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Air-conditioned restaurants and other air-conditioned places?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Non-air-conditioned restaurants and public eating areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Public transport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Indoor areas at your place of worship (where people pray)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Outdoor areas at your place of worship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Bars/pubs/discos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Universities/colleges/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. How effective has the government enforced smoking bans in public places?

- 1 Very effective
- 2 Effective
- 3 Neither effective nor ineffective
- 4 Ineffective
- 5 Very ineffective

47. In your opinion, which are the factors that have prevented the implementation of smoking ban in public places in the country?

	Tick <input checked="" type="checkbox"/> in appropriate box	
	¹ Yes	² No
a. Lack enforcement	<input type="checkbox"/>	<input type="checkbox"/>
b. Public awareness is inadequate	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of concern of non-smokers about passive smoking.....	<input type="checkbox"/>	<input type="checkbox"/>
d. High social acceptability of smoking.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Others (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

48. In your opinion, how can implementation of smoking ban in public places be improved?

	Tick <input checked="" type="checkbox"/> in appropriate box	
	¹ Yes	² No
a. Increase enforcement.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Increase public awareness of smoking bans.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Educate public about the harms of passive smoking.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Others (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

49. Which of the following best describes smoking in your home?

- 1. Smoking is ALLOWED EVERYWHERE in your home
- 2. Smoking is allowed in some places or at some times
- 3. Smoking is NEVER ALLOWED anywhere IN YOUR HOME

50. During the past 7 days (one week), how often have people smoked INSIDE YOUR HOME, while you were there?

- 1. Never
- 2. Sometimes
- 3. Often

SECTION D: ATTITUDES AND BELIEFS

51. Some cigarettes are described as ‘light’ or ‘mild’ or ‘flavored’, have you ever heard of light or mild or flavored cigarettes?

- 1. Yes
- 2. No

52. Compared to regular cigarettes, are ‘light’ or ‘mild’ or ‘flavored’ cigarettes easier or harder to smoke for new smokers?

- 1. Easier
- 2. Harder
- 3. No difference
- 4. Don’t know/I haven’t heard of ‘light or mild’ or flavored’ cigarettes

53. Are ‘light or mild’ or ‘flavored’ cigarettes less harmful than regular cigarettes?

- 1. No, they are not
- 2. Yes, they are less harmful
- 3. Don’t know/I haven’t heard of ‘light or mild’ or ‘flavored’ cigarettes

54. Based on what you know or believe, does smoking cause the following?

	Tick <input checked="" type="checkbox"/> in appropriate box	
	1 Yes	2 No
a. Lung cancer in smokers.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Lung cancer in nonsmokers from secondhand smoke.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Stained teeth in smokers.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Premature ageing	<input type="checkbox"/>	<input type="checkbox"/>
e. Stroke (blood clots in the brains) in smokers	<input type="checkbox"/>	<input type="checkbox"/>
f. Impotence in make	<input type="checkbox"/>	<input type="checkbox"/>
g. Pregnancy related complications in women smokers...	<input type="checkbox"/>	<input type="checkbox"/>
h. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>

55. Of the five closest friends that you spend time with on a regular basis, how many of them are smokers?

- 1 0
- 2 1
- 3 2
- 4 3

- 4
- 5

56. What is your overall opinion of smoking? (Choose only one)

- 1 Very Bad
- 2 Bad
- 3 Neither good nor bad
- 4 Good
- 5 Very Good

57. Please indicate whether you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
a. Smoking helps to control body weight				
b. Smoking is a sign of being modern				
c. Smoking made people look cool or fit				
d. Most of the women my age smoke				
e. It is acceptable for <u>young men</u> (aged 15 to 25) to smoke				
f. It is acceptable for <u>young women</u> (aged 15 to 25) to smoke				
g. Smoking is disgusting				
h. Smoking makes young people look more mature				
i. It is safe to smoke for a year or two				
j. Smokers have a harder time in sports				
k. People who smoke have more friends				
l. Cigarette companies lie about the danger of smoking				
m. Cigarette companies try to get people my age to smoke				
n. I would like to see cigarette companies go out of business				
o. Young women are used by tobacco industry to promote their product				
p. The society disapproves smoking				
q. Tobacco companies do good things for the community				

Part II

SECTION E: DEMOGRAPHICS

57A. Do any member of your family smoke?

- 1 Yes
- 2 No
- 3 No idea

57B. How many family members in the family smoke?

- 1 Only one
- 2 About 2 to 3
- 3 Between 4 to 5
- 4 Almost everyone

58. Do any of your brothers smoke?

- 1 I don't have brothers
- 2 Yes
- 3 No
- 4 I don't know if they smoke

59. Do any of your sisters smoke?

- 1 I don't have sisters
- 2 Yes
- 3 No
- 4 I don't know if they smoke

59A. How many of your closest relatives smoke (father and mother)?

- 1 None
- 2 Less than 5
- 3 More than 5
- 4 No idea

60. In what year level are you?

- 1 First Year High School
- 2 Second Year High School
- 3 Third Year High School
- 4 Fourth Year High School
- 5 Bachelor Degree – Year 1
- 6 Bachelor Degree – Year 2
- 7 Bachelor Degree – Year 3
- 8 Bachelor Degree – Year 4
- 9 Bachelor Degree – Year 5
- 10 Masters/Ph.D.

61. What is your age?

- 1 13 – 15 years old
- 2 16 – 19 years old
- 3 20 – 25 years old

62. Highest educational attainment of parents

- 1 No schooling
- 2 Elementary level
- 3 High School Level

- 4 College level
- 5 Masters/Ph.D.

62A. Marital Status of Parents

- 1 Widow/widower
- 2 Live-in
- 3 Separated
- 4 Legally married
- 5 Others (specify) _____

63. Ethnicity

- 1 Cebuano
- 2 Ilonggo
- 3 Tagalog
- 4 Others (specify) _____

64. To what religious faith do you belong?

- 1 Islam
- 2 Christianity
- 3 Hinduism
- 4 Buddhism
- 5 Others (Specify) _____
- 6 No religion

SECTION F: SMOKING PREVALENCE

1. Based on your observation, which place do you usually find young girls smoking, ages below 25 years old.

- 1 School campus
- 2 Public transportation
- 3 Public/open places
- 4 Secluded non-exposed areas
- 5 Others (specify) _____

2. Which of the following describe smoking in your place?

- 1 Smoking is ALLOWED EVERYWHERE
- 2 Smoking is only allowed in some places
- 3 Smoking is never allowed ANYWHERE
- 4 No idea

3. Which of the following describes most cigarette vending in your area

- 1 From stationary sidewalk vendors
- 2 From sari-sari store
- 3 From street peddling

- 4 All of the above
- 5 None of the above
- 6 Others (specify) _____

4. Based on what you have noticed or observed – is there anyone you have known who started smoking below 12 years old?

- 1 None
- 2 Yes
- 3 No idea

THANK YOU, YOU HAVE FINISHED

Thank you very much for your help.

Please check to see that you have answered all the questions that apply to you.

Please place the survey questionnaire in the envelope provided, seal it, and hand it back to the interviewer.

As a reminder, all of your answers will be kept strictly confidential.

If you have any questions, please ask the interviewer



About SEATCA

The Southeast Asia Tobacco Control Alliance (SEATCA) works closely with key partners in ASEAN member countries to generate local evidence through research programs, to enhance local capacity through advocacy fellowship program, and to be catalyst in policy development through regional forums and in-country networking. By adopting a regional policy advocacy mission, it has supported member countries to ratify and implement the WHO Framework Convention on Tobacco Control (FCTC)

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