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SMOKING AMONG GIRLS AND YOUNG WOMEN IN VIETNAM

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by

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ABSTRACT

This research was to facilitate the development of gender-sensitive Tobacco Control (TC) policies in Vietnam by investigating the smoking behaviour of young women, their awareness of and support for TC policies and exposure to and perception of tobacco advertising, promotion and sponsorship.

The research combined quantitative (cross-sectional survey) and qualitative (focused-group discussion) data collection methods. The study population included female students aged 13-25 years in Hanoi (urban) and Thai Binh (rural). Participants were recruited through random sampling.

Results:

• The proportion of ever-smoked girls was much higher in the urban than in the rural areas and increased incrementally with age groups. Most of them were not regular smokers. Half of the ever-smoked girls first tried a cigarette at the age of under 13 years.

• A majority of the girls had negative attitude towards smoking. There remained some myths on smoking among the girls. Their knowledge of tobacco's harms was limited to a narrow group of diseases.

• Lower-secondary schoolgirls were more sensitive to cigarette advertisement than older girls. Over 5% of the upper-secondary and university girls were offered cigarette samples in the past year. Less then 50% of the girls could mention women-targeting cigarettes. They were unaware of tobacco industry's marketing tactics.

• Many girls did not think that the current implementation of TC policies were successful; however, they strongly supported the policies and believed in their effectiveness.

Conclusions:

Deterring the smoking initiation among youth females should be included in TC programs' targets and could be reached by comprehensible communication modules and TC policies in line with FCTC recommendations.

EXECUTIVE SUMMARY

This study aimed to examine the smoking behaviour of girls and young women, their awareness of and support for tobacco control policies as well as their exposure to and perception of tobacco advertising, promotion, sponsorship and the tobacco industry's youth smoking prevention programmes and corporate social responsibility activities.

To reach the aims, the study used a combination of quantitative and qualitative approaches. The study population was represented at 3 educational levels: lower secondary (schoolgirls aged 13-14); upper secondary (schoolgirls aged 15-17) and university (female students aged 18 - 25) and geographical areas: urban (Hanoi) and rural (Thai Binh privince). There were 2,951 participants to the survey by responding to self-administered questionnaires. About 224 girls and young women participated in 28 focus group discussions.

Findings:

1. 4.5% of the young females had ever-smoked cigarettes (2.8% for 13-15 years old; 4.5% for 16-19 years old; 6.1% for 20-25 years old). The proportion of lower-secondary and upper-secondary schoolgirls who ever smoked in the urban areas was nearly double that proportion in the rural areas. The proportion of university female students from the urban areas who ever-smoked was 1.7 times higher in comparison with that of the female students from the rural areas.

   Nearly 2/3 of ever-smoking young females had smoked less than 10 cigarettes and a very small proportion of them smoked cigarettes in the month before. It was obvious that most of these girls smoking only for trial and they were not considered regular smokers. However, the proportion of ever-smoking girls saying they would probably/definitely smoke in the coming year was much higher than the non-smoking girls. So, there is a possibility that those girls who ever tried smoking will be more likely to become a smoker.

   As the girls get older, they have more access to cigarettes. No lower-secondary schoolgirls found it easy to get cigarettes, nevertheless, more than half of the older girls found it easy to do so. One of every four ever-smoking respondents bought cigarettes themselves while a remarkable proportion obtained cigarettes from home or from friends.

2. The majority of the girls had a negative attitude towards smoking: 93.4% of the girls and young women thought smoking was bad. No lower-secondary schoolgirls thought smoking was good while around 10.3% of university female students thought it was neither good nor bad.

There were a significant association between smoking status and attitudes towards smoking behavior. Girls and young women were 3.4 times more likely to try smoking if they have a positive image of smoke. The odds of ever smoking were 3 times more for females who perceived that most girls their age smoked. There remained some myths on smoking among the young women such as smoking keeps body slim. 79% of the respondents perceived that Vietnamese society disapproves of smoking.

3. Most of the schoolgirls and university female students knew about the health warnings on cigarette packages but they were not satisfied with the health information provided by the warnings. This was not surprising as the current health warnings were printed only in small text. Many young females expected Vietnam to have terrific pictorial health warnings on cigarette packages. They believed that the Government should implement this policy despite opposition from the tobacco industry (findings from FGDs).

   Assessment by the young females on the implementation of the ban on cigarette advertisement and promotion in Vietnam was rather positive. A complete ban of cigarette display at points of sales received strong support from the respondents, especially among the lower-secondary school girls.

   The majority of the respondents believed that a ban on sale to minors was effective in reducing smoking among young people in Vietnam. However, in the FGDs, some respondents (mainly the 12th-graders and university students) doubted the effectiveness of this policy.

   As of the smoking ban in public places, most of the respondents showed their dissatisfaction of the current implementation of the policy. Almost all of the FGDs found that the policy is difficult to be implemented in Vietnam but the girls still believed in the effectiveness of the policy. Most of the young females supported a complete ban in schools, hospitals, public transportation and inside places of worship. The proportion of a complete ban in restaurants, bars, and discotheques ranged from 40% to 60%.

4. More than ¼ of the respondents said they were aware of the factors influencing them to smoke in the past 30 days. The proportion was especially high among lower-secondary girls than among rural school girls.

   The proportions of upper-secondary schoolgirls and university female students who were offered a free sample of cigarettes in the past year were higher than that of lower-secondary schoolgirls. The difference in the proportions was especially large when comparing the 2 groups of non-smoking girls (4%) and ever-smoking girls (16.8%). There was a considerable proportion of young females who knew about light/mild/flavoured cigarettes. Many thought that it was easier to smoke these kinds of cigarettes.

5. Many young women heard about the Youth smoking prevention program funded by the tobacco industry. Opinions about the program were varied. More than one-third of them thought that this kind of program has no/little effect while another one-third said the program was effective.

   The majority of the respondents showed their dislike for the tobacco companies. The proportion was highest among lower-secondary schoolgirls and decreases as the groups' age and educational level gets higher. This partly proved the impact that the tobacco industry has on the youth. The proportion of ever-smoking girls who completely disliked the industry was lower in comparison to that of non-smoking girls.

   The young females seemed unaware of the aim of the tobacco industry's corporate social responsibilities (CSR). They did not understand why their sponsorship should not be allowed. Up to nearly 1/3 of the respondents showed their support for the tobacco industry's corporate social responsibility activities. The FGDs also showed similar results. It was obviously the industry knew how to make full use of the CSR to build their good image, especially among the youth.

Conclusion:

The smoking rate among Vietnamese young females remains low and their awareness of diseases caused by smoking is quite good. Though they are dissatisfied with the implementation of many current anti-smoking policies in the country, the young females still strongly support these policies and believed in their effectiveness. The proportion of schoolgirls and female university students who are exposed to cigarette advertisements and promotions is remarkable. There was a considerable number of female students who were not aware of the tobacco industry's tactics in building their good images through CSR activities.

TABLE OF CONTENTS

LIST OF TABLES

INTRODUCTION

Background

Smoking prevalence among young women is increasing rapidly 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, their prevalence is already higher[2].

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[3], "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 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 was twice that of the national smoking rate for women. This increase might be related to the increased prominence of foreign brands, because nearly 70% of these young women preferred Marlboro.[4]

Smoking among young adolescents in ASEAN countries is also an important concern. Findings from the Global Youth Tobacco Survey revealed the substantial differences in smoking prevalence among girls aged 13 to 15 years between countries in ASEAN. Malaysia, the Philippines and Singapore ranked the highest with a prevalence of 11.2%, 8.8% and 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[5,6].

Smoking among Youth and Girls

In Vietnam, the Global Youth Tobacco Survey conducted in 2003 indicated that there were around 10.2% school boys and 1.9% school girls aged 13 – 15 years who smoked. According to the Survey Assessment of Vietnamese Youth, 1.2% young females aged 14 – 25 years reported to have ever smoked and only one-third of them reported to be current smokers. Young urban women reported having smoked more than those in rural areas, with 2% of the urban 18-21 year old females reporting to have smoked. The survey

[2] British Columbia Centre of Excellence for Women's Health (2006) *Turning a New Leaf.* Canada.
[3] Mackay, J. and Amos, A. (2003) Women and tobacco. *Respirology*, 8:123-130

[4] National Statistical Office. *Survey Report on Smoking Behaviors of Thai People, 2001.* Bangkok, National Statistical Office, 2001 .
[5] SEATCA (2007) The ASEAN Tobacco Control Report Card. Bangkok
[6] SEATCA (2007) Tobacco Use in Southeast Asia: Key Evidences for Policy Development. Bangkok

report also stated that "in neighbouring Asian countries with a higher exposure to advertising and the glamorizing of smoking and where access to tobacco products has increased, young women are taking up smoking at a rapid rate. Preventing this trend in Vietnam, and maintaining and reinforcing the current non-smoking behavior of young women, will be a significant challenge for future public health campaign"[7].

Summary of Country Situation with regard to Tobacco Control

In November 2004, the Vietnamese Government ratified the Framework Convention for Tobacco Control (FCTC), showing its support for tobacco control and its commitment towards prevention and reduction of the tobacco epidemic within its borders. The treaty was put into effect in Vietnam since March 2005. The country has developed the master plan for its implementation.

By the end of 2005, due to the efforts made by tobacco control advocates and under the pressure of commitments for joining the WTO, the cigarette excise tax has been made uniform to 100%-local and material- imported-products and reached 55% of manufactured price. Together with VAT (value added tax) and raw material import tax, the cigarette excise tax contributes only 41.3% of retail price.[8]

To meet the deadline set by the FCTC, the Government had planned to implement new health warnings on cigarette packs with bigger text by early 2008. The current text health warnings are "Smoking can cause lung cancer" and "Smoking causes COPD".

Several supplementary legislative documents and practical instructions have been issued by related ministries to strengthen the enforcement of the ban on tobacco advertisement, promotion and sponsorship; Vietnam has achieved significant progress in banning cigarette advertisement and promotion on mass media, however, due to the tactics of the tobacco industry and the weak enforcement of the law, the point-of-sale advertisement though banned, is still very common. Violations of the ban on promotion were still observed from time to time. The corporate social responsibility (CSR) activities of the industry are still common and very much welcomed by policymakers (by issuing the honourable awards to tobacco industry for their CSR)

Regarding the smoke-free policy, the Prime Minister issued a Directive on "Reinforcing tobacco control in Vietnam" emphasizing the need to improve public education and implement smoke-free policy in workplaces and public places. In response to this Directive, several ministries (health, education and culture) also issued its Circular/ Decision/Instructions aiming to reinforce the implementation of the smoke-free policy in their agencies. The compliance of the smoke-free policy is one of the requirements set by "Regulations on Office culture" that has been issued by the Prime Minister.

With an aim to contribute to the development of tobacco control policies that are gender-

[7] Report "National Survey and Assessment on Vietnamese Youth in 2003", Ministry of Health, General Statistical Office, UNICEF, World Health Organisation, 8/2005, page 64
[8] SEATCA (2007), Status of Tobacco Use and Its Control – Vietnam Report Card, page 9

sensitive and effective in preventing youth smoking, the research on smoking in girls and young women proposes to examine the smoking behavior of girls and young women, their awareness of and support for tobacco control policies as well as their exposure to and perception of tobacco advertising, promotion, sponsorship and tobacco the industry's youth smoking prevention program and corporate social responsibility activities.

RESEARCH OBJECTIVES

Specific Objectives of Study

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

METHODOLOGY

Research Design and Methods

This study used a combination of quantitative and qualitative approaches. In the first phase, a cross-sectional survey was conducted on a selected sample of female secondary and college students. Data were collected using a self-administered structured questionnaire. This was followed by a qualitative research using focus-group discussion in order to highlight and clarify the main findings of the quantitative survey.

Sampling Design and Sample Size for Cross-sectional Survey

Young teenage girls were sampled for the study from lower- (13-14 years) and upper-secondary (15-17 years) schools. Young female adults aged 18-25 years old were sampled among college or university students.

2951 girls and young women between the ages of 13 – 25 years were interviewed. The breakdown in samples according to geographical location and age group is presented below.

	13-15 years old	**16-19 years old**	**20-25 years old**	**All age group**
Urban	328	1133	691	2152
Rural	398	401	-	799
Total	726	1534	691	2951

Respondents from the urban areas were sampled from the urban capital city of Vietnam. The rural school students were recruited from Kien Xuong district - a typical rural area of Thai Binh province.

The college students were recruited from Hanoi Medical University, Hanoi University of Science - National University and Hanoi University of Social Sciences and Humanities – National University, which are located in Hanoi. The list of the schools and universities is attached in Appendix II.

Sampling for School-based Survey

In Hanoi, the survey was conducted in Hoan Kiem and Dong Da, the two core urban districts of the city. The Hanoi Education and Training Department and the Hoan Kiem Education Department provided the lists of the schools. In total, there were 25 lower

secondary schools and 6 upper secondary schools in the 2 districts. Using random sampling method, the research team selected 2 lower secondary schools and 2 upper secondary schools for the survey. In Thai Binh, the survey was conducted in Kien Xuong district. It is an agricultural district that is 14 km east of Thai Binh city. The Thai Binh Education and Training Department provided the list of schools. The research team randomly selected 2 lower secondary schools and 2 upper secondary schools from the total of 39 lower secondary schools and 5 upper secondary schools in the district. However, the number of school girls from the 2 selected lower secondary schools was not enough to meet the required number of study population. As a result, the research team randomly selected an additional lower secondary school for the survey.

At the lower secondary schools, the school management board provided the lists of the classes of 7, 8 and 9 grades. Three classes were randomly selected from each grade. All female students in the classes were selected for the survey. A similar approach was used to select upper-secondary schoolgirls for the survey. In total, 738 lower-secondary schoolgirls and 769 upper secondary school girls were selected for the survey.

Sampling of Female College/university/vocational Students

To ensure variety in the sample, the research team selected Hanoi Medical University to represent the medical and pharmaceutical colleges and universities, the Hanoi University of Science (HUS) - National University to represent the technical colleges and universities and Hanoi University of Social Sciences and Humanities (HUSSH) to represent the social science colleges and universities.

The Student Management Department provided the faculty lists. The research team randomly sampled 2 or 3 classes. All the female students in these classes were invited to participate in the survey. In sum, there were 1444 females students being sampled from the universities.

Qualitative Study Using Focus Group Discussions (FGDs) Method

In total, 28 FGDs were conducted . The distribution of FGDs per geographical location and school levels are as follows:

	Lower-secondary schoolgirls	**Upper-secondary schoolgirls**	**University female students**
Urban	4	4	12
Rural	4	4	-
Total	8	8	12

Each FGD comprised of between 6 to 8 female students.

Survey Questions

The survey included measures of:

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

A draft questionnaire is attached in Appendix 1.

Measures

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?" Respondent 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 do they usually get their cigarettes, where do they usually smoke, and expenditure on cigarettes in the last month.

In addition, current smokers were also asked to report the date of their last quit attempt, their intention to quit, and whether various factors have made them think about quitting.

The survey included one measure of susceptibility: "If you are not smoking now, do you think you will smoke a cigarette in the near future?" Perception of the ease of quitting was assessed by asking, "Once someone has started smoking regularly, do you thing it would be easy or hard for them to quit?"

Exposure to Advertising and Promotion

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 2 factors: "In the last year, has anyone offered you a free sample of cigarettes, other than friends or family?"

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 any 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 have seen any advertisements from tobacco companies on the dangers of smoking.

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 program, ban on display of cigarette packs at point-of-purchase, and implementation of tobacco control measures such as smoke-free policies.

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Opinion on Smoke-free Areas

The opinions of the respondents were sought on whether smoking should be allowed at various public places (hospital, workplace, air-conditioned and non air-conditioned restaurants, public transport, place of worship, college).

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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.

Beliefs and Attitudes toward Smoking

Attitudes towards male and female smoking were measured using a 6 item scale and rated on a 4-point Likert scale ranging from "strongly agree" to "strongly disagree". Beliefs about smoking were assessed using an 8 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 5 closest friends smoke.

Opinion on Tobacco Industry

Respondents were asked their opinion about the tobacco industry and their corporate social responsibility activities.

Socio-demographic characteristics 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.

Data Analysis

Survey data collected were processed and analysed using SPSS. Quantitative data obtained from the survey of female respondents were analysed using descriptive statistics. Cross-sectional comparisons of categories of respondents and between urban and rural areas were carried out. Chi-square test was used to determine if the difference in observations between groups were statistically significant. Analyses of associations between awareness, attitudes, beliefs about smoking and smoking status were also examined. Multivariate analysis was carried out using Logistic Regression to determine predictors of ever smoking.

Qualitative data collected from focus group discussions transcribed and analysed according to emerging themes. Data were reported in the form of narratives.

ETHICAL CONCERNS

Ethical clearance for the study was obtained from the Research Ethical Council of Hanoi School of Public Health. Respondents were informed about the research objectives, methods, the involvement of the respondents and the length of time of involvement, and plan on the use of the research outcomes, including how these will be disseminated. Verbal consent was obtained from the respondent. Respondents were assured about the confidentiality of the information they provided and that the presentation of the results of the research would be in a collective form.

RESULTS

A. Characteristics of Study Sample

1. Study Sample by Literacy Levels, Ages and Living Areas (Q61)

Table 1: Study population by literacy levels, ages and living areas

	Hanoi (urban) 72,9%		Thai Binh (rural) 27,1%		Total 100%	
	N	**%**	**N**	**%**	**N**	**%**
Secondary school girls (aged 13 – 14)	330	15.3	408	51.1	**738**	**25**
High school girls (aged 15 – 17)	378	17.6	391	48.9	**769**	**26.1**
University female students (aged 18 – 25)	1444	67.1	0	0.0	**1444**	**48.9**
Total	**2152**	**100**	**799**	**100**	**2951**	**100**

Our study sample included 2951 young females aged 13 to 25. Of this group, 25% were lower secondary schoolgirls aged 13 -14 years; 26.1% were aged 15 -17 years and in upper secondary schools. The remaining 48.9% were university female students aged 18 – 25 years.

Among our sample, 72.9% lived in the urban areas (Hanoi) and 27.1% in the rural areas (Thai Binh). The difference was due to the sampling design. However, as most of the universities were located in Hanoi, many of the students were from the rural areas.

Among the female students in our survey, 63% of female students were from the rural areas and 37% lived in the urban areas.

Table 2: Female students by area of residence before university entry (Q 62)

	Rural		Urban		Total	
	N	%	N	%	N	%
University female students	904	63.0	531	37.0	**1435**	**100**

2. Study Sample by Category: Smokers in the Family

Table 3: Study population by situation: smokers in the family

	Father/ mother		Brothers		Sisters	
	N	%	N	%	N	%
Yes	1017	34.5	418	14.2	9	0.3
No	1643	55.7	1550	52.7	2144	73.2
Don't know	23	0.8	55	1.9	38	1.3
Don't have	12	0.4	878	29.8	737	25.2
Ex-smokers	253	8.6	42	1.4	0	0
Total	**2948**	**100**	**2943**	**100**	**2928**	**100**

Of the respondents, 34.5% had a father/mother who smoked. The proportion of respondents with smoking brothers and sisters were 14.2% and 0.3%, respectively.

3. Study Sample by Religion

In Hanoi and Thai Binh, most of the study population did not have religious beliefs (78.1% in Hanoi and 72.4% in Thai Binh). Buddhists accounted for 21.2%, while the proportion of respondents who followed other religions (Christianity, Hinduism, or Islam) was not significant.

B. Findings

Extent of Smoking and Smoking Behavior

Table 4: Reports on smoking behavior (% distribution of respondents)

Smoking Behaviour	Lower Secondary (n=738)			Upper Secondary (n=769)			College/ University (n=1435)		
	Urban (n=330)	Rural (n=408)	Total (n=738)	U (n=378)	R (n=391)	T (n=769)	U* (n=904)	R* (n=531)	T* (n=1435)
% Ever smoked	4,2%	1%	2.4%	4.2%	3.8%	4%	7.2%	4.2%	5.3%
% Smoked last 30 days	1.8%	0.4%	1%	0.3%	0.5%	0.4%	0.9%	0.7%	0.8%
Cigarettes smoked in lifetime (*% of ever smoking girls*)	(n=8)	(n=2)	(n=10)	(n=15)	(n=14)	(n=29)	(n=33)	(n=31)	(n=64)
1-10	87.5%	100%	90%	73.3%	92.9%	82.8%	84.8%	77.4%	81.2%
11-100	12.5%	0	10%	26.7%	7.1%	17.2%	12.1%	19.3%	15.6%
>100	0	0	0	0	0	0	3.2%	3,2%	3.1%
Age first tried cigarette	(n=14)	(n=4)	(n=18)	(n=16)	(n=15)	(n=31)	(n=38)	(n=38)	(n=76)
13 and below	42.8%	0%	33.4%	25.2%	26.8%	22.7%	76.4%	60.6%	68.4%
14-15	21.4%	50%	27.8%	18.8%	26.7%	22.6%	10.5%	21.1%	15.8%
16 and above	N/A	N/A	N/A	56.3%	40%	48.4%	2.6%	10.5%	6.6%
Vulnerability to smoking									
a. Smoke if friend offer cigarette									
No	99.1%	98.8%	98.9%	93.9%	94.1%	94%	92.6%	96.3%	95.0%
Probably no	0.9%	1.2%	1.1%	4.2%	3.8%	4.0%	2.5%	0.7%	1.3%
Probably yes	0%	0	0	1.9%	2.0%	2%	3.8%	2.2%	2.8%
Yes	0%	0	0	0	0	0	1.1%	0.8%	0.9%
b.Intention to smoke next year									
No	99.8%	98.8%	98.8%	96.8%	95.9%	96.4%	95.8%	98.0%	97.2%
Probably no	1.2%	1.2%	1.2%	2.4%	3.1%	2.7%	1.5%	0.9%	1.1%
Probably yes	0%	0%	0%	0.8%	0.8%	0.8%	1.9%	0.7%	1.1%
Yes	0%	0%	0%	0%	0.3%	0.1%	0.8%	0.4%	0.6%
Older brother smoked	8.6%	12.8%	11%	18%	16.9%	17.4%	12.6%	14.9%	14.1%
Older sister smoked	0%	0%	0%	0.5%	0.3%	0.4%	0.2%	0.3%	0.3%
Father/mother smoked	39.3%	34.8%	36.8%	31.7%	32.2%	32%	38.4%	32.5%	34.7%
Father/mother quit smoking	3%	3.4%	3.3%	7.7%	7.4%	7.5%	13%	11.3%	11.9%

** In Vietnam, the universities and colleges are located in cities. Therefore, the university female students were surveyed about the areas they lived before entering university.*

The proportion of lower-secondary and upper-secondary schoolgirls who ever smoked even a few puffs in urban areas (Hanoi) was 4.2%, much higher than that in rural areas (Thai Binh). The university female students from the urban areas who ever smoked accounted for 7.2%, which was 1.7 times higher in comparison with the female students from the rural areas (4.2%). This difference is statistically significant (p=,0.05). In older groups, the proportion of girls and young women who "ever smoked" was higher (Table 1).

The ages of trying the first cigarettes were quite low: over 68% of the ever-smoking university female students reported having had tried the first cigarette at the ages of 13 years and below. The older girls seemed to be more vulnerable to smoking than the younger ones: around 1.7% of university students and nearly 1% of upper secondary schoolgirls thought of the possibility of smoking in the next year while none of the lower secondary students?? had intention to smoke. Some 3.7% of university students and 2% of upper secondary school girls would smoke if they were invited. Meanwhile, no lower secondary schoolgirls said they would do so.

Regarding the amount of cigarettes that the girls ever smoked by the time of the survey, nearly two-thirds of them had smoked less than 10 cigarettes. Only a small percentage had smoked more than 100 cigarettes. The proportion of respondents who smoked in the last 30 days was also very small. Thus, most of the girls only tried smoking and were not regular smokers.

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Table 5: Smoking pattern of ever-smoking young females (% distribution of respondents)

Smoking Characteristic	Lower Secondary (n=18)	Upper Secondary (n=31)	College/ University (n=83)	All Levels (n=132)	p-value
Cigarettes smoked in last 7 days	(n=8)	(n=3)	(n=16)	(n=27)	
None at all	0	66.7%	12.5%	14.8%	0.002
Less than 1 stick	0	0	0	0	
2 to 5 sticks	100%	0	25%	44.4%	
More than 5 sticks	0	33.3 %	62.5%	40.7%	
Reasons for smoking	(n=18)	(n=30)	(n=81)	(n=129)	
To release tension/ stress	44.4%	30%	8.6%	18.6%	0.000
To do what the guys can do	0	13.3%	16%	13.2%	
To be accepted by group	0	33.3%	3.7%	10.1%	
To relax	0	0%	4.9%	3.1%	
Group norm	55.6%	10%	1.2%	10.9%	
Other	0	13.3%	65.4%	44.2%	
Smoking with friends	(n=18)	(n=30)	(n=83)	(n=131)	
Never	55.6%	60%	81.9%	73.3	0.000
Sometimes	44.4%	36.7%	8.4%	18.8	
Often	0	3.3%	9.6%	6.9	
Smoking with parents	(n=18)	(n=30)	(n=83)	(n=131)	
Never	55.6	96.7	90.4	87	0.000
Sometimes	0	3.3	3.6	3.1	
Often	44.4	0	6	9.9	

Cigarettes usually smoked	(n=18)	(n=30)	(n=79)	(n=127)	
Manufactured cigarettes	0	16.7	46.8	33.1	0.000
No usual brand	100%	83.3	49.4	64.6	
Hand rolled cigarettes	0	0	3.8	2.4	
Taste of imported cigarettes	(n=18)	(n=30)	(n=82)	(n=130)	
Taste better	44.4	26.7	18.3	23.8	0.087
Taste the same	0	0	0	0	
Taste worse	0	0	6.1	3.8	
Don't know	55.6	73.3	75.6	72.3	
Usually get cigarettes	(n=18)	(n=30)	(n=79)	(n=127)	
Buy them	100%	3.3	22.8	29.1	0.000
Someone buys them	0	20	7.6	9.4	
From friends	0	33.3	8.9	13.4	
From home	0	36.7	40.5	33.9	
Other way	0	6.7	20.3	14.2	
Usually smoke					
At home	0	60	60.8	52	0.000
At school	0	3.3	10.1	7.1	0.210
At work	0	0	8.9	5.5	0.105
At friend's house	0	40	17.7	20.5	0.002
At social events	44.4	3.3	8.9	12.6	0.000
In public places	100%	0	13.9	22.8	0.000
Others	0	10%	15.2	11.8	0.598
Easy or difficult to get cigarettes	(n=18)	(n=30)	(n=81)	(n=129)	
Difficult	44.4%	23.3	14.8	20.9	0.000
Easy	0	56.7	66.7	55.1	
Not sure	55.6	20	18.5	24	
Intention to quit smoking	(n=18)	(n=30)	(n=76)	(n=126)	
In next 30 days	0	76.7	78.2	66.7	0.000
Sometime in next 6 months	0	10	2.6	4	
Beyond next 6 months	100	10	6.4	20.6	
Do not plan to quit at all	0	3.3	12.8	8.7	

Table 5 presents results on the pattern of smoking among those who have ever smoked cigarettes. The reasons for smoking mentioned by the lower-secondary schoolgirls were mostly "group norms" or "to release tension/stress". Among the older girls, the reasons mentioned were varied but the most common reasons were curiosity or willingness to do what the adults do.

Not many respondents smoked expensive brands like Dunhill and 555. More than half of the ever-smoking girls said they have no "usual brands". Most of the remaining respondents said they usually smoked Vinataba, a common brand name in Vietnam. There is a significant proportion of girls who have ever smoked who perceived that the imported cigarettes taste better than domestic ones, nevertheless, most of the remaining respondents were unsure about this.

The lower-secondary schoolgirls often smoked at crowded places like public places or social events, however, the upper-secondary schoolgirls and university students preferred smoking at home. Notably, a majority of the ever-smoking girls (87%) said they have never smoked with their parents.

The older girls have more access to cigarettes: none of the lower-secondary schoolgirls said they could get cigarettes easily, nevertheless, more than half of the older girls found it easy to do so. All of the lower-secondary schoolgirls said they had to buy cigarettes themselves. Meanwhile, the older girls could get cigarettes by various ways: either from friends (33% of upper-secondary ever-smoking school girls) or from home (40% of university ever-smoking female students) or someone buy cigarettes for them (20% of upper secondary ever-smoking girls).

Exposure to Secondhand Smoke at Home

Table 6: Having people smoking at home within the past seven days (Q50)

a. By ever-smoking/non-smoking respondents

	Ever smoking		Non-smoking		Total	
	N	%	N	%	N	%
Never	76	58.0	1496	53.9	1572	54.1
Sometimes	36	27.5	1019	36.7	1055	36.3
Often	19	14.5	258	9.3	277	9.5
Total	131	100	**2773**	100	2904	100

Missing: 47 = 1,6%

b. By grade

	Lower secondary		Upper secondary		University		Total	
	N	%	N	%	N	%	N	%
Never	403	54.6	369	48.1	800	57.2	1572	54.1
Sometimes	290	39.3	313	40.8	452	32.3	1055	36.3
Often	45	6.1	85	11.1	147	10.5	277	9.5
Total	738	100	767	100	1399	100	2904	100

Missing: 47 = 1,6%

Situations of exposure to secondhand smoke of the young females were investigated by the question "During the past 7 days (one week), how often have people smoked INSIDE YOUR HOME, while you were there?" Nearly half of the respondents were exposed to secondhand smoke often or sometimes, because of people smoking inside their homes. This proportion is lower than that reported in the Global Youth Tobacco Survey in 2005, which revealed 6/10 adolescents aged 13 – 15 years are exposed to cigarette smoke at home. According to our survey, the upper secondary schoolgirls (15-17 years old) reported the highest proportion of secondhand smoke exposure. By smoking status, the

ever smoking young females who often saw smokers inside their home was 14.5%, which was higher than for non-smoking respondents (9.3%).

Opinion on Smoking

Table 7: Overall opinion of smoking

	Lower Secondary (n=735)	Upper Secondary (n=769)	College/ University (n=1402)	p-value
Bad/very bad	99.6%	95.2%	89.1%	0.000
Neither good nor bad	0.4%	4.4%	10.3%	
Good/very good	0	0.4%	0.7%	

Table 8: Overall opinion of smoking by smoking status (ever smoking)

	Non-smoker (n=2775)	Ever-Smoking (n=131)	p-value
Bad/very bad	93.9%	81.7%	0.000
Neither good nor bad	5.8%	14.5%	
Good/very good	0.3%	3.8%	

The attitude of female youths towards smoking behavior was significantly different ($p<0.001$) by age groups (grades). Almost all lower secondary schoolgirls interviewed thought that smoking was bad or very bad. This rate among the upper secondary school girls was 95.2% and slightly lower at 89.1% among university female students. Notably, 10% of the college female students considered smoking as neither a good nor bad behavior. Less than 1% of the older students felt that smoking was good/very good. (Table 7).

A significantly lower proportion ($p<0.001$) of those who ever smoked considered smoking as “bad “or “very bad” compared to the non-smoking youths . The number of “ever smoking” young females considering smoking as “normal” (neither good nor bad) behavior was almost 3 times higher than that of non-smoking youths. Thus, there is a significant association between smoking status and attitude towards smoking behavior. Girls and young women who have ever smoked had significantly more positive attitude towards smoking.

Table 9: Opinion on smoking (% of respondents agreeing with following statements)

Statement	Lower Secondary (n=736)		Upper Secondary (n=769)		College/ University (n=1442)		p-value
	Agree	Can't say/ Don't know	Agree	Can't say/ Don't know	Agree	Can't say/ Don't know	
Smoking helps to control body weight	27.7 %	11.1%	10.8 %	13.4 %	8.2 %	13.3%	0.000
Smoking is a sign of being modern	2.2 %	4.8%	5.5%	4.0%	2.8%	5.4%	0.000
Smoking made people look cool or fit	3 %	4.9%	5%	3.4%	2.3%	6.5%	0.000
Most of the girls/women my age smoke	1.5 %	7.2%	0.9%	9.8%	2.3%	7.8%	0.005
It is acceptable for young men (aged 15 to 25) to smoke	2.6 %	9.6%	2.2%	7.5%	3.2%	8.9%	0.000
It is acceptable for young women (aged 15 to 25) to smoke	5.4 %	9.1%	1.4%	6.5%	3.1%	8.3%	0.000
Smoking is disgusting	77%	6.8%	81.6%	5.5%	76.9%	8.3%	0.008
Smoking makes young people look more mature	1.1%	7.4%	4%	6.0%	5.1%	5.9%	0.000
Smokers have a harder time in sports	74.6%	14%	47.6%	33.2%	42.6%	33,6%	0.000
People who smoke have more friends	5.3%	9.9%	4.4%	9.4%	4.9%	12.6%	0.000
Vietnamese society disapproves of smoking	78.5%	7.7%	79.8%	6.7%	78.8%	9.3%	0.000

Table 10: Opinion on smoking by smoking status

Statement	Non-smoker (n= 2817)		Ever-smoking (n=130)		p-value
	Agree	Cant say/ Don't know	Agree	Cant say/ Don't know	
Smoking helps to control body weight	13.6%	12.8%	15.3%	11.5%	0.156
Smoking is a sign of being modern	2.9%	4.9%	15.4%	4.6%	0.000
Smoking made people look cool or fit	2.8%	5.3%	13.1%	4.6%	0.000
Most of the girls/women my age smoke	1.5%	8%	6.9%	10.8%	0.000
It is acceptable for young men (aged 15 to 25) to smoke	2.5%	8.8%	8.4%	7.7%	0.000
It is acceptable for young women (aged 15 to 25) to smoke	3.1%	8%	5.4%	7.7%	0.000
Smoking is disgusting	78.7%	7.1%	66.2%	9.2%	0.000
Smoking makes young people look more mature	3.4%	6,2%	13.1%	7.7%	0.000
Smokers have a harder time in sports	52.3%	28.5%	43.1%	31.5%	0.167
People who smoke have more friends	4.6%	10.8%	9.2%	16.9%	0.000
Vietnamese society disapproves of smoking	79.2%	8.1%	73.8%	11.5%	0.346

Generally, many of the girls and young women had negative opinions towards smoking: more than two thirds of them agreed that smoking was disgusting. A smaller proportion of upper-secondary schoolgirls and university students thought that smokers have a harder time in sports but their percentage was not as high compared to that of the lower-secondary schoolgirls. Around one-third of them seemed unsure about this opinion.

Only a small proportion of the respondents agreed with the positive images of smoking such as "Smoking is a sign of being modern". "Smoking makes people look cool and makes young people look more mature" or "People who smoke have more friends". However, the myth "smoking helps control body weight" remained rather common among lower-secondary school girls. The proportion of ever-smoking girls with this myth was also higher than that among non-smoking girls.

Young females' perceptions of acceptability of smoking norms were adequate. The proportions of the respondents who thought that it was acceptable for young male/females to smoke were very small for all age groups. But the ever-smokers seemed to be more acceptable to smoking than never-smokers.

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

Smoking causes the following diseases	Lower Secondary (n=735)	Upper Secondary (n=769)	College/ University (n=1399)	p-value
Lunch cancer in smokers	92.6%	98.8%	97.0	0.000
Lung cancer in non-smokers from secondhand smoke	87.4%	92.9%	90.1	0.002
Stained teeth in smokers	77.1%	87.1%	92.4	0.000
Premature ageing	66.3%	50.7%	58.8	0.000
Stroke in smokers	64.9%	42.3%	50.1	0.000
Impotence in male smokers	60.5%	44.8%	56.4	0.000
Pregnancy related complications in women smokers	80.0%	82.3%	78.0%	0.052

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

Smoking causes the following disease.	Non Smoker N=2772	Ever-smoking N=131	p-value
Lunch cancer in smokers	96.9%	86.3%	0.000
Lung cancer in non-smokers from secondhand smoke	90.7%	77.9%	0.000
Stained teeth in smokers	88.0%	68.7%	0.000
Premature ageing	59.0%	48.9%	0.021
Stroke in smokers	52.4%	38.2%	0.001
Impotence in male smokers	54.7%	46.6%	0.068
Pregnancy related complications in women smokers	80.3%	64.9%	0.000

In surveying the knowledge of diseases caused by tobacco, the research team found that most of the respondents knew that tobacco causes lung cancer in smokers and non-smokers who are exposed to secondhand smoke, stained teeth or result in reproductive health problems in smoking females. However, the percentages of respondents who knew about other health issues caused by smoking such as premature aging, impotence or stroke were significantly lower. Notably, the lower-secondary schoolgirls seemed to be more knowledgeable about these health issues than the older girls. This could be attributed to the fact that in the curricula of the 8th grade, there was a module on tobacco epidemic focusing on providing the 8th-grade students with knowledge on the health hazards of smoking. Therefore, it is understandable why the lower-secondary schoolgirls

can easily remember what they have just been taught than the upper-secondary and university students.

Based on smoking status, non-smoking girls seemed to have a significantly higher awareness of smoking-related diseases than ever-smoking girls.

Exposure to Anti-smoking Messages

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

	Lower Secondary	**Upper Secondary**	**College/ University**	**p-value**
Exposure to anti-smoking messages	(n=732)	(n=767)	(n=1409)	
Never	6%	8.2%	13.3%	0.000
Sometimes	14.8%	34.6%	50.0%	
A lot	79.2%	57.2%	36.7%	
Source of anti-smoking advertising	(n=688)	(n=704)	(n=1322)	
On television	92.9%	96.7%	86.1	
On radio	67.9	57.7	41.6	0.000
On poster	54.8	46.7	42.1	
On billboards	48.5	27.4	35.2	
In newspapers or magazines	61.6	45.9	42	
At cinema before or after film	29.4	10.5	12.3	
In café/ restaurants/ karaoke	22.5	10.2	7.2	
On cigarette packs	66.3	61.9	53	
Others	12.4	10.4	7.6	

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

	Non-smoking	Ever smoking	p-value
Exposure to anti-smoking messages	(n=2777)	(n=131)	
Never	9.9%	15.3%	0.123
Sometimes	37.1%	36.6%	
A lot	53.0%	48.1%	
Source of anti-smoking advertising	(n=2503)	(n=111)	
On television	91.2%	81.1%	0.000
On radio	53.1%	45.9%	0.138
On poster	46.8%	45.0%	0.719
On billboards	36.8%	31.5%	0.256
In newspapers or magazines	48.7%	36.0%	0.009
At cinema before or after film	16.2%	18.0%	0.616
In discos/karaoke lounges	11.6%	21.6%	0.002
On cigarette packs	59.0%	57.7%	0.783
Others	9.4%	13.5%	0.018

The young females in both Hanoi city and Thai Binh province were well exposed to anti-smoking messages. Around half of these respondents said they have come across many messages on tobacco's hazards during the past six months. More lower-secondary schoolgirls heard about the messages than the upper-secondary schoolgirls or female university students. This could also possibly explain why the lower secondary girls were more knowledgeable about diseases caused by tobacco. Only about 10% of the respondents said they had never been exposed to this kind of information.

The major source of anti-smoking advertising that over 90% of the respondents referred to was the television. The research team noted that in the period prior to the survey, there was Health Bridge's communication campaign "Speak up for the health of your beloved" which aired a series of TV programs aimed at raising people's awareness of smoking and secondhand smoke and encouraging women to oppose smoking around herself and her children. This could be a contributing factor toward why a high proportion of the girls said they heard anti-smoking messages on TV.

To explore this further, we raised the topic in the FGDs and found that the schoolgirls and female students hardly ever received any information on any tobacco control policies of the Government from the schools or the Youth Unions. Many of them said that they received anti-smoking information through the mass media (TV, newspapers), movies, or "*sometimes I saw an anti-smoking poster on the street*" (a 9th-grade schoolgirl, Hanoi). Fewer knew through their friends or families.

Exposure to Tobacco Advertising, Promotion and Sponsorship

Table 15: Exposure to tobacco advertising (% distribution of respondents)

	Lower Secondary	Upper Secondary	College/ University	p-value
Noticed things that encouraged smoking in last 30 days	(n=738)	(n=769)	(n=1438)	
Never	56.5%	81.7%	78.9%	0.000
Once in a while	14.0%	15.1%	15.8%	
Often	29.6%	3.3%	5.4%	
Exposure to cigarette ads at sports events, fairs, concerts, or community events	(n=730)	(n=769)	(n=1437)	
Never	5.9%	62.3%	62.1%	0.000
Sometimes	51.5%	25.1%	28.7%	
A lot	29.7%	2.6%	3.3%	
Hardly attend such events	13.6%	10%	5.9%	
Offered a free sample of cigarettes (% yes)	(n=728)	(n=769)	(n=1433)	0.003
Yes	2.3%	5.5%	5.3%	
Noticed competitions/prizes associated with cigarettes (% yes)	(n=735)	(n=769)	(n=1432)	0.000
	36.6%	6.2%	5.1	
Owned merchandise with cigarette brand name (% yes)	(n=735)	(n=769)	(n=1432)	0.000
	3.0%	5.7%	9.0%	
Likely to use something with cigarette brand name (% yes)	(n=726) 11.4%	(n=768) 11.4%	(n=1432) 17.1%	0.000
Watching actors smoke on TV, videos or movies	(n=735)	(n=769)	(n=1432)	
Never	3.8%	12.2%	5.7%	0.000
Sometimes	72.2%	46.4%	51.6%	
A lot	12.2%	25.2%	28.4%	
Hardly watch TV, videos or movies	10.7%	16.1%	14.2%	
Favourite actors smoke	(n=731)	(n=768)	(n=1432)	
None	6.7%	10.5%	11.4%	0.000
Some	51.0%	40.2%	41.6%	
Most or all	2.1%	5.5%	8.4%	
Don't have any favourite actors	15.9%	12.2%	16.2%	
Don't know	24.4%	31.5%	22.5%	

Table 16: Exposure to tobacco advertising by current smoking status

	Non Smoker N=	Ever-smoking N=	p-value
Noticed things that encouraged smoking in last 30 days			
Never	74.8%	56.9%	0.000
Once in a while	14.8%	23.1%	
Often	10.4%	20%	
Exposure to cigarette ads at sports events, fairs, concerts, or community events			
Never	47.8%	56.1%	0.001
Sometimes	33.9%	22.0%	
A lot	9.7%	5.7%	
Hardly attend such events	8.6%	16.3%	
Offered a free sample of cigarettes (% yes)			
Yes	4.0%	16.8%	0.632
Noticed competitions/prizes associated with cigarettes (% yes)	13.4%	11.5%	0.671
Owned merchandise with cigarette brand name (% yes)	6.5%	10.8%	0.143
Likely to use something with cigarette brand name (% yes)	13.9%	20.7%	0.01
Watching actors smoke on TV, videos or movies	7.0%	6.2%	0.000
Never	56.3%	36.9%	
Sometimes	23.6%	27.7%	
A lot	13.2%	29.2%	
Don't know			
Favorite actors smoke			
None	10.1%	8.5%	0.000
Some	44.2%	30.8%	
Most or all	5.8%	10.8%	
Don't have any favourite actors	25.2%	28.5%	
Don't know	14.8%	21.5%	
Support banning on smoking scenes in movies and television programmes			
Not at all	9.3%	16.2%	0.000
A little/somewhat	14.5%	23.8%	
A lot	76.2%	60.0%	

The lower-secondary schoolgirls seemed to be most exposed to cigarette advertisements as 29.6% of them said they often come across things which encourage smoking, 29.7% said they saw cigarette ads at social events a lot. These proportions were much higher than that of upper-secondary schoolgirls and of university female students. This could be evidence to suggest that the younger were more sensitive to eye-catching cigarette advertisements.

However, higher rates of respondents among the upper-secondary and university groups reported being offered free samples of cigarettes in the past one year. Also, there were more female university students than schoolgirls having merchandises with cigarette brands. According to smoking status, the ever-smoking respondents were exposed to cigarette advertisement significantly more ($p<0.001$) than the non-smoking respondents (Table 16). The proportion of ever-smoking girls being offered free samples of cigarettes were 4 times higher than that of non-smoking girls. Ever smokers were also more likely to use things with a cigarette brand name compared to the never-smokers.

More older girls said they often saw smoking images on TV and movies than lower-secondary schoolgirls. Only a small proportion of the respondents said they never saw actors smoking. Around half of the lower-secondary schoolgirls have their favourite smoking actors/actresses, but the proportion was slightly lower among the older girls. The majority of the respondents, both ever-smokers and never-smokers, strongly supported a ban on smoking scenes in TV and movies.

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In the FGDs, many young females said they still see cigarette ads at café or grocery stores. Many schoolgirls in the rural areas said that they still find cigarette shelves, T-shirts, caps with names of the cigarettes like 555, Marlboro, Vinataba, White Horse in their villages… The girls noted that many users of these merchandises were probably not smokers, but "*they used them because they didn't have anything else to use. In the rural areas, shirts or caps are valuable, moreover they were beautiful, colourful… no one think that using them is advertising for cigarette companies*". (an 11th- grade schoolgirl, Thai Binh province). Most of the girls did not think that the cigarette ads or things with cigarette brand names (ie. shirts, caps, lighters, key holders…) encouraged or made them think of smoking. They said they did not know about the impacts on the boys/men but they believed that the thought of starting smoking (among men) come to mind due to sadness, stress, beer/alcohol drinking or peer pressure, but not from those images of cigarettes. "*How can these stuffs (lighters, caps, shirts…) make us want to smoke cigarettes? I think it is impossible!*" (a 1st-year student, Hanoi)

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A number of young females said in the FGDs that they were offered free cigarette samples (though they were not smokers) or saw other people being offered free cigarettes: "*On Valentine day, there was cigarette promotion at many café. I was offered 2 slim and black cigarettes; they were beautiful.*" (2nd-year student, Hanoi). "*There were young women wearing beautiful clothes inviting people to smoke cigarettes and drink beer. People can buy the cigarettes at cheap promotion prices or sometimes, they are offered free cigarettes*" (a 1st-year student, Hanoi)

No female students in the FGDs had ever attended any program funded by the domestic/foreign tobacco companies. Most of them know about the companies' philanthropy activities through newspapers or TVs. Many said the "achievements" of the tobacco companies were on the live programs like "Tet (Lunar New Year) for the poor", "Charitable auction", "Scholarships for poor students overcoming challenges" and "Calamity relief" programs.

Predictors of Ever Smoking Among Females

Table 17: Predictors of ever smoking among females

Variable	Odds Ratio	95% Confidence Interval (CI)		p-value
Personal factors				
1. Knowledge smoking-related diseases (High[1]) Low/moderate	0.798	0.536	1.187	0.265
2. Overall opinion on smoking (Good[1]) Bad/neutral	1.584	.883	2.843	0.123
3. Perception about image of smoking (Negative[1]) Positive	3.367	1.785	6.352	0.000*
4. Acceptable for young men to smoke (Not-acceptable[1]) Acceptable	2.261	.863	5.924	0.097
5. Acceptable for young women to smoke (Not-acceptable[1]) Acceptable	.285	.087	.935	0.038*
6. Most girls my age smoke (Disagree[1]) Agree	2.986	1.135	7.853	0.027*
8. Age (13-19 years old[1]) 20 -25	1.317	.857	2.024	0.208
Socio-cultural factors				
9. At least one member of family smokes (No[1]) Yes	.758	.500	1.148	0.191
10. Number of closest friends who smoke (None[1] 1-5	1.837	1.230	2.744	0.003*
11.Noticed things that encourage smoking (Never[1]) Once in a while/often	2.367	1.576	3.555	0.000*
12. Exposure to cigarette ads at sports and community events (Never[1]) Sometimes/a lot	.381	.243	.598	0.000*
13. Offered free cigarette samples (No[1]) Yes	4.388	2.486	7.743	0.000*

[1] Reference category * Statistically significant

Table 17 presents the predictors of ever smoking from the logistic regression model. Two of the 8 personal factors and 3 of the 5 socio-cultural factors significantly predicted smoking. Girls and young women were 3.4 times more likely to try smoking if they have a positive image of smoking. The odds of ever smoking were 3 times more for females who perceived that most girls their age smoked. Knowledge of smoking-related diseases, overall opinion of smoking and perception about the norm of smoking have no effect on ever smoking.

Among the significant socio-cultural predictors, having one or more close friend who smoked increased the odds of ever smoking by 1.8 times. Females who noticed things that made them think about smoking were 2.4 times more likely to smoke. Females who were offered free cigarettes in the last year were 4.4 times more likely to try smoking. The Nagelkerke R2 is 0.140 indicating that 14% of the variation in predicting ever smoking is explained by the predictors of this logistic regression model.

Awareness of Health Warning on Cigarette Pack, Smoke-free Places, Ban on Advertising, Promotion and Sponsorship.

Table 18: Exposure to health warnings on cigarette packs (% distribution of respondents)

	Lower Secondary	**Upper Secondary**	**College/ University**	**p-value**
Awareness of health warning	(n=738)	(n=769)	(n=1441)	
Yes	99.3%	89.5%	89.0%	0.000
No	0.7%	4.4%	4.4%	
Don't know		6.1%	6.5%	
Noticed health warnings in last month	(n=733)	(n=688)	(n=1281)	0.000
Never	5.5%	10.8%	20.0%	
Once in a while	11.9%	52%	40.1%	
Often	67%	17.7%	11.9%	
Didn't see cigarette pack in last month	15.7%	19.5%	28%	
Extent health warnings made you think about health risks of smoking	(n=575)	(n=480)	(n=679)	
	0	.4%	1.8%	0.000
Not at all	7.0%	32.3%	35.6%	
A little	93.0%	66.3%	62.6%	
A lot	0	1.0%	0	
Haven't seen any				

Table 19: Exposure to health warnings on cigarette packs by current smoking status (% distribution of respondents)

	Non-smoker	Ever-smoking	p-value
Awareness of health warning	(n=2817)	(n=131)	
Yes	92.0%	86.3%	0.018
No	3.5%	3.8%	
Don't know	4.5%	9.9%	
Noticed health warnings in last month	(n=2589)	(n=113)	0.400
Never	13.8%	12.4%	
Once in a while	35.1%	44.2%	
Often	28.5%	24.8%	
Didn't see cigarette pack in last month	22.6%	18.6%	
Extent health warnings made you think about health risks of smoking	(n=1656)	(n=78)	
	0.7%	3.8%	0.02
Not at all	24.7%	35.9%	
A little	74.3%	60.3%	
A lot	0.3%		
Haven't seen any			

Many young females were aware of the current health warnings on cigarette packages. This proportion is varied according to smoking status, 86% of the ever smoking young females said there were health warnings on cigarette packages, in comparison with 92% among the non-smoking respondents. The rate of ever smoking respondents who were not aware of health warnings was much higher than that of non-smoking ones.

By grades, almost all of the secondary schoolgirls knew about the content of the text while the rates among upper-secondary schoolgirls and university female students were slightly lower. The proportion of respondents who said that the health warnings made them think a lot about tobacco hazards was higher among the lower-secondary schoolgirls than that among the other 2 groups.

Results from the FGDs were also similar to the above findings of the quantitative survey. While many schoolgirls said they understood the message "Smoking cigarettes damages health" printed on cigarette packs implies "*an advice not to smoke cigarettes because tobacco is very harmful to health*" (a 10th grade schoolgirl, Hanoi), the university students considered this message unimpressive to them. They saw the message as "not specific" at all: "*That's too old. Saying smoking cigarettes damages health is like saying ice-cream is cold, chilly is hot and drinking coffee causes sleeplessness*" (a 3rd-year university student). The reasons cited for the ineffectiveness of the present health warnings were that the message was too old, and the health warning was printed in a very small size which no one paid attention to. Many young females expected and suggested that the health warnings should be in various forms and more impressive.

Support for Tobacco Control Policies

Generally, results from the FGDs disclosed that many schoolgirls and university students did not think that implementation of tobacco control policies was highly effective, however, they still showed their support and said that the Government should continue these policies in other ways to make them more effective: "*should find a way to get better results, not to replace by another policy or to abandon these policies because of bad implementation"* (3rd-year student, Hanoi)

Table 20: Opinion on pictorial health warnings (% distribution of respondents)

Health Warnings on Cigarette Packages	Lower Secondary	Upper Secondary	College/ University	p-value
Think that cigarette packages should have…	(n=738)	(n=769)	(n=1439)	
Less health information compared to now	0	0.3%	1.4%	0.000
About the same as now	0.5%	5.6%	9.1%	
More health information compared to now	97.4%	90.5%	85.3%	
Can't say	2.0%	3.6%	4.2%	
Believed that pictorial health warnings is effective in reducing smoking among young people	(n=738)	(n=769)	(n=1439)	0.000
Very effective/Effective	20.9%	49.9%	50.6%	
Little effective	58.3%	32.3%	33.1%	
Ineffective/very ineffective	12.7%	5.9%	10%	
Don't know effective or ineffective	8.1%	11.9%	6.4%	
Should government implement pictorial health warnings on cigarette packs in Vietnam	(n=738)	(n=769)	(n=1438)	0.000
Yes	96.7%	85.9%	90.1%	
No	0	5.3%	4.7%	
Unsure	3.3%	8.8%	5.3%	

The majority of respondents in all the different grades (97.4% for lower-secondary schoolgirls, 90.6% for upper-secondary schoolgirls and 85.3% for female university students) suggested that health warnings should have more information. The proportion of respondents who said that the information should be about the same was very small, the highest being among the female university students (9.1%).

The percentage of female youths who believed in the effectiveness of graphic health warnings in preventing youth smoking was highest among the female university students and lowest among the lower secondary schoolgirls. Nevertheless, the percentage of respondents supporting the graphic health warnings was high among all 3 groups: over 90% of the school girls and female students thought that this policy should be implemented.

Findings from the FGDs showed that there were unanimous support for regulations on health warnings on cigarette packages. Almost 100% of participants proposed that health warnings should be printed with strong words. Printing terrifying pictorial health warnings were "welcomed" and it was proposed that they should be as big as possible: "*Let's print images of real patients, not a picture of a lung*" (an 11th-grade school girl, Hanoi). Many young females firmly believed that printing strong health warnings or terrifying images on cigarette packages would have a strong impact on both smokers and non-smokers. "*Should design the cigarette packs so that they were not a cool one for displaying, anyone wanting to use them will have to do it furtively*" (a 4th-year female student, Hanoi).

Some girls said they heard about the tobacco industry's opposition to printing pictorial health warnings on cigarette packages. However, many other girls said that the Government has the right to decide on what to print on cigarette packages. "*I think changing or printing pictorial health warnings is not difficult at all, because the largest tobacco corporations are state-owned. Why is it that the Government couldn't do this?*" (a 2nd -year female student, Hanoi)

Table 21: Opinion on tobacco advertising ban (% distribution of respondents)

	Lower Secondary	Upper Secondary	College/ University	p-value
Support a complete ban on tobacco advertisements inside shops and stores	(n=730)	(n=765)	(n=1426)	
Not at all	0	3.8%	4.0%	0.000
A little/somewhat	4.7%	12.7%	10.0%	
A lot	90.3%	75%	77.1%	
No opinion	5.0%	8.4%	8.8%	
Support a complete ban on displays of cigarettes inside shops and stores	(n=731)	(n=767)	(n=1424)	
Not at all	1.6%	5.9%	5.9%	0.000
A little/somewhat	2.3%	16.9%	17.1%	
A lot	92.1%	67.8%	64.4%	
No opinion	4%	9.6%	12.6%	
Believe that ban on sale to minors is effective in reducing smoking among young people in Vietnam	(n=727)	(n=767)	(n=1424)	
Very effective/Effective	60.6%	67.5%	70.5%	0.000
Little effective	33.4%	22.2%	19.6%	
Ineffective/very ineffective	2%	6.3%	6.4%	
Don't know effective or ineffective	3.9%	3.9%	3.5%	

Most of the schoolgirls and female university students were supportive of a ban on cigarette advertisements and promotions (the highest percentage was among the lower-secondary schoolgirls). The reason being that they believe the ban current was not strict, and the tobacco industry still used various types of cigarette advertisements and promotions.

The majority of young females, especially the schoolgirls, supported the ban on sales to minors because they believed that this policy would: 1) help the community understand that cigarettes are bad for the health of youth; and 2) make the youth understand that they are not allowed to buy and use tobacco. However, most of the respondents agreed that this policy would be effective only if compliance with this law among the buyers and sellers was much improved. "*A ban on tobacco sale to minors will help to prevent kids buying cigarettes for smoking with the money from their parents. This ban is very necessary as it makes the society to understand that children need to be protected*." (An 11th-grade schoolgirl, Thai Binh province)

However, many schoolgirls (mainly the 12th-grade schoolgirls and university students) doubted the feasibility of the ban on sale to minors in Vietnam at this moment. The reasons that were cited include the rampant points of sale advertising, weak compliance with the Vietnamese law especially among the poor who were much affected by profits and difficulties in implementing sanctions.

Table 22: Support for complete ban on smoking in various public places (% of respondents who agreed to a total ban)

Public Place	Lower Secondary	Upper Secondary	College/ University	p-value
Hospitals	100.0%	99.3%	98.2	0.002
Workplaces	91.9%	81.4%	68.5	0.000
Air-conditioned restaurants and other air-conditioned places	71.1%	61.7%	70.9	0.000
Non air-conditioned restaurants and public eating areas	76.1%	77.7%	61.5	0.000
Public transport	92.1%	89.4%	95.1%	0.000
Indoor areas at your place of worship	99.7%	94.5%	90.0	0.000
Outdoor areas at your place of worship	70.4%	48.4%	36.2	0.000
Bars/pubs/discos	64.6%	43.5%	29.3	0.000
Universities/colleges/school	100.0%	99.6%	97.2	0.000

Almost all female students and schoolgirls supported the complete ban on smoking in schools, hospitals, public transport and indoor areas of religious places. However the proportion of those who supported the complete ban on smoking in bars/ pubs/ discos and restaurants were much lower and varied significantly between the groups. Less than a third of university students support the ban on smoking in these night spots. There was a considerable proportion of young females who believed that smoking should be allowed in some indoor areas.

Most of the participants in the FGDs found that the implementation of a smoking ban is very difficult in Vietnam but most of them agreed that this is definitely a good policy and will bring benefits to non-smokers. There were not many discussions on the appropriateness of the policy but more on how to strictly implement it. "*Developing smoke-free public spaces was very simple in every civilized country. Sooner or later, Vietnam will have to implement the policy*" (a 1st-year student, Hanoi). "*This is an appropriate regulation. Because there are fewer smokers than non-smokers, such a ban will benefit the majority.* " (a 12th-grade schoolgirl, Thai Binh province)

Table 23: Opinion on effectiveness of enforcement of smoking bans in public places

	Lower Secondary	Upper Secondary	College/ University	p-value
Enforcement of smoking bans	(n=738)	(n=767)	(n=1398)	.000
Very effective/Effective	24.3%	33.2%	23.9%	
Little effective	62.7%	54.8%	55.4%	
Ineffective/Very ineffective	3%	7.2%	16.1%	
Don't know effective or ineffective	10%	4.8%	4.4%	
Factors preventing implementation of smoking ban in public places				
Lack of enforcement	74.7%	58.1%	66.9%	0.000
Public awareness is inadequate	88.9%	91.8%	84.7%	0.000
Lack of concern of non-smokers about passive smoking	67.5%	35.2%	46.1%	0.000
High social acceptability of smoking	84.1%	86.8%	73.9%	0.000
Others	0.8%	4.2%	1.7%	0.000
Ways to improve implementation of smoking ban				0.000
Increase enforcement	76.7%	70.5%	67%	0.000
Increase public awareness of smoking bans	69.2%	79.9%	75.2%	0.000
Educate public about the harms of passive smoking	71.5%	91.9%	80.7%	0.000
Others	0	3.8%	2.9%	

Many respondents commented that the enforcement of the current smoking ban in public places were of little success. The reasons given to explain this were inadequate public awareness and high social acceptability of smoking. Most of the upper-secondary schoolgirls and university students referred to public education as the way to improve the implementation of the ban while the younger girls preferred increased enforcement measures.

In the FGDs, the young females said they saw people smoking rampantly in many public places such as cinemas, ticket counters of railway stations, bus stations and stadiums.

They also said it was difficult to monitor the implementation of the ban in hospitals, restaurants or cafés. Breaking the smoking ban in public places was observed among people of all ages, including young people. However people found it difficult to require them to comply with the ban. "*I saw youths smoking in the exhibition room at the end of Ba Trieu street. I didn't see anyone asking them to stamp out. Neither did I. Other people stared at them, but no one asked them.* (a 3rd-year student, Hanoi)" And even members of the enforcement taskforce smoked cigarettes in public spaces: *"I saw a policeman smoking under an umbrella with the word "Smoking cigarettes damages health". It looked very funny."* (a 12th-grade schoolgirl, Hanoi).

All the discussions mentioned the issue of awareness of compliance with the law as the most important and decisive factor for good implementation of the smoking ban in public places. Many were of the opinion that this factor was more important and effective than sanctions or any other measures. "*Implementing the smoking ban in offices is easy because the people there are of high awareness but in public places it is very difficult because of the low awareness of most of people"*. (a 2nd – year student, Hanoi)

Table 24 : Awareness of "light" and "mild" cigarettes

	Lower Secondary	**Upper Secondary**	**College/ University**	**p-value**
Ever heard of "light" or "mild" cigarettes	(n=738)	(n=767)	(n=1400)	
Yes	41.7%	42.6%	46.4%	0.067
No	58.3%	57.4%	53.6%	
Are "light" or "mild" cigarettes easier or harder to smoke?	(n=328)	(n=341)	(n=626)	
		25.2%	31.4%	0.000
Easier	16.2%	2.1%	2.1%	
Harder	4.6%	6.5%	6.7%	
No Difference	1.2%	64.2%	59.6%	
Don't know/haven't heard of" "light" or "mild" cigarettes	76.2%			
Believed that "light" or "mild" cigarette are less harmful than regular cigarettes	(n=308)	(n=331)	(n=652)	
	8.8%	16.9%	17.5%	0.000
No, they are not	3.6%	36.6%	43.1%	
No difference	8.8%	5.7%	6.1%	
Yes, they are less harmful	78.9%	40.8%	33.3%	
Don't know/haven't heard of" "light" or "mild" cigarettes				

Table 25: Awareness of ”light” and “mild” cigarettes by current smoking status

	Non-smoker	Ever-smoking	p-value
Ever heard of “light” or “mild” cigarettes			
Yes	43.1%	67.9%	0.000
No	56.9%	32.1%	
Are “light” or “mild” cigarettes easier or harder to smoke?			0.000
Easier	25.0%	40.4%	
Harder	2.1%	11.2%	
No Difference	5.4%	3.4%	
Don’t know/haven’t heard of” “light” or “mild” cigarettes	66.3%	44.9%	
Believed that “light” or “mild” cigarette are less harmful than regular cigarettes			0.000
No, they are not	13.6%	38.2%	
Yes, they are less harmful	31.9%	32.6%	
No difference	6.6%	7.9%	
Don’t know	47.9%	21.3%	

Less than half of the respondents in all the grades have heard about light/mild cigarettes. When comparing never and ever smokers, more ever-smoking young females than non-smoking ones have heard about these kinds of cigarettes.

Results from the FGDs showed that many young females knew and could describe cigarettes for women. Some of them have seen these kinds of cigarettes, while others have heard about them. Most of them could specify cigarettes for women as those that were light, flavoured, less harmful… with attractive designs. “*I have seen cigarettes for women, they were black, smaller, and fragrant*” (a 6th-year college female student, Hanoi). “*I heard that cigarettes for women have mint and are less harmful than Vinataba cigarettes*” (a 9th-grade schoolgirl, Thai Binh province).

The majority of respondents **did not** think that the appearance of many kinds of cigarettes for women was the evidence of the tobacco industry’s marketing strategy aiming to encourage smoking among women. They understood this as the tobacco industry’s efforts to meet the smoking demands of both male and female smokers. They said because women’s physical bodies were different from men’s, they need special cigarettes. “*If it is a mint cigarette or one that causes no stained teeth, it will be good for women. I heard*

that models and singers also smoke so that they can have a slim body. " (a 10th-grade schoolgirl, Hanoi). "*Women working in bars smoke light cigarettes as they are regular smokers, while male cigarettes are too strong and harmful to them*" (a 12th-grade schoolgirl, Hanoi)

Table 26: Perception of tobacco industry's youth smoking prevention programmes and corporate social responsibility activities

Tobacco Industry Activities	Lower Secondary	Upper Secondary	College/ University	p-value
Believed that YSP program is effective in reducing smoking among young people	(n=727)	(n=767)	(n=1408)	0.000
Very effective/Effective	24.9%	48.5%	46.1%	
Little effective	47.6%	21.6%	27.1%	
Ineffective/very ineffective	1.9% 4.7%	4.8% 3.3%	8% 3.8%	
Don't know effective or ineffective	20.9%	21.8%	14.9%	
Never heard of YSP program				
Support corporate social responsibility activities of tobacco industry	(n=730)	(n=767)	(n=1405)	
Not at all	17.1%	21.4%	23.4%	0.000
A little/somewhat	22.6%	34.3%	29.8%	
A lot	42.6%	29.9%	24.6%	
No opinion	17.7%	14.5%	22.2%	
Opinion about the contribution of tobacco industry to Vietnamese economy	(n=724)	(n=767)	(n=1408)	0.000
Nothing	2.6%	7.0%	7.2%	
Very little/somewhat	53%	52.4%	54.9%	
A lot	3.7%	11.6%	16.0%	
No idea	40.6%	28.9%	21.9%	
Like cigarette company	(n=727)	(n=767)	(n=1409)	0.000
Like them a lot/somewhat	0%	1.3%	1%	
Neither like or dislike	4.0%	23.2%	25.3%	
Don't like them somewhat/at all	92.1%	72.4%	67.6%	
No opinion	3.9%	3.1%	6.1%	
Cigarette companies lie about the danger of smoking	64.9%	47.6%	51.9%	0.000

(% agreeing)				
Cigarette companies try to get people my age to smoke (% agreeing)	14.3%	25.6%	28.2%	0.000
I would like to see cigarette companies go out of business (% agreeing)	81%	63.5%	52.8%	0.000
Tobacco companies do good things for the community (% agreeing)	5.5%	15.1%	23.9%	0.000

With regards to the Youth smoking prevention program carried out by the tobacco industry, many schoolgirls and female students said they had heard about the program and over one-third thought the program was effective or very effective. Only a small proportion said that the program was ineffective. In fact, the Youth smoking prevention program was funded by the joint-venture between BAT – VINATABA and carried out in lower-secondary schools in Vietnam during the 2 school-years of 2005 and 2006. Due to the warning from the Ministry of Health, the program has now been stopped. The findings on this issue in this study, therefore, can be considered as cumulative information.

Interestingly, about 42.6% of the lower secondary schoolgirls support the tobacco industry's corporate social responsibility (CSR) activities. Notably, the rate of young females supporting this CSR decreased grade by grade: 29.9% among upper secondary school girls and 24.6% female university students.

As high as over 45% of the respondents absolutely agreed and believed that the tobacco companies are doing good things for the community. By grade, some 5.5% of lower secondary schoolgirls, 15,1% of upper secondary school girls and 23.9% of female university students showed their strong support for the companies' philanthropy activities.

Awareness of the young females about the economic effects of tobacco was inadequate: up to 39.2% of the respondents said that the tobacco industry contributed somewhat to the national economy and 11.8% said they contributed a lot.

The proportion of young female who did not like the tobacco industry at all was highest among the lower secondary schoolgirls (92,1%), much higher than that the proportion among the upper secondary schoolgirls (72.4%) and university students (67.6%). Around one quarter each group of the upper secondary schoolgirls and female university students neither liked nor disliked the tobacco industry.

In the FGDs, there were various arguments about tobacco industry's sponsorship and corporate social responsibility activities (CSR). Most of the schoolgirls and female students did not understand or distinguish between the sponsorship for advertising purposes and the corporate social responsibility of the industry. Some girls found it normal to have the tobacco company's name on band rolls in their CSR activities: "*I did not notice if they advertise anything, but when they provide sponsorship, they must have their business name on houses or on vans transporting relief goods*" (1st-year student, Hanoi). They found nothing wrong if the tobacco companies help to build public places like small parks, football grounds or kindergarten, benches, libraries. "*Every school need playgrounds and gymnasiums, so let the tobacco companies build them, it's better than not having anything.*" (11th-grade school-girl, Thai Binh province)

DISCUSSION AND POLICY IMPLICATIONS

1. The proportion of young females who have ever smoked cigarettes (even a few puffs) increases incrementally with age group: 2.4% lower-secondary schoolgirls aged 13-14 years; 4.5% upper-secondary schoolgirls aged 15-17 years and 5.3% female university students aged 18-25 years. These rates are significantly higher than in the 2003 Survey Assessment of Vietnamese Youth (SAVY) report of just 1.2% of young women aged 14-25 years having ever smoked. However, as it is reflected in the SAVY's findings, this study also found that the rate of ever-smoking young females was much higher in the urban areas than in the rural areas. The reasons given for smoking were varied but it seemed that girls living in the cities where life was busier with a modern lifestyle were more likely to smoke. The traditional predisposition of the belief that smoking is a typical male behavior and the less acceptance by the public to female smoking especially in the rural areas could be another explanation of this difference.

   Although the age at which smoking starts was quite young, most of the young females were not considered regular smokers and most of them did not have any favorite brand. However, the female university students were more likely to smoke if they were offered cigarettes; furthermore, a substantial sub-group of ever-smoking young females considered taking up smoking. In addition, as they get older, the girls also have easier access to cigarettes: while none of the lower-secondary schoolgirls said they could get cigarettes easily, more than half of the older girls found it easy to do so.

   A study by Fidler J. A. concluded that adolescents who have smoked just once were potentially vulnerable to take up smoking later[9]. To reverse the smoking trend of young females in the country, it is important to prevent the girls from trying even one cigarette. Schoolgirls in the urban areas under 13 years of age should be targeted in any intervention programs.

   The rate of current young female smokers remained low, but around half of the girls and young women reportedly were exposed to cigarette smoke at home. Therefore, it can not be said that the girls and young women were not affected by the tobacco epidemic. They could become innocent victims of tobacco, though many of them never smoked. Women and girls are at risk of all the diseases caused or worsened by passive smoking. It is clear, then, that strong policies are needed to protect women from secondhand smoke. It is also important to remember that the place where women and girls may have the highest exposure is the home — which is also the workplace for many. While it may be impossible to ban smoking in homes, international experience does suggest that certain policies and educational measures can succeed in convincing smokers to avoid smoking within the home. Such

[9] FIDLER J. A et al, Vulnerability to smoking after trying a single cigarette can lie dormant for three years or more, Tobacco control ISSN 0964-4563, 2006, vol. 15, n°3, pp. 205-209, BMJ, London, ROYAUME-UNI (1992)

measures should not be limited to protecting infants and children, important though that is, but should also include protection for adult women as well.

2. The majority of girls have a negative attitude towards smoking, and agreed that smoking was harmful. There was a significant association between smoking status and attitude towards smoking behavior. Girls and young women who have smoked had significantly more positive attitude towards smoking. The girls' disapproving attitude towards smoking behavior was favorable for the implementation of programs controlling smoking among youth as well as other interventions to reduce social acceptability of smoking in the country.

   There remained some myths on smoking among the young women. Many lower-secondary schoolgirls believed that smoking could retain one's slimness while one-third of the older girls were unsure about the statement that smokers have a harder time exercising or playing sports. In addition, the knowledge of specific harms of smoking and passive smoking in the study population was still limited to a narrow group of diseases including lung cancer and stained teeth or reproductive health problems in smoking females. We realized that these are knowledge gaps that need to be addressed in the future.

3. The young females in the survey reportedly came across messages on tobacco hazards often during the past six months and the major source mentioned was the television (over 90% of the respondents referred to this source). Nevertheless, other channels including radio, newspapers, and posters were also effective communication means to bring anti-smoking messages to the young women. Future education programs targeting young females can still consider utilizing these channels.

   The lower-secondary schoolgirls were reportedly more sensitive to cigarette advertisements, however, a remarkable number of upper-secondary and university students were reportedly offered free cigarette samples in the past year. It is obvious that the tobacco companies have targeted young females aged 15 years and above in their marketing and promotion strategy. The fact that a significant proportion of the respondents were able to cite the women targeting brands "mild", "light" and "flavored" is further evidence for the companies' active marketing and promotion programs. Nevertheless, the female youths seemed to be unaware of their marketing tactics, and many of them still believed that the images of smoking or merchandises with cigarette logos could not make them think of smoking. Even they knew that there were cigarettes targeted for women (light/ mild cigarettes), but which these young women thought were part of the efforts of the industry to meet the demands of both men and women, and not to hook more women into taking up smoking. This finding poses the need for counter-marketing programs to minimize the impacts from the marketing campaigns of the tobacco industry on the young females.

4. Generally, many girls and young women did not think that the current implementation of tobacco control policies was successful. However, they still showed their strong support and belief in the effectiveness of these policies in reducing smoking rate and cited bad implementation as the problem.

Specifically, most of the schoolgirls and university female students knew about the health warnings on cigarette packages but they were not satisfied with the health information provided by the warnings. Many young females expected Vietnam to have terrifying pictorial health warnings on cigarette packages. They believed that the Government should adopt this policy despite opposition from the tobacco industry.

Assessment by the young females on the implementation of the ban on cigarette advertisement, promotion in Vietnam was rather positive. A complete ban of cigarette display at points of sales received strong support from the respondents, especially the lower-secondary schoolgirls.

The majority of the respondents believed that banning tobacco sales to minors would be effective in reducing smoking among young people in Vietnam. However, in the FGDs there were opinions (mainly from the 12th-grade and university students) doubting the feasibility of this policy in the country at the moment.

As for the smoking ban in public places, most of the respondents showed their dissatisfaction of the current implementation of the policy. Almost all of the FGDs found that the implementation of this policy in Vietnam is difficult but the girls still believed in the effectiveness of the policy. Most of the young females supported a complete ban in schools, hospitals, public transportation and inside worship places. The proportion of those supporting a complete ban in restaurants, bars, and discotheques ranged from 40% to 60%.

5. Among the 3 groups of respondents by educational level (lower-secondary schoolgirls, upper-secondary schoolgirls, and university female students), there were a difference in opinions of smoking behavior, awareness and support for tobacco control policies as well as attitudes towards the tobacco industry and their sponsorship and CSR activities. The younger girls were more critical of smoking than the older ones. The older girls were more skeptical of the effectiveness of the tobacco control policies and therefore were less supportive of them. Many older girls showed their negative or neutral attitude towards the tobacco industry and a remarkable proportion supported their sponsorship. Several reasons were cited as possible explanations for the fact: either the older girls have not been significantly exposed to tobacco control information or physiologically, they were more skeptical than the younger ones or this could be an “outcome” of the tobacco industry marketing and CRS strategies. Whatever the reason is, it poses a challenge for the development and enforcement of positive tobacco control policies in Vietnam. From the experience of many other policies such as the recent compulsory helmet wearing regulation, a very important factor that could contribute to the success of any policy is to make the public understand and support it. In preparation for the introduction and implementation of the anti-smoking policy related to the young females, a communication strategy should be conducted for a period to educate this population.

LIMITATIONS OF THE STUDY

The researchers acknowledged the limitations of the study. Firstly, there may be concern regarding the generalisability of the results. This study was not population based. The young females were selected for the survey using convenient sampling technique. In addition, the survey was conducted in Hanoi, a big city and in Thai Binh, a province that Health Bridge has recently conducted intensive anti-smoking interventions under its project "Reduce Social Acceptability of Smoking". Therefore, the findings from this study are not generalisable to all students aged 13 – 25 years nationwide.

The quantitative survey used a self-administered questionnaire to collect data to assure the subjects about information confidentiality, but this led to a remarkable missing value in the data.

RECOMMENDATIONS

1. In the coming years, it is important to include smoking prevention among young females as a target of the tobacco control policies. It is imperative that the Government should implement tobacco control policies in line with the FCTC recommendations which have been proved to be very effective in preventing smoking among youth. Specifically, it is necessary to implement a comprehensive ban on cigarette advertisement, promotion and sponsorship, especially the ban on cigarette displays at points of sales and free sample offering; to print graphic health warnings and to strengthen the ban on sales to minors. A strong regulation on tobacco packaging and labeling which prohibits the use of mild and light cigarettes should be developed. The Government should also strictly implement its smoke-free policy and give a focus on educational measures to convince smokers not to smoke at home.

   Evidence from many studies suggests that higher cigarette price can help prevent adolescents from taking up smoking. Given a remarkable number of respondents who said they had to buy cigarettes themselves, it is recommended that the Government should increase tobacco tax to discourage cigarette consumption among the young females. A ban on kiddy cigarette packs and sale of single cigarette sticks should also be considered in the future.

2. To get strong support from the youth, in general, and female youth, in particular, for the development and implementation of positive tobacco control policies, it is necessary to educate them about the benefits of these policies as well as explain to them why the policies are needed. This is also a way to improve their awareness of compliance to anti-smoking legal regulations.

3. The Vietnam Committee on Smoking and Health (VINACOSH) should work closely with the Ministry of Education and Training, Youth Union, Women Union and other related agencies to develop and conduct an anti-smoking program for young females. Deterring the smoking initiation among the female youths might be an important target of the program. To reach the target, more efforts should be made to improve the young females' awareness of tobacco hazards, remove the myths on smoking and economic contribution of the tobacco industry. Comprehensive communication programs should be tailored in accordance with the generics of young females of different age groups (lower-secondary, upper-secondary and university). More modules on hazards of tobacco should be included in the teaching curriculum of every grade to strengthen the students' capacity to make the healthy choice of saying no to smoking cigarettes.

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APPENDIX 1: QUESTIONNAIRES
RESEARCH ON SMOKING IN GIRLS AND YOUNG WOMEN IN VIETNAM 2007 – 2008

INTRODUCTION

Thank you for accepting to participate in this survey. Please kindly note that you have the rights to accept or refuse to answer these questions and nobody has the right to put pressure or prejudice you if you refuse to answer all or parts of the following questions.

The questionnaire you are going to answer is to help us to have an understanding of the youth'ss knowledge and attitude on tobacco control in order to develop effective and practical policies and communication programs for young people.

There are no WRONG answers for any of the questions. Every response from you is RIGHT and VALUABLE if they reflect EXACTLY your experience, understanding and thinking of tobacco control. So, please answer BY YOURSELF the questions without wondering what is right or wrong.

The answers you give will be kept completely secret and confidential, including from your teachers or your family. To help us keep your information confidential, please do not put your name on any of the pages. After completing the answers, please put the paper into the enclosed envelopes and return it to your teacher.

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

For example: (1) No 2 Yes

For the questions which you can select many responses (multiple choice questions), we will note (can select many responses)

For example: Where do you often smoke? (can select many responses)

(1) At home
2 At school
(3) In public places

For the questions without any notice, you can select only one response.

Please ensure that you follow the instruction of skipping questions.

For example: Have you ever smoked (even a few puff)?

1 Yes

2 Never → Skip to question 15

If you choose Response 1, continue answering the next questions. If you choose Response 2, skip from Question 2 to Question 14 and answer from Question 15.

Administrative Information

Province/City:	**1. Hanoi**	**2. Thai Binh**	
Grade:	**1. Lower- Secondary**	**2. Upper-secondary**	**3. University**
School:	**1. Le Loi**	**5. Tran Phu**	**9. University of Technical Science**
	2. Ngo Si Lien	**6. Dong Da**	**10. University of Social Sciences and Humanity**
	3. Vu Dong	**7. Bac Kien Xuong**	**11. Hanoi Medical University**
	4. Quang Trung	**8. Chu Van An**	

Date:_____/_____/_____

Supervisor:_____

SMOKING BEHAVIOR

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

1. Yes

2. No ⟶ **Skip to QUESTION 15**

QUESTION 2 How many cigarettes have you smoked in your life?

1. 1 – 10

2. 11 – 100

3. More than 100

4. Don't remember

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

1. 7 years old or younger

2. 8 – 9 years old

3. 10 – 11 years old

4. 12 – 13 years old

5. 14 – 15 years old

6. 16 years old or older

7. Other *(specify)*_____

QUESTION 4 During the past 30 days [one month]. How many days did you smoke cigarettes?

1. 1 or 2 days

2. Some days

3. Almost everyday

4. Everyday

5. I did not smoke during the past 30 days ⟶ **Skip to QUESTION 6**

During the past week, <u>on the days you smoked</u>, how many cigarettes did you smoke

QUESTION 5 each day?

1. Less than 1 cigarette (only puffs)
2. 1 cigarette
3. 2 – 5 cigarettes
4. 6 – 10 cigarettes
5. 11 – 20 cigarettes
6. More than 20 cigarettes
7. I did not smoke any cigarette in the past week
8. I do not remember

QUESTION 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. To be alike other friends
6. Other *(Specify)* _____

QUESTION 7 How often do you smoke with your friends?

1. Never
2. Sometimes
3. Often

QUESTION 8 How often do you smoke with your parents?

1. Never
2. Sometimes
3. Often

QUESTION 9 What brand of cigarettes do you usually smoke?

1. _____

(Name of the brand eg.: 555)

2. I have no usual brand
3. I usually smoke hand rolled cigarettes

QUESTION 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. Don't know

QUESTION 11 How do you usually get your cigarettes?

1. I buy them
2. I get them from friends
3. Someone buys them for me
4. I get them from home
5. Another way *(Specify)* _____

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QUESTION 12 How easy or difficult is it for you to get cigarettes when you want them?

1. Very difficult
2. Difficult
3. Easy
4. Very easy
5. I don't know/Not sure

QUESTION 13 Where do you usually smoke?

(Can choose many responses)

1. At home
2. At school
3. At work
4. At friends' houses
5. At social events

6. In public places (e.g. parks, shopping centres, street corners)

7. Other places *(Specify:)* _____

QUESTION 14 Which of the following describe your thoughts about quitting smoking

1. I plan to quit in the next 30 days [1month]

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

KNOWLEDGE, ATTITUDES, BELIEFS REGARDING SMOKING BEHAVIOR

QUESTION 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

QUESTION 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

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

1. Yes
2. No → **Skip to QUESTION 20**
3. Don't know/ not sure → **Skip to QUESTION 20**

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

1. Never → **Skip to QUESTION 20**
2. Sometimes
3. Often
4. Very often
5. I did not see any cigarette package in the past month -→ **Skip to QUESTION 20**

QUESTION 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

QUESTION 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

QUESTION 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. Little effective

5. Ineffective

6. Very ineffective

7. Neither effective nor ineffective

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

1. Yes

2. No

3. Unsure/ Don't know

QUESTION 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 ⟶ **Skip to QUESTION 25**

2. Sometimes

3. Often

4. Very often

QUESTION 24

In the last 30 days, have you noticed CIGARETTES or TOBACCO PRODUCTS ADVERTISED in any of the following places?
(Can choose many responses)

1. On TV

2. On radio

3. Posters

4. Billboards

5. Newspapers/ magazines

6. Stores

7. Café/ restaurants/ karaoke

8. Cigarette points of sale

9. Other *(Specify)* _____

QUESTION 25

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

1. Never

2. Sometimes

3. Often

4. I hardly ever attend sports events, school fairs, concerts, or community events

QUESTION 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

4. No idea

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

1 Yes

2. No

3. Don't remember

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

1 Yes

2. No

3. Unsure/ Don't remember

QUESTION 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

3. Don't remember

QUESTION 30 Do you think you would 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

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

1. Never

2. Sometimes

3. A lot

4. Don't know/ unsure

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

1. None
2. Some
3. Most of all
4. All
5. Don't know/ unsure
6. I don't have any favourite actors

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

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

QUESTION 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. Little effective
4. Ineffective
5. Very ineffective
6. Neither effective nor ineffective

QUESTION 35 In your opinion, what should be done to tobacco companies that violate this ban on advertising, promotion and sponsorship?
(Can choose many responses)

1. Heavy penalty placed on tobacco industry
2. Withdraw license to operate
3. Relevant government agencies should be held responsible
4. Other *(Specify)* _____

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

1. Not at all
2. A little
3. A lot
4. No opinion

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

1. Not at all
2. A little
3. A lot
4. No opinion

QUESTION 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. Little effective
4. Ineffective
5. Very ineffective
6. Neither effective nor ineffective

QUESTION 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. Little effective
4. Ineffective
5. Very ineffective

6. Neither effective nor ineffective

7. Never heard of Youth Smoking Prevention Program (YSP)

QUESTION 40

The tobacco industry provides scholarships to students, aid to disaster victims and other form of philanthropic actions. Do you support these actions of the tobacco industry?

1. Not at all

2. A little/ somewhat

3. A lot

4. No opinion

QUESTION 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. Don't know/ no opinion

QUESTION 42

How much do you like cigarette company?

1. I like 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

6. No idea

QUESTION 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 ⟶ **Skip to QUESTION 45**

2. Sometimes

3. A lot

QUESTION 44

In the last six months, have you noticed advertising or information on tobacco control in any of the following places??
(Can choose many responses)

1. On TV
2. On radio
3. On posters
4. On billboards
5. In Newspapers/ magazines
6. At cinema before and after films
7. Café/ restaurant/ karaoke, ….
8. On cigarette packages
9. Other *(Specify)* _____

QUESTION 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 X within the given boxes to the most appropriate response)

	Smoking allowed in all indoor areas	**Smoking allowed in some indoor areas**	**Smoking should not be allowed at all**
1. Hospital?			
2. Workplaces?			
3. Air-conditioned restaurants and other air-conditioned places?			
4. Non-air-conditioned Restaurants and public eating areas?			
5. Public transport?			
6. Indoor areas at your place of worship (where people pray)?			
7. Outdoor areas at your place of worship.			
8. Bars/pubs/discos			
9. Universities/colleges/school			

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

1. Very effective
2. Effective
3. Little effective
4. Ineffective
5. Very ineffective
6. Neither effective nor ineffective

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

1. Lack enforcement
2. Public awareness is inadequate
3. High social acceptability of smoking
4. Lack of concern of non-smokers about passive smoking
5. Other *(Specify)*

_____

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

1. Increase sanctions
2. Increase public awareness of smoking bans
3. Educate public about the harms of passive smoking
4. Other *(Specify)*

_____

QUESTION 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

QUESTION 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

QUESTION 51 Some cigarettes are described as 'light' o 'mild' or 'flavored', have you ever heard of light or mild or flavoured cigarettes?

1. Yes

2. Never ⟶ **Skip to QUESTION 54**

QUESTION 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/ unsure

QUESTION 53 Are 'light or mild' or 'flavored' cigarettes **less** harmful than regular cigarettes?

1. More harmful

2 No difference

3. Ít có hại hơn

4. Don't know/ unsure

QUESTION 54 Of the five closest friends that you spend time with on a regular basis, how many of them are smokers?

_____ persons ***(Specify the number. eg: 3 persons)***

QUESTION 55 Based on what you know or believe, which are the following diseases are caused by smoking ***Can choose many responses)***

1. Lung cancer in smokers
2. Lung cancer in non-smokers exposed to cigarette smoke
3. Stained teeth in smokers
4. Premature aging
5. Stroke
6. Impotence in smoking males
7. Reproductive health problems in smoking females
8. Other
(Specify) _____

QUESTION 56 What is your overall opinion of smoking

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

QUESTION 57 Please indicate whether you agree or disagree with the following statements ***(Tick X into the best response)***

	Strongly agree	Agree	Disagree	Strongly disagree
a) Smoking helps to control body weight.				
b) Smoking is a sign of being modern.				
c) Smoking make people look cool or fit.				

d) Most of the women my age smoke.					
e) It is acceptable for young men (aged 15 to 25) to smoke.					
f) It is acceptable for young women (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 dangers 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.					
0) Young women are used by the tobacco industry to promote their product.					
p) The society disapproves of smoking.					
q) Tobacco companies do good things for the community.					

PERSONAL INFORMATION

QUESTION 58 **Do any of your parents smoke**?

1. Yes
2. No
3. Don't know/ unsure
4. I don't have/ don't live together with parents
5. My father/ mother is ex-smokers

QUESTION 59 Do any of your OLDER BROTHERS smoke?

1. Yes
2. No
3. Don't know/ unsure
4. I don't have/ don't live together with older brother
5. My older brother is ex-smokers

QUESTION 60 Do any of your OLDER SISTERS smoke?

1. Yes
2. No
3. Don't know/ unsure
4. I don't have/ don't live together with older sister
5. My older sister is ex-smokers

QUESTION 61 In what grade or year are you?

1. Form 7
2. Form 8
3. Form 9
4. Form10
5. Form 11

→ *If you choose responses 1 - 6*
Skip to QUESTION 63

6. Form 12

7. Bachelor degree- Year 1

8. Bachelor degree- Year 2

9. Bachelor degree- Year 3

10. Bachelor degree- Year 4

11. Master/ PhD

QUESTION 62 Before entering the university where did you live?

1. Urban areas

2. Rural areas

QUESTION 63 How old are you?

1. 13 – 15 years old

2. 16 – 19 years old

3. 20 – 25 years old

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QUESTION 64 To what religious faith do you belong?

1. Islam

2. Christian

3. Budhism

4. Hindu

5. Other *(Specify)* _____

6. No religion

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 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 supervisor

APPENDIX II

List of schools, universities participating in the research

1. **Le Loi School,** #17 Nguyen Thien Thuat Street, Hoan Kiem District, Hanoi
2. **Ngo Sy Lien School**, #27 Ham Long Street, Hoan Kiem District, Hanoi
3. **Tran Phu School**, #8 Hai Ba Trung Street, Hoan Kiem District, Hanoi
4. **Dong Da School**, #10 Quan Tho Lane, Dong Da District, Hanoi
5. **Hanoi University of Science (HUS) - National University**, #334 Nguyen Trai Street, Thanh Xuan District, Hanoi
6. **Hanoi University of Social Sciences and Humanities – National University**, # 144 Xuan Thuy, Cau Giay District, Hanoi
7. **Hanoi Medical University**, #1 Ton That Tung Street, Hai Ba Trung District, Hanoi
8. **Vu Dong School**, Kien Xuong district, Thai Binh province
9. **Quang Trung School**, Kien Xuong district, Thai Binh province
10. **Bac Kien Xuong School**, Kien Xuong district, Thai Binh province
11. **Chu Van An School**, Kien Xuong district, Thai Binh province

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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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