HEALTH KNOWLEDGE AND GENDER ATTITUDES RELATED TO WOMEN AND TOBACCO USE IN KRATIE PROVINCE, CAMBODIA

Chhea Chhordaphea
Koeut Pichenda

Financial support from The Rockefeller Foundation and Thai Health Promotion Foundation
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Dr. Chhea Chhordaphea
Dr. Koeut Pichenda
National Centre for Health Promotion (NCHP)
Ministry of Health
Phnom Penh, Cambodia

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EXECUTIVE SUMMARY

Kratie is a province in the northeast of Cambodia with a high prevalence of tobacco use among men and women. Compared to other provinces, Kratie has a high prevalence of tobacco use among women, especially among those 40 years and above.

A qualitative study was conducted in two districts of Kratie province: Kratie district, where people grow tobacco, and Snoul district, where there are no tobacco plantations.

The objectives of this study were (1) to investigate the attitudes and perceptions of women toward smoking among both women and men, (2) to document the levels of knowledge about the impact of tobacco on health, (3) to identify social norms and beliefs about tobacco use among women and men, and (4) to identify exposure to pro- and anti-tobacco campaigns and activities.

Methodologies used in this research were literature review, in-depth interviews with key informants, community observation, and focus group discussions. One hundred and eight women aged 40 years and above participated in focus group discussions on knowledge, attitudes, perceptions and beliefs about tobacco use, as well as on exposure to anti- and pro-tobacco campaigns and activities.

The results showed that most women do not approve of tobacco use in the community and that there is a strong negative attitude toward tobacco use among women younger than 25 years. Tobacco use among the older population was not considered as bad.

Chewing tobacco practiced by old women was considered a traditional practice and not risky. Only a few people expressed a dislike for chewing tobacco among old women.

Community women were able to describe some immediate impacts of tobacco use but were not knowledgeable about the health effects caused by smoking. They did not know about the impact of second hand smoke or of smoking on the environment and on the household budget.

**Highlights**

- Community people strongly disliked smoking among young women; however, smoking among old women was less stigmatized.
- Women started using tobacco fairly late in life, generally around age 30, after they were married and had children.
- Chewing tobacco and betel nut were not perceived as health risks.
- Young women who smoked were considered "fire women" or prostitutes.
- Women perceived hand-rolled cigarettes as safe, and commercial cigarettes as harmful due to the industry’s chemical addictives.
- Some smokers realized that they might get tobacco-related diseases, but many smokers did not care about their future.
- The women were rarely exposed to anti-tobacco activities.
- Most smokers did not know how to quit. Some tried to quit on their own while they were sick, but then they relapsed.
- Women were not happy about the presence of cigarette advertisements.
Participants believed that tobacco use was part of Khmer tradition as it is used in many traditional ceremonies. Women started using tobacco in groups during the Pol Pot regime, following other people in the community.

Community people were exposed extensively to pro-tobacco campaigns in the community, including local advertisements and media activities. In the selected villages however, there were no community anti-tobacco activities and very little exposure to anti-tobacco media campaigns. The community needs help to prevent smoking initiation and its cessation, and generally, people liked anti-tobacco messages.

- Women didn’t understand why the industry should be allowed to advertise cigarettes, given that tobacco is harmful to health and advertisements attract people to smoke.
- Women requested support to help them quit tobacco use.
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1. STATEMENT OF THE PROBLEM

Tobacco use is a major public health concern in Cambodia. The Cambodian Socio-Economic Survey of 1999 showed that 47% of males and 6% of females 15 years and above used tobacco. It was noted that the prevalence of tobacco use was higher in the older population with 72% of males and 10% of females over 40 years using tobacco.

Tobacco use was high among the male population and relatively low among the female population. The prevalence of tobacco use among women 40 years and above was about 10%, with 9% use among urban females and 12% among rural females. Although the prevalence of tobacco use in the female population was low, provinces in the northeast of the country with different ethnic communities had a higher prevalence of female tobacco use. The Cambodia Demographic Health Survey of 2000 (CDHS, 2000) showed that 53% of females in Mondolkiri and Rattanakiri and 21% of females in Kratie used tobacco. The CDHS, 2000 also showed that women used tobacco in different forms such as cigarettes, pipes, and chewing tobacco or betel nut. To date, there is no specific study focusing on women and tobacco use in northeast Cambodia. The prevalence of tobacco use among women in Cambodia has only been investigated as part of other studies. Detailed information on the factors influencing or preventing tobacco use among women has not yet been examined.

Kratie is one province of the northeast country where the prevalence of tobacco use is high among female population (21%). The province is located about 315 km from Phnom Penh by National Road No 7 and No 13. It takes about 6 hours to travel to this province by car. Kratie province was chosen as the study site based on its high prevalence of tobacco use among women, geographic accessibility and the representational characteristics of the provinces in the northeast region. As the prevalence of tobacco use among women in this province was higher than in many other parts of the country, it was important to investigate the factors that contribute to the difference in prevalence rates. Due to geographic barriers, it was not feasible to study the three other provinces of Mondolkiri, Rattanakiri and Steung Treng where prevalence of tobacco use among women was among the highest in the country.

The qualitative research was expected to explore the reasons for tobacco use among women in this province of northeast Cambodia. The findings may complement the findings of the National Prevalence Survey on Tobacco Use, which was completed in mid-2005 but no reports have currently been disseminated. These two studies together could provide recommendations for the development of tobacco control for women in Cambodia and particularly in areas like the Kratie province in the northeast part of the country.

The qualitative research on health knowledge and gender attitudes related to women and tobacco use among women in Kratie Province, Cambodia is a part of the capacity building of the anti-tobacco Cambodia team of the National Centre for Health Promotion. This study helps strengthen their qualitative research which is an important part of gathering evidence for further activities and policy development in tobacco control in Cambodia.
2. LITERATURE REVIEW

The World Health Organization (WHO) estimates that there are currently 4 million deaths a year from tobacco related illnesses, and this figure is expected to rise to 8.4 million deaths by 2020. Seventy percent of the deaths estimated in 2020 will occur in developing countries.

As elsewhere in Asia, smoking in Cambodia has a strong gender bias. Global estimates indicate that about 12% of women smoke compared to about 48% of men. The Cambodian Socio-Economic Survey of 1999 found that the prevalence of smoking among men 15 years and above was 47% as compared to 6% among women. However, the rates of smoking are increasing among youth and young women in several regions of the world (WHO, 2001).

In a country with limited resources available for tobacco control, little is known about people’s knowledge of the health effects of tobacco use and the relationship between attitudes and perceptions of tobacco and tobacco use. Unfortunately, even less is known about these factors in women. Given the findings from neighbouring countries, gender norms may be an important factor related to tobacco use among women in Cambodia. Research on smoking and young women in Vietnam showed that smoking among women was considered as an extremely inappropriate behaviour, thereby deterring many women from smoking (Morrow et al., 2002).

The low prevalence of tobacco use among women explains why tobacco control in Cambodia tends to be gender blind. CDHS, 2000 found that the smoking prevalence among women was low, particularly among young women in urban areas, and noticeably higher among older women. There was no further investigation to explain the gaps, despite the fact that the low prevalence of smoking among Cambodian women presents a good opportunity to study the factors contributing to smoking among women which could prevent initiation, promote cessation, and reduce premature deaths caused by tobacco use.

Tobacco use among women is a largely neglected subject. Asian values and gender norms exist in the Cambodian context, although there have been no extensive studies conducted. The three main concerns raised in a study by Morrow and Barraclough 2003 are that future tobacco use, tobacco industry interest and gender norms are relevant to the situation in Cambodia. One concern is that while prevalence among women is low, the overall number of women using tobacco is still significant. Since a high proportion of the female population is young, future tobacco use in young women is a major concern. The second issue is the interest of the tobacco industry in women who are perceived as a huge untapped market. The third concern is that gender norms are constantly changing with globalization, communication, opportunities and demographic shifts, and these changes may lead to major increases in smoking in young women. The study presents experiences from other Asian countries that are valuable. For example, while the smoking prevalence fell by some 27% in 1984-1998 in Singapore, there was a marked increase in smoking from 2.5% to 6.7% among Singaporean women between 20-24 years in 1992-1998. In addition, smoking among women in Japan increased from 12% to 22% over the last three decades. Asian values are changing and it is unclear what effect these changes will have on women’s use of tobacco. Gender-based tobacco control activities are needed to prevent women from initiating tobacco use.

A study of tobacco use among women in Cambodia is important in order to gain a complete understanding of the factors related to tobacco use and to enhance tobacco control efforts throughout Cambodia.
3. RESEARCH OBJECTIVES

**Overall objective:**

This research aims to contribute to the prevention of uptake and to the cessation of tobacco use among women by identifying the factors influencing the use and non-use of tobacco.

**Specific objectives:**

1. To investigate attitudes and perceptions of women toward smoking among both women and men.
2. To document levels of knowledge on the impact of tobacco on health.
3. To identify social norms and beliefs about tobacco use among women and men.
4. To identify exposure to pro- and anti-tobacco activities.
4. METHODOLOGY

a. Research design
Qualitative methods were employed to understand the knowledge, attitudes, beliefs, and social norms of women about tobacco use. Methods used include literature review, observation, in-depth interviews (IDIs), and focus group discussions (FGDs). The analysis triangulates all the findings.

- Literature review was conducted as the first step in order to review the status of tobacco use among women in Cambodia, particularly in the target province of Kratie. The main documents used were the Cambodia Demographic Health Survey 2000 and the National Census 1998. While we had hoped to review the National Prevalence Survey 2005, the study had not yet been completed, so we were unable to review the status of tobacco use in this particular province.

- In-depth interviews were conducted following the completion of the development of the FGD instruments. Four villages were purposely selected for conducting in-depth interviews (IDI): two villages cultivate tobacco and two villages do not cultivate tobacco but use it. Two IDIs were conducted in each of the four villages (one with tobacco users and another one with non-users), for a total of 8 interviews, 4 with tobacco users and 4 with non-users.

- Focus Group Discussions (FGDs) were conducted in two out of the five districts of the Kratie province. The two districts selected were about 120 km away from each other. Kratie district is located along the Mekong River, while Snoul has many rubber plantations. Under each district, 3 villages were selected and in each selected village, 2 FGDs were conducted, one among the tobacco users and one with non-users. In total we conducted 12 FGDs, 6 with tobacco users and 6 with non-users. Participants for FGDs were selected in collaboration with local authorities (the village chief and village representatives). Participants were assigned to groups based on their age and tobacco use status, so that there was homogeneity in the groups. Each group consisted of 7 to 9 participants, with a total of 108 participants. The selection of participants was based on theoretical sampling, that is, the number of group discussions was selected to achieve an adequate sampling of overall knowledge, attitudes, perceptions, and beliefs, and exposure to pro- and anti-tobacco campaigns.

- Each FGD was led by a team consisting of one facilitator, one co-facilitator and one observer/note-taker. The facilitator was responsible for facilitating the group discussion (asking questions and motivating talk and interaction during the discussion), while the co-facilitator assisted the facilitator in probing questions or adding any points that the facilitator missed, and assisted in motivating group interaction. The observer/note-taker was responsible for taking note on the main points of the discussion, noting the group interactions, and noting activities of facilitator and co-facilitator. The note was discussed during the debriefing after each FGD. Tape recorders were used to record the discussions. Each group discussion lasted on average an hour and a half. The research team also involved staff from the provincial health department.

- Observations were carried out when the research team was in the village to conduct focus group discussions. All members of the research team were given an observation checklist and were assigned to conduct individual observation of tobacco-related activities such as
farming, selling, forms of tobacco use, and pro- and anti-tobacco media campaigns and activities in the community such as tobacco advertisements (billboard, posters, etc.) and anti-tobacco campaign activities, for instance, community education or meetings, and any existing campaigns.

b. Sampling design and sample size

The study population was women aged 40 years and above, including smokers and non-smokers, living in the two selected districts of Kratie province.

The sample size of the FGDs was selected based on *Theoretical Sampling*. There were 7 to 9 participants in each FGD. FGDs with community women were structured by similarity of age, social status, and smoking status. Sample size was based on the saturation of the FGDs on emerging themes.

c. Research instruments

Semi-structured interview guides for in-depth interviews and focus group discussions and the checklist for observation were developed based on emerging themes to cover the level of knowledge on the impact of tobacco use, attitudes and perceptions, social norms and beliefs toward tobacco use, and exposure to pro- and anti-tobacco media campaigns and activities. Planned behaviour theory was used to create themes for the study. Drafts of the tools were sent out to mentors and other research fellows for comments; we received valuable inputs from them on the study tools. In addition, the guidelines for observation and the topic guides for FGDs were amended based on research questions (themes) and the preliminary findings from the IDIs.

d. Data management, analysis, dissemination, limitations

*Training of research team*

The research team consisted of seven people (4 women and 3 men), including two principal investigators, four interviewers from NCHP, and one assistant from the provincial health department. The principal investigators also served as trainers during the training and as facilitators of FGDs. The research team members were trained before going to the field. The three day training course covered different topics including practical steps to run FGDs, ethical issues, consents needed, communication and facilitation skills in focus group discussion, and semi-structured guides for IDIs, FGDs and observation. The training allowed research team members to practice conducting IDIs and FGDs.

Research team members were divided into two teams, each team consisting of three members, and each team member was assigned a role as facilitator, co-facilitator, or observer. We were able to conduct two FGDs simultaneously when we were in the selected villages. An assistant was responsible for logistical issues.

*Data management*

Tape recorders, field note observations and observation checklists were used during field work. At the end of each day’s field work, the research team conducted an informal meeting for team debriefing and collection of completed tools. These tools were kept in a secure place.
Tape-recorded in-depth interviews and FGDs were transcribed, edited and coded based on emerging themes. Data from the observation, IDI and FGD was thematically analysed.

**Dissemination**
The findings of this research will be presented to the Inter-Ministerial Committee on Tobacco Control (IMC) in Cambodia and at national workshops. The findings on the factors influencing or preventing tobacco use among women will be used as basic tools for further comprehensive studies on women and tobacco. The findings provide a basic understanding on reasons for tobacco use and non-tobacco use among women, particularly among subgroups of the population in the northeast part of the country. It is expected that this research will be presented in either regional or international conferences on women and tobacco.

**Limitation**
This was a small research conducted in villages in the two districts of Kratie province among a population of women aged 40 years and above. However, there were no major constraints that would bias the findings.
5. ETHICAL CONCERNS

This study complies with the Helsinki Declaration’s amended principles.

The proposal was approved by the Cambodia National Ethics Committee, which is chaired by the Secretary of State, Ministry of Health. The submission to the committee was beneficial for the recognition and utilization of the findings for tobacco control among women.

*Informed consent of respondents*: Upon arrival at the selected villages, the data collection team requested permission and support from the local community leaders (village chiefs) to conduct research activities in the villages. The subjects’ involvement in this study was on a voluntary basis. Subjects for IDIs and FGDs were clearly informed about the purpose of the study, methodology of research, participation rights in the research, and risks and benefits of participating in the research. Participants were ensured anonymity and confidentiality. Potential respondents were informed that their refusal would not in any way prevent them from accessing any future service provisions. They were allowed to question or to clarify the study before the commencement of the interview or group discussion. Written consent was used, and therefore subjects were asked to sign the written informed consent. There was no payment for participation in the study, yet, drinks, snacks and small gifts were given to show respect and gratitude.

*Confidentiality of interview and data*: All interviewers and team member were trained and briefed about ethical issues including confidentiality. There was no identification information of respondents, and participation in the research was on a voluntary basis. Field notes and tape recordings were stored in a secure place during collection, coding and analysis. Only people responsible for data processing and analysis had access to the materials and computer files.
6. Results

A-Tobacco use in the community from observation

The two districts selected for the study were Kratie and Snoul. Three villages of Kratie district were selected: Talous village, Mareoum village and Tatheung village. These three rural villages are located along the Mekong River, where in the dry season, the small quantity of water in the river allows people to plant corn and various vegetables along the riverbank. We saw tobacco farms that belong to the village households, as well as both small and big farms along the river. By talking with people in the community, we learned that people planted tobacco to sell to people in other provinces, especially in the northeastern part of the country. They had never sold to any tobacco companies. Tobacco plants have been a traditional crop for a long time and some families plant tobacco for family use only. People could plant tobacco in the dry season, since in the rainy season these villages would be flooded by the waters from the Mekong River. Under some houses, we saw places where people stored fresh tobacco leaves that they had just cut from the fields. Through observation, tobacco use was very common in the community, especially among older people. Smoking was common among men aged about 20 years and above, and there were moderate number of women smokers generally above 30 years. While chewing tobacco was not a common practice among men, a few men both chewed and smoked. Older men smoked hand-rolled cigarettes while young men smoked brand name cigarettes. Older women chewed tobacco or betel nut with tobacco. Tobacco use in this community appeared a normative habit which is strongly attached to the lifestyle of the people.

There were many posters from cigarette companies displayed in coffee shops, grocery shops and other places; we did not find any anti-tobacco messages in the community except one non-smoking sticker on the door of the village chief's house. We also saw a BAT (British American Tobacco) car that delivered cigarettes in the community stores.

The other three villages, located in Snoul district, were Ksem village, Thpong village and Thnol village. These villages are about 120 km from the three villages in the Kratie district. They have red soil, which is good for cultivation of plants such as rubber and pepper. People in this district do not grow tobacco, but they use a lot of tobacco which they buy from Kratie district as well as directly from cigarette companies. As in Kratie district, tobacco use was common in these three villages. From observation we saw more women aged 30 years and above smoking as compared to the three villages in Kratie district. Most of these women smoked brand name cigarettes.

B-Attitudes and perceptions of women toward tobacco use among women and men

Separate group discussions were conducted among women who use tobacco and those who do not. Non-smoking women in general have a negative attitude toward smoking, particularly among women. Non-tobacco users strongly disliked those who smoked both hand-rolled or brand name cigarettes. They indicated several reasons why they hate smoking, including bad smell and health-related impacts such as cough and respiratory infection.

"I hate smoking because the smell makes me sick, like having nausea and headache." --36-year-old-non-smoker
"I don't like smoking because it makes smokers sick and dirty, my uncle who is a smoker coughs every day, it resembles like had tuberculosis and his body is full of cigarette smells, he always spits his saliva." --41-year-old non-smoker

"I hate smoking, it makes the smokers smell bad and it can damage their health." --42-year-old smoker

A few non-smoking women seemed to accept the practice of old women smoking. They felt that people at this age are mature enough to make their own decisions.

"Women who smoke, they get used to smoking, they buy cigarettes themselves, it's their choice. I don't have any objection to their rights." -- non-smoker

"I do not want to say anything about them, they pay from their own pocket to smoke so I do not care." -- non-smoker

Women commonly cited problems caused by smoking in the short-term as reasons why they hate smoking. Women participants did not raise any issue such as long-term health risk or economic impact caused by tobacco as the reason for disliking smoking.

Some smoking women enjoy smoking, and feel that now they are older, they should have the right to choose what to do. But for others, they don’t actually like smoking, but continue due to addiction.

"I have smoked for about ten years, I smoke for my pleasure, when I have a cigarette after my food it makes my meal fantastic. My sons are not smokers and they blame me and have asked me not to smoke. It makes me nervous with them sometimes and I reply to them that we are in a modern society, I can smoke, and if smoking is bad why do the developed countries and people in our country produce cigarettes, if they do not want people to smoke?" --smoker

"I do not know if I like smoking or not, I just smoke as I am used to this practice, when I do not have cigarettes, I am not happy." --smoker

Almost all women who smoke regretted that they chose to smoke, and they do not like it when young women start smoking.

"I am 45 years old, an old lady now and I got addicted to smoking, I don't care what happens to me because I'm old now. But for the young people, male or female, I don't want them to smoke, to start smoking at a young age, because I think smoking can damage their brain and they cannot do things well. If I could go back in time, I would choose not to smoke." --smoker

Both women smokers and non-smokers believe that hand-rolled cigarettes are safe to use, because it has been a common practice in Khmer society for a long time, and because they believe that such homemade products use genuine substances without any chemicals or harmful substances in them. They think that brand name cigarettes are more harmful, as they are imported or produced by industries that will put anything in their products in order to get people addicted.
"I think smoking homemade hand-rolled cigarettes is less harmful than smoking brand name cigarettes. I think brand name cigarettes have ‘something’ that makes people addicted to the cigarettes." --smoker

"Old people smoke hand-rolled cigarettes and they live up to age 80 or 90 years, I think hand-rolled cigarettes are not as harmful as brand name cigarettes." -- non-smoker

Community people are not knowledgeable about the chemical substances in cigarettes, and they do not understand how and why tobacco damages their health. People may have heard messages about health problems caused by tobacco use, but the quotations above indicate that people lack a clear understanding of how tobacco products can harm health. This lack of understanding leads to a reluctance in accepting the given information or changing practices or behaviours.

But other forms of tobacco use among women aged 40 and above, such as chewing tobacco alone or with betel nut, are commonly accepted. (In Cambodia, women aged 40 and above are considered old.) Chewing tobacco has long been accepted as part of the Cambodian culture, and is followed by old women in rural communities.

"It is their habit to chew tobacco, or chew tobacco with betel nut." --non-tobacco users

In addition, tobacco users (those who smoke and/or chew) felt that it is their choice whether or not to use tobacco. Users choose to follow the culture of chewing betel nut and tobacco. Although chewing betel nut and tobacco among women is a longstanding practice, a few women who do not use tobacco expressed their negative attitude, and consider this practice as being founded on ignorance.

"I think chewing tobacco is a normal habit, it is written in our Khmer traditional instructions for women that...women should invite guests to their house and serve them cigarettes or betel nut. So to be perfect women a long time ago, women chewed betel nut, and this culture is still in practice." --56-year-old woman who chews betel nut

"I do not like chewing tobacco or chewing tobacco with betel nut, it does not have any benefit, it is a waste of time and I hate chewers, they always spit." --non-tobacco user

Community women have different attitudes towards different groups of female tobacco users. No strong negative attitudes are expressed towards tobacco use among old women, whether they smoke or chew. But tobacco use, particularly smoking, is seen as absolutely unacceptable among young women aged 15-25 years.

"I don't like smoking or tobacco chewing by young women or old women, and I think young women who smoke or chew are not good girls, and it can damage their health because they are still young." --tobacco non-user

"Older women who chew tobacco look OK, but young women chewing it look disgusting." --tobacco chewer

“ I think chewing among old women is their choice, it can make the mouth smell good, other people are disgusted with my bloody saliva, but I myself feel disgusted with white saliva.” –tobacco chewer
"Young women now don't chew tobacco because they have toothpaste and toothbrushes to clean their teeth, and they have lipstick to put on their lips, so they should not chew tobacco anymore. Chewing tobacco disturb their working time as they have to prepare or buy tobacco and spit very often." --tobacco chewer

Opinions on other people’s feelings about smoking

Participants were also asked to give opinions about how other people in the community thought about smoking among men and women. They replied that people in the community would normally find it acceptable if men in their village smoke. Although many people in the community did not smoke and did not like smoking, they would not react to the smokers because they accept that it is their choice. However, community people disliked smoking in young women. Young women smokers were considered not to be good, model women; they are considered as prostitutes or "fire women" who bring fire (meaning bad luck and unhappiness) to the family. But smoking among older women is less stigmatized by the society. The CSES, 1999 found different perceptions on smoking and chewing tobacco among different ages and sex of users (CSES, 1999).

"When I was young, I heard my mother say that women who smoked were called fire women, not good model women, but for old women aged 40 years and over, they were old enough and should not be blamed, their habit are allowed to change meaning that they could have the habit that younger women can't" --42-year-old non-smoker

"I hear sometimes, men and older women who don’t smoke say that women who smoke, especially young women, are like prostitutes. I heard by my own ears, I feel ashamed, but I don't care because I'm old now and I pay for cigarettes out of my own pocket, so other people should not talk badly about us." --39-year-old smoker (with a sad and angry face)

"Although I'm a smoker, I know that other people think that I'm not a good woman. I feel ashamed and want to quit but I can't, I have even tried to cut back." --42-year-old smoker

As for chewing, participants said that other people feel that chewing tobacco among women is a normal habit. They thought that a few people are disgusted with the saliva of tobacco chewers, as they often spit.

"I know that some people in the community do not like chewing tobacco or chewing tobacco with betel nut, they are disgusted with us and our practice." --chewer

"Some people in the community do not care about those chewing tobacco, they feel it is up to them, but they feel disturbed when they see someone spit red saliva near them." -- non-tobacco user

Why some people started to use tobacco and why others do not use tobacco

Participants said that women smoked or chewed tobacco because they liked it and this practice could make them happy, strong and smart. Some smokers chose to smoke because of their family’s habit.

"I think people smoke or chew because they want to do it, it could make them happy." -- non-smoker

"People smoke because it was their family’s habit." --non-smoker
"I smoked because it was my habit, when I did not have a cigarette I could not think, my brain was stuck." --smoker

"I chew tobacco because it has a very good taste, when I do not chew I feel very sour in my mouth." --chewer

The reasons why other people do not use tobacco include fearing health impacts, smoking is uncommon with family or friends, disliking the smell of smoking, and finding chewing disgusting.

"Choosing to use tobacco or not depends on our own decision, if we don’t want to, nobody can force us to." --non-smoker

"I think for those who don’t smoke, it’s because they did not know how to smoke, they did not get used to smoking." --smoker

"The reason some people don’t smoke is because they want to protect their health and they hate smoking." --non-smoker

"Smoking and chewing are not good, teeth become black and fingernails also." --non-smoker

**Perceived risks of tobacco use**

All non-tobacco users were aware of health risks from smoking, such as cough and tuberculosis. A small number of respondents were aware of other risk of smoking, such as lung disease, stomach disease, and harm to the heart, brain and blood vessels. A few perceived economic risks associated with buying tobacco. A few women could not state any risk caused by tobacco use.

"I’ve seen smokers, they often have cough, and they were thin, people say that maybe cigarettes ate their lungs." --42-year-old non-smoker

"I think people who choose to use tobacco or alcohol are at risk, they choose bad health, the risk from tobacco may be greater than from drinking alcohol." --non-smoker

"Tobacco may be even more dangerous than alcohol, as it causes lung disease, tuberculosis and stomach disease." --non-smoker

"Smoking is such a waste, just for blowing tobacco smoke in the air and wasting money buying cigarettes, we can keep that money to buy other necessary things for the family." --43-year-old non-smoker

"I'd never thought about the risk of tobacco, I heard that it causes diseases but I did not know if it was true or not." --46-year-old non-smoker

While some tobacco users also mentioned similar risks as those described by non-tobacco users, many of them could not cite any risks of tobacco use. Although they perceived some risk, they seemed not to be very concerned about what could happen to them as smokers or tobacco users.

"I don’t know any risks of smoking." --45-year-old smoker
"I think some diseases that happen in smokers also happen in non-smokers, so it's normal."
--smokers

**Perceived susceptibility to tobacco-related illness**

Tobacco users were asked about their perceived susceptibility to risks caused by using tobacco. Some smokers said that they had some health problem currently, such as a cough or stomach disease. Most of them perceived that they may get diseases from their behaviour as smokers, and they were worried about their health. However, some smokers had never thought about any personal risks related to tobacco use; they believed that what happens in our life is predestined, and will come in due time no matter what our actions.

"I cough almost every day, when it become serious I reduce my smoking. I worry about having disease related to tobacco, but I just don't care about it very much, because who knows what disease we will get. Sometime I see smokers who live longer than non-smokers."
--46-year-old smoker

"I've never thought about the possibility of risk happening to me. Sometime I have a cough, I just bought medicine to cure it. I know when I stop smoking for some days I can recover from cough very quickly. I have tried to quit many times but relapsed, now I reduce the number of cigarettes I smoke, I'm worried about my health."
--50-year-old smoker

"I saw that some non-smokers get sick more often than smokers." --47-year-old smoker

"I see smokers always thin, their skin is dry and their face pale." -- 42-year-old non-smoker

Chewing tobacco alone or with betel nut was not perceived as a risk to the health of users. Respondents felt that chewing was not risky because people just put tobacco in their mouth and then spit it out without affecting any organs.

"I have chewed tobacco with betel nut for many years, but I did not have any sickness. I saw the older generation, my grandmother, my mother, they chew tobacco with betel nut, they did not have any disease, in fact their teeth stayed very strong until they passed away."
--50-year-old tobacco chewer

Women tobacco-users and non-tobacco users perceived that brand name cigarettes in beautiful packages are more harmful than hand-rolled cigarettes. They perceived hand-rolled cigarettes as homemade products, consisting of home-grown tobacco on which they had put no fertilizer or any other chemical product. Brand name cigarettes are perceived as more dangerous as they did not know what chemicals the industry puts into their cigarettes.

Nobody could state clearly which diseases are caused by smoking, and nobody knew that chewing tobacco was harmful to health. In addition, people did not mention the impact of second hand smokes on family members, especially children. Nobody mentioned that smoking can harm the environment.

Upon probing how much money smokers spend on cigarettes, they tried to estimate the amount they spend on cigarettes each day. Hand-rolled cigarettes and brand name cigarettes were cheap so people spend around 200-1000 Riel (0.05-0.25 cents US) a day on smoking. Some smokers
said that they did not spend money because they grow tobacco to smoke themselves. For those who used their own product for smoking or chewing, they said that they use around 10 kg of tobacco a year per user. One kilogram of dry tobacco costs 4,000-5,000 Riel (1-1.2 USD). In each family it seemed that the woman was the decision-maker on expenses (as the women were older), but they would never argue with their partners who smoked about spending money on cigarettes. Most respondents, including smokers whose partners smoked, and chewers, had never estimated the costs related to tobacco use. They assumed tobacco use represented a small amount of money that they could easily afford. Once they started to analyse the costs related to tobacco use however, women were surprised by how much money their family loses.

"I keep some tobacco products to use in my family, about 10kg a year for my chewing. My husband smokes hand-rolled cigarettes, one package (20 cigarettes) costs 200 Riel. I make decisions on spending money, he also can make decisions to buy his cigarettes. But I know that if I add the cost for the two of us and the cost of medicine when my husband has a cough, I could use that money to help my grandchild go to school."  --55-year-old chewer

"I keep around 10 kg of tobacco, which costs around 40,000 to 50,000 Riel, but I do not feel much regret about this money, it was just a small amount and it was my own products."  --55 year-old chewer

**Perceived benefits**

Community people know that dry tobacco leaf is useful for other things such as killing insects, curing cuts or injury, and as a chemical to kill insects and worms in their garden and farms. Non-users also mentioned that tobacco was good for their revenue – the more they grew, the higher their income.

"I don't see any benefit from smoking or chewing, it is a waste of money to buy cigarettes, smoking is just blowing smoke in the air, it is nothing."  --non-smoking woman

“But tobacco has a benefit, we can use tobacco to treat cuts or injuries. We can put tobacco in water to water our garden to chase insects away."  --42-year-old non-smoker

Non-smoking women felt that there is nothing special about smoking; smokers may just get addicted to smoking, and if they smoke brand name cigarettes, they get addicted to the chemicals put in cigarettes.

"I think what smokers like about smoking is that it satisfies their addiction. People first try cigarettes for different reasons, but when they get addicted, they need to have cigarettes every day, otherwise it makes them feel nervous, sad, apathetic, etc."  --non-smoker

A few women mentioned that smoking can help reduce morning sickness during pregnancy, reduce hunger, and give people more endurance for work.

Women smokers and chewers perceived that tobacco for smoking and chewing is a symbol of respect to welcome or greet guests who come to their house. Smokers said that smoking could reduce their hunger when they work late, make their brain fresh, stimulate their thoughts, generate strength and help to protect against insect bites. Smokers said that they liked smoking, as it helped them to be strong and fresh when they smoked one cigarette after waking up, and that a cigarette
after the meal can make the meal “wonderful.” Cigarettes helped them to counter boredom, and when they felt fed up with something, it also eased sadness and frustration. Furthermore, cigarettes could create a happy environment for a gathering.

"I think the benefit of smoking is in making our life happy. When we have a problem, cigarettes can help us to escape boredom or anxiety."  --45-year-old smoker

"Smoking did not give any special benefit, I just did it without thinking, it became my habit to have one cigarette after the meal."  --51-year-old smoker

"I think that there is no benefit from smoking, but people just do it as habit, they saw others do it so they follow them, and then it becomes their habit."  --49-year-old non-smoker

On the other hand, tobacco chewers felt that chewing tobacco and betel nut shows that they are growing old. They believed that chewing tobacco helps prevent bad breath, plaque and tartar and with betel nut, tobacco can make lips look red and beautiful.

"Chewing is our traditional habit that we follow when we grow old, it can help to make our teeth strong and to avoid mouth and teeth diseases."  --chewer

“At this age, women start to have problems with their teeth, but when they chew tobacco it strengthens their teeth and prevents plaque and tartar so that the mouth stays healthy and the lips red.”  --chewer

"I think chewing helps us care for our teeth, I've tried to chew tobacco with betel nut but I always got dizzy, then I stopped. I sometimes put a small amount of tobacco to crush with my teeth when I have toothache."  --41-year-old non-chewer

C- Knowledge of the impact of tobacco use
All respondents knew that smoking can affect the health of smokers. They described some diseases that they heard happened to smokers including lung disease, heart disease, stomach problems, throat problems, and discoloration of the mouth, teeth and fingers. However, they did not understand how cigarettes cause these diseases. The health problems frequently faced by smokers were cough and difficulty in breathing.

"Smoking affects the health of smokers, especially their lungs, when smokers inhale smoke, it goes in to circulate around their lungs and make their lungs toxic. Then cigarette smoke may affect the blood circulation system and heart."  --40-year-old non-smoker

In addition, none of them knew that chewing tobacco can cause disease.

"Chewing tobacco with betel nut would cause no harm as it does not have smoke, it just stays in the mouth and then they spit it out."  --43-year-old non-user

None of the women understood how tobacco makes people sick; they simply assumed there were risks involved as they saw smokers become ill or heard about impacts from an unknown source. Knowledge about the harm caused by tobacco was too weak to prevent community people from
taking up smoking or to motivate them to try to quit. However, respondents knew that those exposed to second-hand smoke, especially children, can feel sick as a result of tobacco exposure.

Respondents did not provide spontaneous answers to questions about the impact of smoking on people around smokers, such as the smoker’s colleagues, husband or wife, and children. Upon probing, they said that second-hand smoke could affect the health of non-smokers, such as by causing dizziness or nausea when non-smokers smell cigarette smoke. Rural people are apparently less aware or knowledgeable about second-hand smoke than urban people (CSES, 1999).

"When non-smokers, especially children, stay near smokers they can get dizzy or have nausea, but I think smoking affects the health of smokers more than health of people around."
--45-year-old non-smoker

"When I smoke near non-smokers, if they are my close friends they will say 'stop, stop', they hate the bad smell of cigarettes."  --45-year-old smoker

**D- Social norms and beliefs about tobacco use among women and men**

**Use of tobacco by women and men in the community**

Respondents said that tobacco use was very common in their community, especially among men, and that most people accept it as normal although some dislike it. Women who do not use tobacco did not like the use of tobacco in their community, and they want help for tobacco cessation. Tobacco users felt tobacco use is normal, and that the practice is part of the heritage of their ancestors. Many participants explained that, "Many people use tobacco in the villages, men smoke and women chew tobacco."

"Although I don't like smoking, I feel it’s normal. As you see it is very common in our community, it’s normal for people to smoke. But when they saw you (researchers) as strangers they may be shy."
--43-year-old non-smoker

**Types of tobacco used by women and men**

The most common form of tobacco use among men in the community was smoking. Young men smoke brand name cigarettes and old men smoke their own hand-rolled cigarettes or cigarettes that are locally manufactured. Similarly, women (aged about 30-40) smoke brand name cigarettes, and women in their late 40s and above smoke hand-rolled local products. It is common to find old women in the community who chew tobacco alone or mixed with betel nut. Local hand-rolled cigarettes were Thnamklang and Sleksangke Kotab. Popular brand name cigarettes in the community were ARA (produced in Cambodia by BAT); the imported cigarette brands "Fine" and "Alaindelon" were popular in the community. Tobacco is cheap and perceived as affordable to all people. A pack of 20 local hand-rolled cigarettes costs 100 to 200 Riel (0.025-0.05 US cents). People smoked the most after lunch, as they said that smoking a cigarette or chewing tobacco was like having dessert after the meal. Women who smoke explained that, "For men, they like to smoke, today we have different kinds of brand name cigarettes, men like to smoke those cigarettes, but old men still smoke hand-rolled cigarettes."
"Women today, they also buy cigarettes to smoke, because it is cheap for heavy smokers they smoke 20 cigarettes a day costing (0.025-0.05 US cents), but for old women they keep their tobacco to chew, so it costs nothing."

--chewer

Tobacco cultivation/manufacturing/sale

People grow, cut, and dry tobacco on farms in Kratie's three selected villages for sale. They did not grow tobacco for any local or national tobacco industries. Beside tobacco, people in the community plant other crops such as rice, corn, peanuts, potatoes and sugar cane. People like tobacco farming because it does not require a lot of water, and more importantly it is not eaten or destroyed by animals.

The chief concern of farmers about growing tobacco was that in the course of drying it, it is very difficult when there are strong winds or a storm because tobacco leaves can be blown away. They also worry about finding a market for the tobacco; if they cannot sell it, they just throw it away, unlike other products which they can keep and eat in the family. Other research has found that the main reason why farmers stop planting tobacco was due to the lack of a market (LIDEE KHMER, 2004).

"There is some convenience to growing tobacco, since it doesn’t get destroyed by animals or stolen, but it requires a lot of work in the process of making it ready for sale, we have to take care of the leaves, cut them and dry them."

--tobacco farmer

People would be very happy if they had a good market for their tobacco products. They worry about getting a good revenue from tobacco to support their family.

"We grow tobacco in this village, we sell dry tobacco to other districts or provinces, we were happy that last year and this year we had a good market for tobacco," said women participants.

"We know that smoking is not good. We grow tobacco for income to support our family. Tobacco cultivation is appropriate to our current situation, as this cultivation needs little water and we can leave it to grow; cows or other animals or insects do not eat tobacco."

--48-year-old non-smoker

"Growing tobacco is not hard, but this plant can make our soil become ‘sour’ which would make it very hard to grow other plants. But drying tobacco is very hard, when we have a big wind or storm the cut tobacco would blow away. If I could have a good market for other products, I would choose not to produce tobacco."

--non-user

A woman who grows but does not use tobacco explained, "We are not committed to growing tobacco, we grow what we can to have a good market." She showed the researchers her hands, which were very dirty after cutting tobacco leaves because of the tar. She added that if she had better choices she would not grow tobacco.

The three selected villages of Snoul District mainly cultivated rubber, peanuts and pepper. Most of the respondents in these villages did not have any objection toward tobacco cultivation, business, and manufacturing; they understood that people grow tobacco or run a tobacco business just to get an income to sustain themselves.
"I think that people grow tobacco for their income and to serve the needs of the market. If they could have other good markets they would not grow tobacco, or maybe the soil they had is only suitable for tobacco cultivation." --non-tobacco grower

A few respondents blamed those who cultivate, manufacture, and do business in tobacco, explaining that those people should not grow or produce a “toxic product.” But others felt that those who grow tobacco did not force others to use it, instead, it was people's choice whether or not to use tobacco, while farmers simply produce tobacco to fill the demand.

"I think people should not plant tobacco, if they did not have tobacco they would not smoke, there are many options of plants to grow to respond to the needs of the market. Why do people grow tobacco?" --non-tobacco grower

"I think they choose to grow tobacco, it’s their choice, they don’t push other people to buy their product, if nobody buys it they will stop." --non-tobacco grower

Respondents felt that the tobacco business was very widespread in the six selected villages and even in very small and remote villages. Mobile teams of cigarette companies regularly reach every corner of the province to deliver cigarettes to cigarette retailers. Cigarettes are sold in communities mostly in grocery shops, coffee houses, and along the street. Respondents found it very easy to buy cigarettes in their locale: "There are many cigarette retailers in our villages; they are sold mostly in grocery shops. Normally mobile teams of cigarette companies come on their motorbike to deliver cigarettes to grocery shops, so it is not difficult for the sellers to get products to sell in the community."

"Cigarettes are very easy to find, any place where people sell something you can find cigarettes, they are much easier to find than any other product such as soap or white sugar." --non-smoker

Asked why people choose to sell cigarettes in the community, respondents (both tobacco users and non-users) said that in order to respond to people’s demands and to make a profit, shop owners like to make a range of choices available at their grocery store: "Sellers put different little things in the grocery shops, especially things that are commonly needed in the community, they sell different things to make some profit for living." One non-smoking woman suggested that, "If there were no cigarettes for sale in the community, then nobody would smoke."

Belief about the acceptance of tobacco use among men and women

Community people believed that tobacco use is part of their culture and tradition. In traditional religious ceremonies, hand-rolled cigarettes and tobacco were used to pray for ancestors. Habitual tobacco use, including chewing tobacco with betel nut, is strongly linked to the traditional lifestyle of the community and has been passed down from generation to generation. Cigarettes are traditionally offered to monks and are served at wedding parties and traditional ceremonies. In the wedding or engagement ceremony even today, parents of the bride and the groom have to eat betel nut as a formal, symbolic agreement that they allow their children to get married and they would never change their mind.

"Cigarettes are used when we prepare to pray for ancestors. When we have a religious ceremony we always use hand-rolled cigarettes as a symbol." --non-smoker
"Smoking became a habit a long time ago. In our society, people serve cigarettes to guests; for instance, cigarettes are served in wedding ceremonies and traditional ceremonies."

-- smoker

In ordinary Khmer houses, people have a wooden box where they keep betel nut, tobacco and cigarettes.

"Khmer people would serve betel nut to women to chew and cigarettes to men when they came to their house, they had it with a cup of tea and chatted."

-- chewer

Community people approve of “old” women (age 30-40 and above) chewing tobacco alone or with betel nut, which are accepted as common practice by old and mature people. In the past, the older generation taught the younger generation to chew betel nut.

"My grandma showed me how to prepare and eat betel nut with tobacco every time I stayed with her. She also said that it would help to make the mouth clean."

-- tobacco chewer

However, the community disapproves of smoking among women, particularly young women. Smoking among “old” women is seen as quite acceptable, as women acknowledge that those smokers are already old and it is too late to change. The disapproval of smoking among young women meant that we found no young women who smoke in the village. Smoking among young women was a stigma, and young women who smoke would be considered as prostitutes or called “fire women”.

"Our Khmer culture does not allow young women to smoke. If people saw young women smoke, they would think that those women were prostitutes."

--53-year-old smoker

"Women who smoke would be called ‘fire women’, because they had a cigarette lighted in their mouth, and it would look like they hold fire."

--non-smoker

"Young women who smoke are not good model women, but older women who smoke are accepted because they are growing old and it would be hard to change them."

--48-year-old smoker

On the other hand, tobacco use among men in the community was a common practice and it was generally approved. Men commonly smoke, and a few men both chewed tobacco and smoked. People generally approved of smoking among young and old men. Community women believed that it’s not good for the health for young men to smoke, but they would not discriminate against young male smokers as they do against young women who smoke.

"When men smoke it’s just male behaviour. Drinking alcohol and smoking are normal, commonly practiced by men, so the community would accept this behaviour."

--49-year-old smoker

"It’s not good for young men to smoke. I would tell young men that it’s better not to start smoking, but for old men they could not stop and it would be very hard for them to change their behaviour."

--non-smoker

Community women also identified factors that encourage people to keep smoking, such as being addicted, and because smoking gives them strength to work, it makes them happy, and makes them feel good.
"When I had a cigarette I felt strong and I could think about my work and I felt very good, but when I did not have a cigarette, I would be sad, like I was sick, and it was very difficult in my body, I cannot describe that feeling." --54-year-old smoker

"I just want to feel good after lunch or when I am free. When I am busy I don’t smoke. I smoke for my pleasure and have 2 or 3 cigarettes a day; I don’t depend on cigarettes." --smoker

"Chewing betel nut and having tobacco is just like having soup with added seasoning sauce to make it taste good, the betel nut makes the food good." --chewer of betel nut and tobacco

Those who do not smoke explained factors that keep them away from tobacco; the main reasons were health-related. "I could not stand the cigarette smoke, it makes me dizzy and gives me nausea," said a non-smoker. "If I chew tobacco I get a bad headache, I can’t stand it."

E- Exposure to pro- and anti-tobacco media campaigns and activities

Exposure to pro-tobacco activities

People in the community are frequently exposed to pro-tobacco messages and activities. As mentioned above, mobile teams of tobacco companies come regularly to the villages to deliver cigarettes and to display tobacco advertisements in the community, such as posters on the walls of grocery shops, food stores, and coffee shops.

"People from the tobacco companies come to distribute posters of tobacco promotion in our villages very regularly." --54-year-old woman

"They come to deliver cigarettes for retailers, sometimes they bring big umbrellas, caps, T-shirts, cigarette lighters, and key rings to give to cigarette sellers." --46-year-old woman

"They also go around and ask to display posters on the walls or houses or small shops along the main street; they gave the owners caps, T-shirts, and lighters." --56-year-old woman

Besides local advertisements, people often saw or heard cigarettes advertisements on TV and radio. They said that advertisements about prizes were very attractive to them. Advertisements make people confused about the risks and benefits of cigarettes.

"There are a lot of advertisements about gifts or rewards that smokers could gain from smoking; they have a lot of fun activities and we can win prizes from tobacco companies." --smoker

"I often see cigarette advertisements on TV, and I also hear on radio that cigarettes are good for us. I did not understand what this meant." --non-smoker

"If cigarettes were bad for health, why would there be advertisements on TV and radio, why would they be allowed to advertise on TV to people?" --smoker

Community people see cigarette advertisements very often, especially through printed material displayed in the community. Exposure to cigarette advertisements is common in the community.
“Everyday I see cigarette advertisements displayed on my neighbour’s shop.”  --non-smoker

"Sometime I see advertisements of cigarette and rewards offered by cigarette companies; they offer many things, some cost millions of riel."  --53-year-old smoker.

Nobody (man or woman) played a role promoting smoking in the community. Promotion was carried out by Cigarette Company workers located elsewhere, who often came to the villages to distribute cigarette advertisement materials and to delivery cigarettes to retailers.

"No man or woman tried to attract us to smoke."  --49-year-old smoker

"A guy came from the tobacco company to deliver cigarettes and distribute posters, T-shirts, Key rings, Cap, but he did not persuade people to smoke." --51-year-old smoker

Women and community people understood that tobacco advertisements tried to promote their products and to attract people to smoke. Some women recalled that the common message of tobacco advertisements were new taste and incentives for using cigarettes: "I saw advertisements refer to a new taste of cigarette that could make people happy."

"Advertisements said that the new cigarette is very tasty."  --non-smoker

"Advertisements showed that smokers are handsome, smart and rich."  --51-year-old smoker

"Advertisements always talk about good things that come from cigarettes and incentives for buying cigarettes."  --42-year-old smoker

"They ask us to keep empty cigarette packs to exchange for a new pack of cigarettes. For ten empty cigarette packs we could get a new cigarette pack."  --46-year-old smoker

Tobacco companies do not purchase tobacco from the study villages. People grew tobacco for their own small-scale business or for use in their families.

"In this community, people grow tobacco for family use and for selling to other villages and provinces. We do not have any relation with tobacco companies, because the industry doesn’t use our type of tobacco."  --52-year-old

Most participants said that TV advertisements and material display in the community was attractive. But some people did not like tobacco advertisements in the community, and some people—both those who use and do not use tobacco—say they just ignore the cigarette advertisements: "It is up to us whether or not to believe what they say in their ads. For me, I would just ignore the ads."

"I don’t like advertisements of tobacco products; I would like a ban on tobacco advertisements."  --non-user
Exposure to anti-tobacco media campaigns and activities

Some women have seen or heard messages of the harm caused by tobacco from community volunteers, TV and radio, however, they said that such messages occur rarely. The messages in many cases were vague: "I saw a TV spot once but it was a long time ago, the TV spot said that smoking was harmful to health." There were no anti-tobacco IEC materials displayed in the community, other than a sticker on the door of the village chief's house. In addition, many women, both smokers and non-smokers, said that they never had anybody come to tell them about the danger of tobacco, nor heard or saw any messages on TV or radio.

"I saw an anti-tobacco message on a pack of cigarettes – Smoking damages health."  
--45-year-old smoker

"When I had a cough and went to the health centre, the health staff told me that I ought to stop smoking."  
51-year-old smoker

"I also heard from a radio spot that smoking was not good for health and it can damage our health and that of other people near smokers."  
--53-year-old chewer

"My neighbour who was a volunteer often went around and told us about different diseases, about the health of mothers and the dangers of smoking."  
--54-year-old smoker

People said that they were not sure about the anti-tobacco messages they saw or heard, for instance, the health warning on the cigarette pack. Smokers said they had seen a label on the cigarette pack, "smoking is harmful to health," and wondered why people are allowed to sell cigarettes if smoking is harmful. People had seen or heard few media messages, they only heard people talking to each other in the community.

"If the product damages health, why would government allow companies to advertise and thus to attract people to smoke, and just warn that smoking is harmful to health? I don't understand how it is harmful."  
--smoker

All participants were happy to see or hear anti-tobacco messages. But they felt that messages should be extensively distributed throughout the community. They want community networks or health staff to come and help people in the community quit smoking.

"Anti-tobacco advertisements should be done as much as pro-tobacco advertisements."  
--non-smoker

"I want health professionals to come to our village and provide advice to smokers to quit smoking."  
--smoker

How people start smoking

In discussions of how women start using tobacco and why they make the decision to use it, people provided a number of reasons and factors. This group of people lived through the Pol Pot Regime, so one of the main reasons to use tobacco was that smoke can prevent insect bite during their time in the rice field. Tobacco use was also initiated because cigarettes prevent morning sickness during pregnancy, were offered by others (father or brother), were gifts from the company, and
were attractive in advertisements. Findings from other countries indicate that women initiate tobacco use because of accepting norms and beliefs, and as medical aides, for example to cure toothaches (WHO, 2001).

"I decided to smoke to prevent insect bites. During my time in the rice field during the rainy season there were many types of insects that bit me, making it very difficult to do my work quickly, my face was all red and very dirty, spotted with mud. The smokers were very fast because insects avoided them, gathering instead around the non-smokers. I decided to smoke at that time, it was very hard, I just rolled a cigarette, lifted it and put in my mouth to get the smoke, it made me very sick at the beginning. I was dizzy and had nausea, but I had to be patient and struggle with my sickness. Later on I got addicted to cigarettes, and now I like smoking." --43-year-old smoker

"When I got pregnant with my second child, I really wanted cigarettes, I liked to smell cigarette smoke, I wanted to smoke. Even just taking a cigarette butt to smell made me feel very good, then I got addicted to smoking, I became a smoker and still smoke, but I have tried to cut down because my children blame me, they ask me to stop, none of them smoke." --smoker

"When I was young my father asked me to buy cigarettes for him, I don't remember the brand name of that cigarette. Every time I bought cigarettes I lit them for him and I sometimes put the cigarette in my mouth, I did this again and again. I liked cigarettes and I saved some money to buy cigarettes for myself and hide them from people in my family and my village. I would find secret places to smoke, smoking one or two cigarettes was enough, later after getting married and having children I dared to smoke in public. My husband is a smoker, I have not had any trouble in the family so far, but I know that other people criticize me." --54-year-old smoker

"Some people in the community, especially young men, saw advertisements and they saw other people smoke, so they wanted to try and later they became addicted". --Smoker

Mostly people started to smoke as a group, especially people who experienced the Pol Pot regime, where they were forced to work very hard in the rice fields. At that time, smoking was a group activity and the tobacco was shared. Currently, people seem to start smoking due to peer and social pressure and because of the attractiveness of cigarette advertisements. A few people started smoking on their own in secret, especially young women. Both smokers and non-smokers explained that if a woman started smoking at a young age, she will hide her practice because she would not want anyone to look down on her.

"Under Pol Pot, they gave tobacco to everyone, so we learned to smoke, while we smoked we could have break time and it also reduced our hunger." --smoker

"The present time is different from the past, people see other people smoke or they go along with smokers, they see advertisements, then they want to try." --non-smoker

"It seems we don’t know how women smokers start, we see them smoke when they are already quite old." --non-smoker

"Old women are more open about their smoking, we can see them smoke in public, but it is very rare to see ordinary young women smoking." --non-smoker
Other people begin chewing tobacco or betel nut to keep their mouth clean. Maintaining strong teeth and making the lips red are traditional practices for “good” women. Smoking a pipe is very rare in the community. Pipe smoking is mostly limited to old men, and participants mentioned that no women smoke pipes.

"I follow what the old generation did, so when I felt that I had grown old, I started chewing betel nut and I also put in a little tobacco to make it tasty." --59-year-old chewer

"When I dried tobacco for sale, I wanted to know whether my product was strong enough or not, I always took a small amount of tobacco into my mouth to taste, then I felt that I got addicted. I just like to chew it, I don’t chew with betel nut." --53-year-old tobacco chewer

Discussions revealed that women start using tobacco at a later age. Women started smoking at around age 30, when women were already married with two or three children. Other research has also found that women start smoking later than men. Women first try tobacco, and when they become accustomed to the taste, they continue to use the product and it becomes a regular behaviour (NIS, 2004).

**Quit attempts**

In response to questions about quitting, the majority of women responded that they had never tried to quit, and they thought that quitting might not be possible for them since, as long-time users, they are addicted to tobacco. They felt that quitting would be possible for those who just started smoking. In addition, people did not know how to quit smoking. A few tried on their own to quit, but when they felt sick, they relapsed. Women said that they knew nobody who had successfully quit smoking.

"I never tried to quit, I just felt that I could not quit smoking because I have smoked for quite a long time and I am addicted." --smoker

"I tried to quit when I had fever and a bad cough, but I started again when I recovered. I did not know what I should do to quit." --54-year-old smoker

"I saw that some smokers tried to quit smoking on their own when they had cough or asthma, but when they felt better they started smoking again." --non-smoker

"I've never seen anyone who successfully quit smoking in my village, some are able to reduce for some time when they are sick, but they start again when they recover." --non-smoker

"When I was sick, health staff told me to stop smoking, but I could not resist my craving, I did not know what to do." --smoker

"I think quitting depends on the commitment of smokers; if they commit to quit, they could do it. It depends on our own esteem." --non-smokers
7- CONCLUSION and RECOMMENDATIONS

7-1 Conclusion

This study investigated attitudes related to women and tobacco use. Evidence shows that tobacco use (smoking and chewing) is very common in the selected villages of the Kratie province. The practice is strongly linked to the lifestyle of the community people. Tobacco use is common among the older generation. With regard to attitudes of community people toward tobacco use, there is no strong negative attitude toward the use of tobacco. There is a strong stigma attached to smoking among young women, and this stigma may be a protective factor which prevents young women from taking up smoking. However, this stigma may keep young women smokers away from the community and cause them to hide their behaviour.

Knowledge of community people on the impacts of tobacco use is weak. While community people are aware of some tobacco-related risks, they do not have strong knowledge about tobacco-related diseases. Participants know about some tobacco-related risks, but smokers do not internalize those risks. In addition, community women are unaware of risks related to tobacco chewing.

The tobacco business is widespread and tobacco manufacturers are quite common in villages where people grow tobacco. Community people sell tobacco because they need money for their daily life. They accept that they could make profit because of the community demand, and they grow tobacco because of the market. A few respondents did not like the nature of the tobacco business, because they thought that people would not smoke if they could not find cigarettes. Community people said they would not grow or sell tobacco if they had other sources of income for their daily living.

Community people are extensively exposed to pro-tobacco activities such as media advertisements on TV and radio, and other community activities. However, exposure to anti-tobacco activities is weak. Some community people were not happy with the strong and aggressive pro-tobacco activities. The health warning message on cigarette packs is not strong and not understood clearly.

The study found that tobacco users started their behaviour quite a long time ago and that they do not know how to quit smoking. Tobacco users lack sufficient self-esteem about quitting, and never commit to quit smoking because they do not understand the risks and benefits or have the knowledge and life skills to quit successfully. Community people request help from the health sector to help them quit and to provide regular education on tobacco throughout their village. They also call on the government to ban cigarette advertisements and find good markets for their other (non-tobacco) crops.

Evidence presented in this report could provide valuable information to policymakers, researchers, advocates, and others working in tobacco control. This information can be used to advocate government, relevant agencies, and community for development of tobacco control policies and appropriate tobacco control actions. These findings can be used for further large-scale research on tobacco use in Cambodia.
7-2 Recommendations

The findings are helpful for making recommendations for tobacco control activities in the northeast province.

- Tobacco control in the community should start with the fundamental steps of educating the community people (male and female) on tobacco-related diseases. Community people should be encouraged to work together to prevent smoking initiation and cessation. Capacity building should focus on skills to analyse the impact of tobacco use on the health and economy of individuals, families and the community.

- Community tobacco control should focus on changing people's knowledge, attitudes, perceptions and social norms with regard to tobacco use.

- Health messages on chewing tobacco should be tailored to the local context, and proper help should be provided to help people quit chewing.

- Anti-tobacco media campaigns should be expanded through all possible means, such as mass media (TV, radio) and inter-personal communication (IPC) like community group discussion, men’s clubs, and women’s clubs to discuss tobacco use in the community. The capacity of existing community volunteers should be built to provide education on tobacco and help community people quit smoking.

- Community people should be trained on knowledge and skills to quit smoking. Proper help should be identified to assist them to quit smoking.

- Medical treatment should be made available at local health centres to help heavy smokers with signs of severe depression (as most of them went through the Pol Pot regime).

- Government should seriously consider a total ban on tobacco advertisements. Tobacco advertisements are misleading and lure people with attractive prizes. Tobacco advertisements are dangerous because they convince people that smoking cannot be that dangerous, as ads would not be allowed if it were bad. The current health warning on cigarette packs, "smoking is harmful to health", is not clearly understood by people. Health warnings should be strong, clear, simple, and without any misleading terms or confusing messages. Given the low level of knowledge about specific health effects of tobacco use, labels present an excellent way of reaching a large portion of smokers at almost no cost.

- Governments should offer agricultural extension programs to help people grow and market crops other than tobacco.

- Research activities should be extended in order to develop strategies and actions for tobacco control in Kratie province and other provinces where the prevalence of tobacco use is high.
REFERENCES

1. CDHS, 2000 *Cambodian Demographic and Health Survey.*
2. CSES, 1999: *Cambodian Socio Economic Survey.*
ANNEX
## Annex 1: Topic guides for IDI and FGD for health knowledge and gender attitudes related to women and tobacco use among women in Kratie Province, Cambodia

<table>
<thead>
<tr>
<th>Research objectives and themes</th>
<th>Questions</th>
<th>Probe</th>
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<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>Game</td>
<td>How long have you used tobacco?</td>
</tr>
<tr>
<td></td>
<td>Introduce each other: first name, age, smoking status</td>
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<tr>
<td><strong>Warm-up</strong></td>
<td>What does health mean to you</td>
<td></td>
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<tr>
<td><strong>O1: Attitude and perception of women toward tobacco use among women and men</strong></td>
<td>What do you think if you see:</td>
<td></td>
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<tr>
<td></td>
<td>- any woman smoke cigarette/pipe</td>
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<tr>
<td></td>
<td>- any woman chewing tobacco</td>
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<tr>
<td></td>
<td>- any woman chewing betel nut</td>
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<tr>
<td></td>
<td>Why do you think women chew or smoke? How and why do they start? Why do many women NOT use tobacco?</td>
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<tr>
<td><strong>Q1a. Feelings about women who use tobacco</strong></td>
<td>(any women in family/relatives or women in community)</td>
<td></td>
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<tr>
<td></td>
<td>Do you like or dislike it? Does it depend on their age?</td>
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<tr>
<td></td>
<td>In your opinion, what do other women AND men feel when they see a young woman smoking? How do they feel when they see an older woman chewing or smoking?</td>
<td></td>
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<tr>
<td><strong>Q1b. Feelings about men who use tobacco</strong></td>
<td>(any men in family/relatives or men in community)</td>
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<tr>
<td></td>
<td>Do you like or dislike it? Does it depend on their age?</td>
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<tr>
<td></td>
<td>How do other people feel about it, in your opinion?</td>
<td></td>
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<tr>
<td></td>
<td>In your opinion, what do other women AND men feel when they see a young man smoking? How do they feel when they see an older man chewing or smoking?</td>
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<td></td>
<td>[If the ideas are different for men and for women, ask:]</td>
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<tr>
<td></td>
<td>Why do you think people feel differently for men and</td>
<td></td>
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<tr>
<td></td>
<td>women?</td>
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<tr>
<td>Q1c. Perceived benefits of tobacco use</td>
<td>Based on your perception, what are the benefits of using tobacco?</td>
<td>What do you like (if user) about chewing/smoking? If you stopped, what would you miss? [This is an important question, so spend some time asking in different ways] If non-user, ask what they THINK other people like about tobacco</td>
</tr>
<tr>
<td>Q1d. Perceived disadvantages of tobacco use</td>
<td>Based on your perception, what are the disadvantages of using tobacco? - What do you think about the risk of tobacco use in general? Who makes decisions on spending in your family?</td>
<td>Ask about personal perceptions of tobacco use. Compare to perceptions about other health risks. Feelings about cost of tobacco. Feelings about who makes the decision about spending money on tobacco</td>
</tr>
<tr>
<td>Q1e. Perceived susceptibility to tobacco use</td>
<td>Do you think there is a chance that you will develop a smoking-related disease? What about the impact of tobacco use compared to other things you do? Do you think it's easy to quit?</td>
<td>Why do you think so? Or Why not?</td>
</tr>
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</table>

**Knowledge of the impact of tobacco use**

| Q2a. Knowledge of the ill-effects of tobacco use on users | Does smoking affect the health of smokers? | -If yes, what are the impacts on the health of the smoker? -If no, why? |
| Q2b. Knowledge of the ill-effects of tobacco use on other people (second-hand smoke) | Does smoking affect the health of non-smokers living or working together with a smoker (wife, husband, children or colleagues)? | If so, what are the effects? |

| Q2c. To identify social norms and beliefs about tobacco use among women and men (some overlap with | | |
| Use of tobacco in community by men and women | How is tobacco used in your community? What do you feel about tobacco use in your community? | Is it common for people to use tobacco in your community? How do you feel about this custom (or lack of use)? |
| Types of tobacco used by women and men | What are the common forms of tobacco use in the community? | - What are the common forms of tobacco use among men (cigarette, pipe, chewing)? - What are the common forms of tobacco use among women (cigarette, pipe, chewing)? |
| Tobacco cultivation/manufacturer/sale | What are the main farms, businesses or small-scale manufacturers in your community? | If no tobacco-related issues are mentioned, probe: -Do people plant tobacco, do business related to tobacco? Run small-scale manufacturing in your community? What do you think about tobacco cultivation? Tobacco manufacture? Tobacco sales in your community? |
| Belief about approval or disapproval of tobacco use among men and women | How do you think the community thinks about women using tobacco (cigarette, pipe, chewing)? How do you think the community thinks about men using tobacco (cigarette, pipe, chewing)? | Why do you think so? |
| Motivation for tobacco use among women and men. | What factors encourage you to use or not use tobacco? | What factors encourage you to keep using tobacco? |
| To identify exposure to pro- and anti-tobacco activities | | |
### Frequency of exposure to pro- and anti-tobacco activities

Are there any pro- and anti-tobacco activities in your community?  
How often have you seen pro- or anti-tobacco activities?  
*Be careful to make this a simple question, such as: “Do you think there are advertisements that make people want to use tobacco? Do you think there are any people (men, women, boys or girls) who try to attract other people to use tobacco?”*  
Did anyone ever tell you that tobacco was dangerous? If so, who? Where and when?

### Awareness and knowledge of pro-tobacco activities in their villages (advertisements and promotion/sponsorship)

What are the common pro-tobacco activities in your community?  
- Have you learned anything from pro-tobacco messages? [Do not call this “pro-tobacco” because they might not understand, so use the idea of simple advertising, for example.]

### Awareness and knowledge of anti-tobacco activities in their villages (health education/ print and electronic media)

What are the common anti-tobacco activities in your community?  
- Have you learned anything from anti-tobacco messages?

### Feelings about pro- and anti-tobacco activities in the community

What do you think about pro- and anti-tobacco activities in your community?

### 3. Use and quitting for those who are current or former tobacco users

Ask user to tell the story of when (what age, and where, in what situation) she first started to use tobacco. What type of tobacco? Why? Did she like it at first? If not, why continue? How did other people feel or say/treat you when they first saw you using tobacco?  
Try to identify patterns of starting, using and quitting.  
Find out social or family networks and interactions, e.g. do they use tobacco with others or just alone? Did the family react positively or negatively?  
Do they want to quit? Have they tried to quit? Is quitting easy or difficult? Why? Do they know how to quit?
| Would they like some help for quitting? If so, what do they think would be useful. |
Annex 2: Guides for community observation

Observation Checklist

1. Village .......... Commune ................. Province
2. General characteristic of village (small/big, crowded, population, type of house)
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3. Main businesses of villagers, what do people in the village do? (Farming? if so, what—
rice? other crops? manufacturer? seller?)
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4. Is there any tobacco cultivation in your village? How much tobacco cultivation is there?
   Are there tobacco manufacturers in the village? Is tobacco sold? (How do people sell
   tobacco in the community, e.g. street vendors? in shops?)
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5. Look at tobacco use in the community. What type of people use tobacco (young/old?)
   In what circumstances do people use tobacco? What are the forms of tobacco use in the
   village (cigarette/pipes/chewing alone or with betel nut)?
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6. Look for pro-tobacco messages in the village (billboards, posters, any IEC material available in public places/restaurants). Look for any pro-tobacco activities (promotion girls, car….).

7. Look for anti-tobacco messages, IEC materials or activities in the village.
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)

Contact persons:
Ms. Bungon Ritthiphakdee: **SEATCA Director**
Email: bungon@seatca.org
Ms. Menchi G. Velasco: **SEATCA Research Program Manager**
Email: menchi@seatca.org; menchi55@yahoo.com
Southeast Asia Tobacco Control Alliance (SEATCA)
Address: Thakolsuk Apartment Room 2B, 115 Thoddamri Rd., Nakornchaisri Dusit, Bangkok 10300, THAILAND
Tel./Fax: +662 241 0082
Website: [http://www.seatca.org](http://www.seatca.org)