PERCEPTIONS OF TOBACCO AND SMOKING AMONG MALE YOUTH IN VIETNAM

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>2</td>
</tr>
<tr>
<td>Executive summary</td>
<td>6</td>
</tr>
<tr>
<td>Introduction</td>
<td>8</td>
</tr>
<tr>
<td>Study objectives</td>
<td>10</td>
</tr>
<tr>
<td>Methods</td>
<td>11</td>
</tr>
<tr>
<td>Findings</td>
<td>13</td>
</tr>
<tr>
<td>Discussion</td>
<td>46</td>
</tr>
<tr>
<td>Recommendations</td>
<td>49</td>
</tr>
<tr>
<td>References</td>
<td>52</td>
</tr>
<tr>
<td>List of tables</td>
<td></td>
</tr>
<tr>
<td>List of figures</td>
<td></td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>Study sites and samples in each site</td>
<td>13</td>
</tr>
<tr>
<td>Table 2</td>
<td>Age distribution of the respondents</td>
<td>13</td>
</tr>
<tr>
<td>Table 3</td>
<td>Education of the respondents</td>
<td>13</td>
</tr>
<tr>
<td>Table 4</td>
<td>Living status of the respondents</td>
<td>14</td>
</tr>
<tr>
<td>Table 5</td>
<td>Living standards of the respondents or their families</td>
<td>14</td>
</tr>
<tr>
<td>Table 6</td>
<td>Smokers in the family</td>
<td>14</td>
</tr>
<tr>
<td>Table 7</td>
<td>Friends’ smoking</td>
<td>15</td>
</tr>
<tr>
<td>Table 8</td>
<td>Advised not to smoke from parents by education</td>
<td>15</td>
</tr>
<tr>
<td>Table 9</td>
<td>Diseases caused by smoking as reported by respondents</td>
<td>16</td>
</tr>
<tr>
<td>Table 10</td>
<td>Perception about female smokers</td>
<td>16</td>
</tr>
<tr>
<td>Table 11</td>
<td>Sources for first cigarette</td>
<td>17</td>
</tr>
<tr>
<td>Table 12</td>
<td>Smoking one cigarette per week and continuing to smoke for 3 month</td>
<td>18</td>
</tr>
<tr>
<td>Table 13</td>
<td>Reasons for starting smoking among heavy smokers</td>
<td>18</td>
</tr>
</tbody>
</table>
# LIST OF FIGURE

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Rate of smokers</td>
<td>17</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

The study identified factors that influence the decision of youth to smoke, and provided a clear understanding of the perceptions, attitudes and practices of young people about tobacco and smoking. The study also examined the knowledge, awareness, and opinions of youth towards tobacco control policies of the Government of Vietnam, and their intentions to comply with those regulations.

Both quantitative and qualitative techniques were used to collect data. A knowledge, attitude and practice (KAP) survey was carried out with 1200 school male students in 2 different types of schools (high school and technical school) in Hanoi city and in Phu Ly town, in HaNam province.

Five focus group discussions were conducted in each study site resulting in a total of 10 focus groups. The participants for the focus group discussions (FGDs) were selected from a list of students who did not participate in the survey.

Data were collected using a standardized survey questionnaire and a guideline for FGD. Five categories of information were collected: demographics and personal; knowledge and attitudes; tobacco use experiences; socio-cultural influences at home and from mass media; perceptions and attitudes towards tobacco control policies and programs. SPSS and Etnography 4 software programs were used for data entry and analyses.

62.2% of respondents admitted that there are smoking- males in their family and that 61% of their friends smoke. 91,1% respondents knew that smoking is harmful to health and can cause diseases. Smoking is popularly accepted as a common propriety of mature males. However, there are different views on female smoking and respondents did not comment very much on this issue. 43% respondents admitted that they have tried smoking (even though just 1 to 2 times). 46.7% smoked their first cigarette when they were about 16-18 years old, 17.2% tried it when they were 13-15 years old and 11.9% when they were under 10 years old.

About one fourth of the respondents obtained their first cigarette from their friends. The main reasons that lead young people to smoke are for “trying, relaxing and imitating their friends”. Boredom and stress are the main factors that led youth to smoke. 40.9% respondents said that they smoke in the company of their friends and one third of interviewees usually smoke in their friends’ houses. 91% smokers have been advised by their families to give up smoking and 67.6% have been advised by their schools to give it up but very rarely do smokers intend to give up smoking.

More than one third of respondents have seen anti-tobacco messages on the mass media and 77% believe in the information about the harm of cigarette on TV and magazine. Respondents also pointed out the limitations of the policies and programs of tobacco control of the Government and how they are unreasonable. There is still a gap in tobacco control among young people. The majority still believes that smoking is a personal choice and a human right. They, therefore, emphasised the need to raise self-awareness from smokers and supported maintaining and expanding information propaganda on tobacco control by the Government.
The survey points out the considerable influence that friends have in influencing youth to smoke. Smoking is still considered as an acceptable propriety among males. The survey also concludes that tobacco control work still continues to face many challenges and will be a long process.
INTRODUCTION

Tobacco use is the most preventable cause of death in the world. A study by the Institute of Sociology in 1995 estimated that smoking rates in men are over 70% (the highest in the world) and less than 5% in women, with huge variations between ages and region. Given the high rates of smoking, the study estimated that about 10% of the population of Vietnam would die from smoking.\(^1\)

If the Government does not do something to control tobacco, tobacco use will rise as incomes rise. This would result in an increase in the number of people smoking as well as an increase in the number of cigarettes smoked. This is particularly important in Vietnam, where a large proportion of the population is young, and that this generation’s smoking habit will result in serious illness and deaths in several decades — when it is too late to prevent it.

In Vietnam, importation of foreign cigarettes remains illegal, but many are smuggled in. Several tobacco companies operate joint ventures in Vietnam, including Philip Morris to produce Marlboro, British American Tobacco to produce 555, and RJ Reynolds.\(^2\)

In Vietnam, smoking is considered as a highly acceptable activity among men. While people have heard of the health risks of smoking, they often deny the risk or entirely disbelieve the information they hear, countering with personal experience of smoker’s longevity. Very few smokers are aware of or are concerned about the effect of their smoking on others.\(^3\)

Children and youth are affected by tobacco use in various ways, including:

- Children suffer health effects from active and passive tobacco use, including reduced lung capacity, increased asthma and other respiratory problems, and ear infections.\(^4, 5\)
- Children’s access to basic needs (food, education, health care and clothing) may be impaired by their family’s tobacco expenditures.\(^6\)
- Children employed in tobacco cultivation and manufacturing suffer from difficult working conditions and poor health.\(^7\)
- Children’s desire for independence and urge to rebel are exploited by tobacco company ads and even by programs supposedly aimed at reducing youth smoking.\(^8, 9\)

Young people may be less aware than adults of the risk to their health that smoking poses. Most new recruits and potential smokers also underestimate the risk of becoming addicted to nicotine. As a result, they seriously underestimate the future cost — that of being unable in later life to reverse a decision to smoke when they were young. Societies generally recognize that adolescents’ decision-making capacity is limited and so restrict young people’s freedom to make certain choices, for example by denying them the right to vote or to marry until a certain age.

In the US (where most research has been conducted), more than 80% of tobacco users begin smoking between the ages of 10-18, with an average age of onset of 14-15. While most youth do not expect to become addicted, their addiction grows each year, and is related to the number of cigarettes smoked. By age 17, 70% of youth who smoke regret having started, and 50% have tried to quit, but unsuccessfully. Nearly 40% of smoking youth would be interested in youth-targeted cessation programs. In the US, about 15-20 million people try to quit each year, with an estimated success rates of only 2.5 to 8%.\(^10\)
We chose male youth as our target study subjects for the following reasons:

- Youth makes up a significant portion of the Vietnamese population, and their current behaviour is vital to the future health and well being of Vietnamese people.
- Most people begin tobacco use at a young age. If this group can be reached early then future tobacco use in Vietnam could be brought down significantly.
- Those who have only just started to use tobacco will find it easier to quit than those who are already heavily addicted.
- Youth is the period where many habits are formed; if youth can be persuaded not to smoke, they are highly unlikely to take it up as adults.

It is thus crucial to focus on youth. Their positive behaviours and good health will have a great impact on the future of the country.

In order for the Government of Vietnam to implement successfully its tobacco control policies, it must discourage youth from starting to smoke, to encourage them to quit, and motivate youth to respect government policies. For all that to happen, some understanding of youth attitudes towards tobacco are critical.
STUDY OBJECTIVES

- Understand the knowledge, attitudes, and practice of young people/boys with regard to tobacco and smoking, including where youth access tobacco products, where and when they use them, and why.
- Understand the effects of socio-cultural influences, mass media, the family and community (in and outside school) on the uptake and maintenance of tobacco use and feelings about its use.
- Understand the knowledge, awareness, and opinions of youth towards tobacco control policies of the Government of Vietnam, and their intentions about obeying those regulations.
- Explore ways to increase the understanding of youth about tobacco and its use, with the objective of decreasing uptake of tobacco use, encouraging and supporting cessation, possibly through testing such strategies as:
  a) strengthening community actions and campaigns for tobacco control;
  b) promoting cessation of tobacco use in the community and further restricting the promotion of tobacco
  c) reducing exposure to second-hand smoke (which both harms health and gives youth the belief that smoking is a normal adult behaviour)
METHODS

Both quantitative and qualitative techniques were used. A baseline survey using a questionnaire exploring current knowledge, attitude and practice (KAP) regarding smoking and particularly tobacco use among young people was carried out. Quantitative techniques allow for a broad analysis covering a large number of youth and conducting statistical analyses so as to understand the relationships between dependent variables (smoking, smoking attitude) and other socio-economic and cultural variables (independent variables). However, a limitation of quantitative research is its inability to explore in-depth reasons and motivations as well as the context of one’s life. The survey was thus supplemented with qualitative methods — focus group discussions (FGDs)— to attain a detailed understand of the reasons behind the behaviors, and thus further explore solutions to some of the issues being studied.

A KAP survey was carried out with school students in 2 different type of schools (2 high schools and one technical school for each site). The study was conducted in Hanoi city and in Phu Ly town, Ha Nam province.

We worked with the leader of the Department of Education and Training (DOET) for selecting regular school and with the Labor Center for the selection of a vocational/technical college for preparing KAP and FGD. We used purposive sampling strategy. We selected in each site one school of good performance (by perception of DOET) and one with not very good performance. The reason is that it is widely believed in Viet Nam that schools of good performance are usually those which have attractive out-of-class activities, thereby keeping children under supervision of teachers more than school with bad performance. This, in turn, effects the liberty with which students can do as they pleased. Lack of supervision of family or school is believed to be an important cause of adolescent delinquency, and, in this case, smoking.

This study reached out to male students, age 16-23 years, from grades 10th to 12th in high schools, and in technical colleges, as well as a smaller sample of out-of-school youth. In each school we selected randomly 200 students from a student list. In total, the sample for the KAP survey was 600 students from each study site (Ha Noi, Ha Nam) and 1200 students for the whole study.

Five focus groups were conducted in each study site, resulting in a total of 10 focus groups. Each focus group comprised of 8 to 10 male students. Although the opinion of female students was important, due to time and budget constraints, we could only focus on male students’ experiences. The participants of the FGD were selected from a list of students who did not participate in the survey.

Data collection:

Data were collected by a group of trained interviewers using a standardized questionnaire and guideline for FGD. The original subject matter for discussion was prepared by the principal investigator and developed collectively by a research team. It was tested in a Hanoi secondary school before being used for the main survey.

The questionnaire used close-ended questions where as the FGD guideline contained open-ended questions. Instructions for follow-up questions were also provided in the FGD guideline.
The questionnaire and FGD guidelines covered 5 broad categories:
- demographics and personal information;
- knowledge and attitudes;
- tobacco use experiences (brand smoked, cigarette advertising, purchase of cigarette pack or single sticks, etc.)
- socio-cultural influences at home and from mass media
- perceptions and attitudes towards tobacco control policies and programs

**Data management and analysis:**
SPSS software was used for data entry and analysis. Qualitative data were analysed by using Ethnography 4 software program.

**Data handling procedure:**
- Recording and taking notes
- Transcribing all the recorded tapes and typing the transcripts into an agreed format.
- Cleaning data.
- Reading the scripts carefully and highlight valued opinions or information.
- Finding out any feelings in reading.
- Grouping information related to specific objectives.

Informed consents were obtained from all study participants. They were also informed about the purpose of the study and of any risks and benefits. Privacy and confidentiality were assured. The Institute of Sociology is one of the 3 institutions that have a registered IRB in Vietnam to date.

No names were included in the interview forms; variables included which could be used in combination to identify a person were used. All names have been changed to ensure anonymity in case study report. To preserve confidentiality, all research team were trained not to divulge any information about the interviewees and all forms were handled in a confidential manner and are being stored at a locked facility.

Participants were also provided with the description of the study: purpose of the study and how information will be used in the study report; the expected duration of the subject’s participation.
**FINDINGS**

The study was carried out in 6 study sites as shown in Table 1. A random sample of about 200 respondents from each study site was selected for interviews. The total sample size of the study is 1,211 and all of the interviews were successfully completed.

**Table 1: Study sites and samples in each site**

<table>
<thead>
<tr>
<th>Study sites</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>THPT Kim lien (Ha Noi)</td>
<td>203</td>
<td>16.8</td>
</tr>
<tr>
<td>Yen hoa (Ha Noi)</td>
<td>206</td>
<td>17.0</td>
</tr>
<tr>
<td>Dien tu Dien lanh (Ha Noi)</td>
<td>200</td>
<td>16.5</td>
</tr>
<tr>
<td>Thanh Liem (Ha Nam)</td>
<td>202</td>
<td>16.7</td>
</tr>
<tr>
<td>Phu Ly B (Ha Nam)</td>
<td>200</td>
<td>16.5</td>
</tr>
<tr>
<td>Phat thanhuyen hinh (Ha Nam)</td>
<td>200</td>
<td>16.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,211</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Most of the respondents were very young. Although all respondents aged 15 and above were interviewed, almost two-thirds of the respondents were 18 years old or younger and 90% of them were 21 years old or younger as shown in Table 2 below.

**Table 2: Age distribution of the respondents**

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage (%)</th>
<th>Cumulative percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>9</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>16</td>
<td>204</td>
<td>16.8</td>
<td>17.6</td>
</tr>
<tr>
<td>17</td>
<td>257</td>
<td>21.2</td>
<td>38.8</td>
</tr>
<tr>
<td>18</td>
<td>300</td>
<td>24.8</td>
<td>63.6</td>
</tr>
<tr>
<td>19</td>
<td>102</td>
<td>8.4</td>
<td>72.0</td>
</tr>
<tr>
<td>20</td>
<td>130</td>
<td>10.7</td>
<td>82.7</td>
</tr>
<tr>
<td>21</td>
<td>88</td>
<td>7.3</td>
<td>90.0</td>
</tr>
<tr>
<td>22</td>
<td>49</td>
<td>4.0</td>
<td>94.1</td>
</tr>
<tr>
<td>23+</td>
<td>72</td>
<td>5.9</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,211</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

As aimed, the survey looked at high school and college students, with all respondents having acquired education at levels of at least grade 10 or above. From Table 3, about one-fifth of respondents were in grade 10, another one-fifth were in grade 11, a quarter of them were in grade 12 and about a third of them were in college.

**Table 3: Education of the respondents**

<table>
<thead>
<tr>
<th>Education</th>
<th>Frequency</th>
<th>Percentage (%)</th>
<th>Cumulative percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 10</td>
<td>234</td>
<td>19.3</td>
<td>19.3</td>
</tr>
<tr>
<td>Grade 11</td>
<td>262</td>
<td>21.6</td>
<td>41.0</td>
</tr>
<tr>
<td>Grade 12</td>
<td>315</td>
<td>26.6</td>
<td>67.0</td>
</tr>
<tr>
<td>College</td>
<td>400</td>
<td>33.0</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,211</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>
There is an overwhelming percentage of respondents who were living with their family (86%). Another 9% of them were living with friends and the proportion living with others was very small. It was found that only 1 percent of respondents were living alone. These results suggest that family might have a strong influence on smoking behaviors.

Table 4: Living status of the respondents

<table>
<thead>
<tr>
<th>Whom living with</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>12</td>
<td>1.0</td>
</tr>
<tr>
<td>With family</td>
<td>1,045</td>
<td>86.3</td>
</tr>
<tr>
<td>With relatives</td>
<td>35</td>
<td>2.9</td>
</tr>
<tr>
<td>With friends</td>
<td>112</td>
<td>9.2</td>
</tr>
<tr>
<td>With others</td>
<td>7</td>
<td>.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,211</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

There is a diversity of living standards among respondents (this is self-evaluated living standards given by respondents), but there is still a concentration around the average with more than half of respondents reported that their (or their families’) living standards are at average level. Respondents were more likely to report that their living standards are above the average (23.5%) or rich (9%) than below the average (2.9%) or poor (5.4%). This result is not surprising given that all respondents have an educational level of at least grade 10 or higher – which is relatively expensive under the current context of market orientation and low subsidies for higher education in Vietnam.

Table 5: Living standards of the respondents or their families

<table>
<thead>
<tr>
<th>Living standards</th>
<th>Frequency</th>
<th>Percentage (%)</th>
<th>Cumulative percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rich</td>
<td>109</td>
<td>9.0</td>
<td>9.0</td>
</tr>
<tr>
<td>Above the average</td>
<td>284</td>
<td>23.5</td>
<td>32.5</td>
</tr>
<tr>
<td>Average</td>
<td>718</td>
<td>59.3</td>
<td>91.7</td>
</tr>
<tr>
<td>Below average</td>
<td>35</td>
<td>2.9</td>
<td>94.6</td>
</tr>
<tr>
<td>Poor</td>
<td>65</td>
<td>5.4</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,211</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

I. Knowledge and perception on tobacco

In order to find out family’s influence on smoking habit, we asked the respondents to answer the question (Applicable to members in the family, not to relatives): “who is (are) the smoker(s) in your family? (Who smokes at least 1 cigarette/week)?”

The result is:

Table 6: Smokers in the family

<table>
<thead>
<tr>
<th>Smokers in the family</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>39.4%</td>
</tr>
<tr>
<td>Smoking father</td>
<td>43.7%</td>
</tr>
<tr>
<td>Smoking mother</td>
<td>0.5%</td>
</tr>
<tr>
<td>Smoking uncles</td>
<td>22.5%</td>
</tr>
<tr>
<td>Smoking aunts</td>
<td>0.2%</td>
</tr>
</tbody>
</table>
The rate of male in Table 6 is high. The total rate of male-smokers in this table is 66.2% while the rate of female-smokers is 0.7%. This fact is relative to the result of the other research made in 1995 that found the rate for male-smokers at 73%, while the rate was higher for female-smokers - at 4%.

Another indicator was the influence of friends in smoking behaviour. The result of the question regarding whether their best friends were smoking showed that

<table>
<thead>
<tr>
<th>Table 7: Friends’ smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some friends</td>
</tr>
<tr>
<td>None of them</td>
</tr>
<tr>
<td>Almost all</td>
</tr>
</tbody>
</table>

61% of them have “friends” who are smokers. This rate was just 5.5% lower compared to the group “father, uncle”.

About 91% of respondents reported that *their parents advised* them not to smoke. Just 8.8% of respondents were not advised by their parents to give up smoking. Responses were similar across all grades.

<table>
<thead>
<tr>
<th>Table 8: Advised not to smoke from parents by education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 10</td>
</tr>
<tr>
<td>Grade 11</td>
</tr>
<tr>
<td>Grade 12</td>
</tr>
<tr>
<td>Junior college</td>
</tr>
</tbody>
</table>

36.8% respondents admitted that it was certainly hard for them to give up smoking while another 25.3% said that it was possibly hard for them to quit smoking. We can see that giving up smoking was not easy for people who are addicted to it. 43.3% respondents in junior college confirmed that it was certainly hard to give up smoking while the rate was 26.1% among those who graduated grade 10.

41.5% respondents said that smoking made them have less friends while 14.9% said that smoking made them have more friends. 63.8% respondents said that smoking in public such as parties, festivals made them feel less comfortable while 15.1% respondents said that it made them feel more comfortable.

These responses clearly showed that the majority of respondents did not consider smoking as a factor to improve their ability to communicate with other people.

A great majority (91.1%) of respondents agreed that smoking is harmful to one’s health. Just 3.4% of respondents believed that smoking does not harm one’s health.

Perceptions of the harm of smoking varied between educational levels. 96.6% respondents who are “grade 10 graduates” believed that smoking is certainly harmful compared to 86% of Junior college graduates.
The percentage of respondents who believe that smoking caused the following diseases is shown in Table 9 below:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchitis</td>
<td>85.7%</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>95.7%</td>
</tr>
<tr>
<td>Stomach cancer</td>
<td>20.9%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>32.5%</td>
</tr>
<tr>
<td>Stroke</td>
<td>29.7%</td>
</tr>
<tr>
<td>Asthma</td>
<td>70.1%</td>
</tr>
<tr>
<td>High blood Pressure</td>
<td>48.3%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>14.4%</td>
</tr>
<tr>
<td>Other diseases</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

In general, the majority of respondents knew that smoking causes respiratory diseases such as lung cancer (95.7%), bronchitis (85.7%) and asthma (70.1%). However, knowledge of other diseases was significantly lower. There was also a high rate (more than 95%) of all groups know that smoking is harmful to health.

To measure knowledge of respondents on the risk of getting diseases from smoking, respondents were asked “Would it be safe if a person smokes for 1 -2 years then give it up?” 88% of respondents believed that smoking is unsafe (51% respondents responded that it was certainly not safe and 37 % responded that it was possibly not safe). The answer showed the recognition of respondents on getting diseases from smoking.

Respondents were asked about their views on female smoking. In general, female smoking has a negative image in Vietnam. With other factors such as movies, idol, economic freedom and expenditure, the question on women’s smoking behavior was seriously discussed in focus groups discussions. The responses to quantitative questions were as follows:

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of confidence</td>
<td>45.2%</td>
</tr>
<tr>
<td>Stupidity</td>
<td>42.3%</td>
</tr>
<tr>
<td>Success</td>
<td>4.1%</td>
</tr>
<tr>
<td>Intelligence</td>
<td>0.8%</td>
</tr>
<tr>
<td>Normal</td>
<td>19.7%</td>
</tr>
<tr>
<td>Snobbishness</td>
<td>5.5%</td>
</tr>
<tr>
<td>Unawareness</td>
<td>5.1%</td>
</tr>
<tr>
<td>Unacceptability</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

The majority of the responses were negative. “Lack of confidence” (45.2%) and “stupidity” (42.3%) were the main reasons. Smoking as a sign of ‘success’ (4.1%) and intelligence (0.8%) were reported by a very small proportion of respondents.
II. Experience in smoking

43.2% respondents said that they smoked cigarettes “1 or 2 times” in a week. The standard of living did not affect smoking habit. 43.9% of the smoking group had an average living standard, 43.1% had a good living standard and 39.4% had a lower-average living standard.

Most started smoking when they were in their adolescence. As shown in figure 1, 46.7% respondents said that they had their first cigarette when they were 16 to 18 years old. 17.20% said that they had the first cigarette when they were 13 to 15 years old. 5.7% respondents said that they had the first cigarette when they were 10 to 12 years old. This research showed that those with a higher education were more likely to smoke. 23% of grade 10 students, 24.4% students of grade 11, 43.5% students of grade 12 and 66.8% of junior college students have tried smoking.

![Figure 1: Rate of smokers](image)

In Table 11 below are the responses to the question on the source of first cigarette that showed the social influences on smoking behaviors. Influence of friends was highest – 54.5% of responses. More than half of the respondents got their first cigarettes from friends that maybe due to psychological influence in starting to smoke by imitating smoker friends. 11.1% reported other sources such as relatives, parents, siblings, grandparents, aunts and uncles, etc.

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>54.5%</td>
</tr>
<tr>
<td>Self</td>
<td>9.9%</td>
</tr>
<tr>
<td>Relatives</td>
<td>4.6%</td>
</tr>
<tr>
<td>Parents</td>
<td>2.7%</td>
</tr>
<tr>
<td>Siblings</td>
<td>2.1%</td>
</tr>
<tr>
<td>uncles, aunts, Grandparents</td>
<td>1.7%</td>
</tr>
<tr>
<td>Others</td>
<td>8.2%</td>
</tr>
<tr>
<td>Don’t remember</td>
<td>16.3%</td>
</tr>
</tbody>
</table>
The first cigarette was smoked out of curiosity (this was described in details in FGDs), that eventually led to heavy smoking. The indicator on smoking one cigarette per week and continuing to smoke for 3 months proved that.

Table 12: Smoking one cigarette per week and continuing to smoke for 3 months

<table>
<thead>
<tr>
<th>Responses</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>31.9</td>
</tr>
<tr>
<td>No</td>
<td>68.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
</tr>
</tbody>
</table>

About one third (31.9%) of respondents smoked at least 1 cigarette per week for more than 3 months. Percentages differed between the ages 18 years old (20.4%), 17 years old (18.9%), 16 and 20 years old (12 %). The older smokers (21-25 years old) recorded the lowest percentages (between 1 to 6%)

Figure 1 shows the highest rate of first time smoking in the age of 16 – 18. After the first cigarette, continuous smoking for 3 months also found highest rate in youths aged 16 to 18 years old.

Listed below are the main reasons reported for smoking initiation.

Table 13: Reasons for starting smoking among heavy smokers

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>For relaxing                                                    29.3%</td>
</tr>
<tr>
<td>2</td>
<td>For controlling their weight                                    2.4%</td>
</tr>
<tr>
<td>3</td>
<td>Because they observed their friends smoking                     24.0%</td>
</tr>
<tr>
<td>4</td>
<td>Because they observed other family members smoking              2.4%</td>
</tr>
<tr>
<td>5</td>
<td>To improve their image                                          2.4%</td>
</tr>
<tr>
<td>6</td>
<td>Because they observed their teachers or classmates smoking      4.2%</td>
</tr>
<tr>
<td>7</td>
<td>Curious to try                                                  26.9%</td>
</tr>
<tr>
<td>8</td>
<td>Other reasons                                                   16.8%</td>
</tr>
<tr>
<td>9</td>
<td>Not sure about the reason                                       18.0%</td>
</tr>
</tbody>
</table>

Smoking for relaxation, imitating friends and curiosity were the main reasons mentioned for starting smoking.

A fairly common belief among Vietnamese was that cigarettes have some kind of stimulating effect, that smoking can affect smokers’ nervous system and make them feel relaxed when they are under pressure or when their brains need to work hard. “Smoke for relaxing” was the most common answer on brief interviews or group discussions. 26.9% of respondents said they decided to try smoking because they wanted to know how it would make them feel. The curiosity to try for experience is a psychological feature of the young people. This reason is reinforced when up to 24% respondents said that they smoked just because they saw their friends smoking. More than that, cigarette is still used during social interaction. In meetings, people have the habit of offering a cigarette after greeting each other in order to show their friendly attitude. The need for social interaction is very high among the
youth and it can lead to the adoption of smoking among the young people who believed that smoking aids “to make a good image”, or “to make me feel more confident”, etc.

The responses to the questions “When do you like to smoke? and “Where do you usually smoke?” showed that respondents smoked when they feel bored (48.2%), when they gathered with their friends (40.9%), when they feel stressed (33.1%), when they were waiting for someone (21%) and during other occasions (10.3%).

Up to 40.9% respondents said they smoked when they were with friends. At a first glance, smoking seemed to be a personal behavior in order to release personal stresses such as boredom and stress. But on the other hand, such personal reasons were encouraged by the the environment of social interaction among the young smokers. Thus, psychological situations such as imitation, curiosity, the wish of “making one’s image better”, etc. led to the situation where smoking, that is used to be personal, to become a group’s behavior. This often happens in group social activities such as outings, camping, especially during overnight trips. In our FGDs, many pupils confirmed that their first time smoking experience happened on such occasions.

This observation was further supported by evidence that 35.2% of respondents often smoked at their friends’ houses, 28.3% often smoked in the schools and 28.3% smoked in other public places. These three locations were where social interactions occurred and where youth gathered together.

As discussed above, the cigarette itself is a stimulant. What happens then if a person who smokes uses another type of stimulant? 12% respondents said their smoking increased when they were drinking wine and 7.1% said they smoked less when they were drinking wine.

Filtered cigarettes are the most common type of cigarettes that were smoked by 85.7% respondents; while 9.2% of respondents consumed unfiltered cigarettes. Only 1.3% respondents used the rolled-by-smoker cigarettes, and 0.8% smoked cigars. These findings showed a significant change in smoking behavior and in smokers’ use of different types of cigarettes. The rolled-by-smoker cigarettes were very popular in the past, but is now only used by a minority of smokers. On the contrary, industry manufactured filter cigarettes – the ones which were considered luxury products in the past and only used by rich people – have now become very popular.

In addition to the families, teachers and friends of the smokers also dissuade them from smoking. The rate for both groups is 67.6%, among which “everyone dissuade” is 31.7%, and “most people dissuade” is 35.9%. Only 3.9% respondents said they were encouraged by their friends. Similar findings were reported by Hai Phong’s study (2003).

These factors show that smokers’ families, teachers and friends were not sympathetic towards their smoking. Because of smoking, the smokers faced not only “objection”, “dissuasion” but also “punishment”.

Even though all the smokers recognized that smoking was harmful to their health and that it could cause some severe diseases, and were dissuaded by the families, teachers and friends, only 26.4% of the smoking respondents said that they would continue to smoke for
less than 5 years. 63.5% said they did not even think about whether they would continue to smoke for 5 more years. This indicates that smokers were not prepared or have never thought about giving up smoking. Only 1.9% respondents said that they would smoke more in the coming 5 years. The monthly expenditures for cigarettes:

<table>
<thead>
<tr>
<th>Monthly Expenditure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>19.7%</td>
</tr>
<tr>
<td>1,000 – 30,000</td>
<td>65.2%</td>
</tr>
<tr>
<td>&gt;30,000 – 60,000</td>
<td>6.5%</td>
</tr>
<tr>
<td>&gt;60,000 – 90,000</td>
<td>2.1%</td>
</tr>
<tr>
<td>&gt;90,000 – 120,000</td>
<td>2.9%</td>
</tr>
<tr>
<td>&gt; 120,000</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Most (65.2%) smokers spent from 1,000 to 30,000 VND on cigarettes per month while none of the other categories recorded more than 10%.

About half of the respondents bought in single sticks while 44.6% bought whole packets mainly because it was cheaper and more convenient.

41.9% respondents said that they bought cigarettes with their “savings”, and 40.7% got their cigarettes from friends. 7.2% bought cigarettes using their family’s money and 13% “got cigarettes at home”. This shows a significant influence from friends and family.

Ability to give up smoking is an important issue addressed in this study. Whether a person quits smoking or not depends very much on their awareness of the negative physical and economic effects of smoking. Smoking cessation is also influenced by friends and families; the attraction of the cigarette advertisements; and the availability and variety of the supplies. 89.3% of respondents firmly said that they “could give up smoking if they wanted”. Only 10.7% said that they also “could give up smoking if they wanted” but mentioned that it would be “very difficult”. 72.4% of respondents had never attempted to quit smoking while 27.6% had attempted.

Responses to questions on intentions to quit smoking, showed that 78.8% of smokers had “intention to give up smoking”. 2.3% had “No” intention at all. 60% of smokers said that they had “already given up smoking”. 22.3% of smokers said that they “would give up smoking in a month”, 6.8% said they would quit in 6 months”, 5.3% would quit within the next 12 months and another 5.6% intend to quit beyond the next 12 months.

50.1% of respondents said that they “wanted to give up smoking” after witnessing other people having done so. Only 7.1% of respondents thought that people gave up smoking because they were forced to. The data also showed that the living environment also influenced the wish to give up smoking. 54.4% respondents in Ha Nam said that they wanted to give up smoking compared to 44.4 % in Hanoi.

Many studies have shown that preventing an increase in the number of new smokers and decreasing the number of current smokers can be achieved through the provision of related information regarding the negative impacts of smoking through schools and other communication media.
The study had focused primarily on the receipt of messages on tobacco prevention which were communicated through television channels, radio, posters, newspapers, magazines and all other communication channels. In the questionnaires, the questions were limited to the level of seeing or hearing the information provided to the respondents in a month before the study. The following is the answer:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saw many times</td>
<td>39.8%</td>
</tr>
<tr>
<td>Saw several times</td>
<td>41.0%</td>
</tr>
<tr>
<td>Hardly saw or did not see</td>
<td>9.8%</td>
</tr>
<tr>
<td>Did not remember</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

Findings show that anti-smoking messages have reached a large number of people, with 80.1% reported having seen such messages. Only 9.8% of respondents had “hardly” seen such messages.

About 63.1% of respondents said that during the “past 3 months” they did watch or listened to a program on the harmful effects of tobacco.

Among the various media, television provided the most amount of information on tobacco control, as reported by 81.4% respondents; from newspapers and magazines (39.1%), from radio (24.0%). These findings confirm the advantages of the mass media in propagating anti-smoking messages.

In our study, the number of people who had “many times” or “sometimes” saw actors smoking in the movies was 54.6% and 41.4%, respectively. The influence on smoking behaviors by movie actors, both Vietnamese and foreigners, was obvious and was carefully analyzed by the FGDs participants.

Participants in the study have also received information on the tobacco’s harmful effects from sources such as in public places (24.9%), in hospitals or doctors’ offices (19.7%) and in schools (18.2%). Information on tobacco’s harmful effects from the various mass media channels have benefited the smokers through increased knowledge and in encouraging them to smoke less. In addition, participants of the FGDs felt that information provided in a medical environment was more believable and that it would be more effective to convey messages targeting specific audiences.

Behavioral psychology explains that belief has a very important role in building new behaviors of individuals and groups. Belief is the result of cognition, while cognition depends a lot on the process of receiving information and the social experience of the individual or the group. Based on this, we asked the respondents this question: “Do you believe the information provided by the TV or magazines’ education programs on tobacco’s harms?".

The results are as follow:
- Completely believe: 77.3%
- Somehow believe: 16.4%
- Hard to believe: 1.7%
- Do not believe: 0.3%
- Not sure: 4.3%
About 93.7% of respondents believe, both completely and somehow, on the tobacco harms. Only 2% felt hard to believe or did not believe the education programs. 47.2% respondents said they liked “very much” the TV or magazine education programs on tobacco’s harms. 28.5% like these programs “a little”. Thus, these mass media have already met their objectives – at least the cognitive ones.

The data also showed a larger proportion of respondents (92.2%) “liked and agreed with the banners and posters on prohibition of smoking in public places”. Slightly more than a third (36.3%) of the respondents did not like the education programs on tobacco control on TV and newspapers/magazines because of “inappropriate timing”, or “boring content”.

Only 16.7% of respondents were having or using tools or products with a tobacco brand name or trademark.

Compared to mass communication through mass media, direct communication showed obvious advantages in changing cognition and especially in changing respondents’ smoking behaviors. In direct communication, social interaction happens timely and flexibly, while the communication gaps could be filled in easily because the influence between the message senders and receivers was flexible. The analysis on direct communication regarding tobacco issues showed that in this school year (at the time of the study), 32.9% of the respondents said that they have discussed with someone else “the reasons why the students” of their age smoke. Also, in this school year, 57.1% of the respondents said they did tell someone about “how tobacco negatively influences human health”. These data somehow showed the respondents’ concerns towards smoking.

In real life, formal communication in the class using appropriate sessions to discuss or provide information on the topic of the smoking status among students hardly takes place. About 81.8% of respondents said they never participated in such sessions in the classroom. 82.9% of respondents said that their teachers “objected” and “absolutely objected” (42.9% and 40.0% correlative) when the students smoked. This, on one hand, reflected the respondents’ awareness of their teachers’ attitude towards students’ smoking. On the other hand, it showed that formal education on tobacco’s harms was not adequately considered. When a student smoked, the teacher only showed his/her attitude towards smoking (objection or complete objection) rather than having a particular solution to change the student’s smoking behavior, not to mention that some teachers did smoked in their sessions.

“Some attractive guys on TV”, or doctors and teachers can be considered as social idols. These people could be role models for others. The public’s imitation of their dressing, hair styles or even smoking (a specific kind of cigarette) is caused by their admiration of the idols. However, these idols did not influence much when it comes to people’s decision on smoking. 6.4% of respondents wanted to imitate actors on smoking, 5.5% imitated doctors and 6.7% imitated teachers. Hence, smoking was not an imitated behavior. It neither made the idols more attractive. In reality, smoking behavior in movie stars or teachers and doctors were negatively judged by respondents. This issue was thoroughly addressed in the focus group discussions.

About half of respondents (50.4 to 59.7%) said that they knew that the 22nd SEA Games was a Tobacco-Free Games. However, they perceived this expectation of the organizer to be hard to achieve.
Respondents also suggested the most effective measures to reduce prevalence of smoking. They include the following:

1. Banning smoking in public area and hospital: 28.3%
2. Increasing retail price and taxes on cigarette: 18.2%
3. Warning of smoking harms on each cigarette pack: 4.8%
4. Banning selling cigarette for under 16 year old clients: 10.6%
5. Controlling tobacco smuggling: 8.4%
6. Banning tobacco advertisements: 4.8%
7. Information campaigns on giving up smoking: 2.6%
8. Educating students to avoid tobacco in school: 13.7%
9. Regular information on tobacco’s harms: 7.9%

16.8% of respondents said that they had tried to quit smoking, 83.2% said that they had never tried to do that. 78.8% of the respondents reported that health condition was the main reason for giving up smoking. Among those who have quit, 51.7% of the respondents said that they gave up smoking “without any method”, 35.5% said that they must use “chewing gum”. 32.5% said that they had no symptoms when they gave up smoking but 23% said that they “lost the taste of food” when they gave up smoking. The feeling of wanting to smoke again is the most popular feeling: it occurred in 39.4% of the people who gave up smoking. Just a few people (13.9%) wanted to meet counsellors when they felt that they wanted to smoke again.

69.9% of respondents said that they had attempted to give up smoking once, 21.5% gave it up for 2 times and 2% of respondents have attempted 4-5 times. “Sadness” and “loneliness” were the most common reasons for relapse (49.3%). These were the same reasons why people begin smoking as mentioned earlier. 23.2% respondents relapsed because they felt a “craving for tobacco”.

Findings from qualitative research

This section presents data on selected issues in order to clarify the results of the quantitative research.

1. Tobacco and smoking

“People said that smoking was good for relaxing”

The respondents reported different reasons when they were asked why they started smoking. “For relaxing” was one of the major reasons. Relax feeling was also the goal many smokers hoped to achieve when they felt bored or stressed. Below are selected anecdotes concerning reasons for smoking from several participants in the focus group discussions.

“I am not sure whether smoking would make me relaxed and comfortable, but I did smoke when I felt too bored. Everyone said they smoked to relax, that they would forget all the problems when having a cigarette in hand. I have been smoking for 4 years, just because of habit. I did not realize what kind of feeling I have reached” (vocational high school student, 21 years old, Ha Nam).
“I started smoking before the entrance examination to grade 10. I was very young, but I was so nervous about the exams. My friend said smoking would help” (12th grade student, 18 years old, Ha Noi).

“The first time I smoked was when I was very sad. The sadness was still there after I smoked... When my mother knew, she forbid me to smoke. I found smoking had no advantages against not smoking” (11th grade student, 17 years old, Ha Noi).

Many respondents believed that smoking tobacco actively can enhance the intellect, that it stimulated thinking and helped the process of decision making. The images from movies have made a deep impression on many people; the image of doctors smoking has strengthened this belief of the tobacco effect.

“All the doctors smoked before an important surgery. Both Vietnamese and foreign movies showed that” (10th grade student, 16 years old, Ha Noi).

“In fierce wits by policemen against criminals, we saw many of them smoking. They smoked all night until they found a solution, then they threw the cigarette away” (10th grade student, 16 years old, Ha Noi).

“I saw people smoking when they were under pressure, sometimes they only took few puffs-. When my father was nervous, the ashtray was full of cigarette ashes. (12th grade student, 17 years old, Ha Noi).

There were very different forecasts on the smoking tendencies in Vietnam as well as in the world, and the respondents gave many reasons to support their opinions. Smoking is considered a personal desire, thus it’s different with different people and countries. In the short term, production is to meet the need of consumers so you would know the tobacco consumption level if you look at its production in every country. So, one group may smoke a little, but another group would smoke heavily.

“I think when life becomes more modern, it brings more stress and pressures, that’s why people smoke more. I believe people in Vietnam smoke more and more, because now people are rich and tobacco is not expensive” (Vocational high school student, 21 years old, Ha Noi).

“It’s the same in Western countries. They produced many types of tasty and nice cigarettes that was not just for fun. The foreigners in general and the Americans in particular are very practical, they always make sure their businesses make profits and do not produce unused goods. If the Westerners do not smoke, the tobacco industry would be shut down and there would be no cigarettes to be imported into Vietnam.” (12th grade student, 16 years old, Ha Noi).

“I think the smoking tendency is decreasing, as now people talk a lot about serious diseases caused by tobacco. But I am not sure, sick people might give up smoking, but healthy ones might continue smoking” (12th grade student, 18 years old, Ha Noi).

“The people who want to give up will give up, other people will still take up smoking. These two are separate things” (12th grade student, 18 years old, Ha Noi).
“I smoked because I was curious to taste”

Many smokers said that they had the first cigarette only for tasting – to see what tobacco tastes like. They also tasted because they were in a group, in which everyone tasted. They tasted to confirm that they could do what they wanted. For most respondents, tasting tobacco sounded interesting, and it was a simple and easy thing to do.

“Smoking is something about affirming ourselves. I did not think I would be a heavy smoker. I just tasted to find out what it was like” (10th grade student, 16 years old, Ha Noi).

“Doing it once is much better than hearing from others a hundred time. We heard a lot about tobacco. It would be best to taste by ourselves, and it’s easy” (11th grade student, 18 years old, Ha Nam).

“Tasting cigarettes is interesting and it’s also easy. You only need 500 or even 200 VND to taste one cigarette” (12th grade student, 18 years old, Ha Noi).

In a group of friends, tasting also shows the courage or vanguard – venturing into something in front of the others. This kind of tasting happened not only with tobacco but also with other things such as alcohol, snake meat, over-speed driving, etc. Among the listed “experiments”, smoking was the most unobtrusive and cheapest – only 500 to 1,000 dong. It only costs a maximum of 10,000 dong for a whole group. Many respondents said they got their first cigarette when gathering with their friends. Nearly 100% of boys tasted tobacco in their first night out. The freedom and romantic atmosphere of campfire nights was absolutely stimulating.

“It’s impossible to refuse smoking in such outdoor trips. We bought 2 packs of cigarettes, and all the boys tried smoking in the evening. But it was just tasting, only four still smoke now.” (12th grade student, 18 years old, Ha Noi) (this means only 4 people continued smoking after 3 months – author’s notes).

“I smoked the first time when our class went to Sapa, we ate cassava and tried some smoking. I was 16 years old at that time. After that I gave up smoking. I started smoking again more frequently about one year ago.” (technical high school student, 19 years old, Ha Noi).

“Are you afraid of becoming a heavy smoker?”

None of the respondents, including those who tried once, those who have been smoking for few months, or even have been smoking for nearly 5 years, felt worried about becoming heavy smokers. For some people, it’s nothing serious about getting addicted with tobacco. According to them there are many kinds of addiction that are more dangerous. A young man who has been smoking for nearly 4 years, with 1 pack of cigarette per day, said:

“Cigarette is not a narcotic, so why worry about addiction? I would give up when I don’t like to smoke anymore” (22 year old. person, Ha Noi).

Another also said:

“I think alcoholism is more dangerous. In my home village, every one can have a cup of white wine or a cigarette at the teashops. Many become alcoholic after few months, they
abuse their wives and children physically. All the villagers talked about those people, no one said anything about heavy smokers” (23 year old young person, Ha Nam).

“Addiction to smoking should not be considered as dangerous as addiction to alcohol or lottery betting, which are two horrible evils in the rural area. People do not sell their house nor beat their wives and children because of heavy smoking. But drinkers and gamblers who had trouble with their family exist in every village. I heard it happened in the city, too” (21 year old young person, Ha Nam).

“My friend became addicted to beer after drinking it for over a year; now he drinks every day – it costs a lot. I think it’s harder to be addicted to tobacco, and tobacco is much cheaper” (19 year old young person, Ha Noi).

Many young adults believe they could give up smoking whenever they wanted, so they tried and then continued to smoke. They explained that they did not want to give up, not because they could not give up. Some heard that giving up smoking was very difficult and have witnessed how other smokers had failed in giving it up, but they were confident that they would be different and that they could give it up whenever they wanted to.

“I heard that giving up smoking depends on oneself without needing detoxicants like giving up narcotics. I have been smoking for nearly 3 years but I am an energetic person” (high school student, 21 years old, Ha Noi).

“All depends on us. I smoked when I liked to. When I do not like it, I will give up even if it’s good for my health” (12th grade student, 18 years old, Ha Noi).

In the interviews, both new smokers and the ones who have been smoking for 2 or 3 years were either too confident in their youth and courageous, or they disregarded their health and thought it was their right, so they could do whatever they wanted. These young adults also admitted that they were easily influenced by others, and often imitated what their peers did to show off, or to attract attention.

“I don’t believe that tasting some cigarette would harm our health. We are young, very healthy. One cigarette is nothing” (11th grade student, 17 years old, Ha Noi).

“When others smoke, we should smoke to fit in the group. If nobody smokes, it would make you unique if you smoke. Any way, smoking make someone distinguished. In my case, I started smoking because I was being indulgent to my friend’s offer” (10th grade student, 17 years old, Ha Nam).

"I think when we are young, it’s worth to try to find out. I am not worried about my health as I am young. We are in the best of health now; it is the best time to try. All of my friends tried. It’s my health and I can manage it."(12th grade student, 18 years old, Ha Noi).

**“Offhanded arousals”**

Many young respondents remembered they often heard people saying that smoking is “adults’ choice”, it was adults’ business and not that of children. It is a fairly strong arousal factor. Being adults also means being free, independent and released from parents’ control. Most young people recalled that before they started smoking, they only heard about smoking being “adults’ business”, and nothing about how tobacco could harm their health.
“Even when I was 18, my mother said smoking was not children’s thing to do. How could I still be a child at 18? I already had the driver licence... Then I started smoking. It’s been about 3 years already. Now I understand that although there are many ways for one to show he’s an adult, but the most obvious ones are smoking and having a girlfriend” (technical high school student, 21 years old, Ha Noi).

“The first time my mother saw me smoking, she said, you are just a kid so why do you smoke. And I was 17 at that time, I already had my ID card” (technical high school student, 20 years old, Ha Noi).

“My mother told my father ‘You should pay attention to our son, he is already grown up, I saw him smoking the other day, I also smelled tobacco in his shirt.’ I thought everyone, not only my mother, considered smoking as becoming adult. Nobody would say anything about me smoking when I am an adult’” (12th grade student, 18 years old, Ha Noi).

Many students said that they had more freedom when they were in high school, both at home and in the school, compared to their time in secondary school. This freedom meant parents and teachers accepted that they (young people) are able to make decisions on how to behave and could chose to do what they liked, including smoking.

"We gained more respect when we were in high school. The teachers thought that we were adults so they did not forbid and supervise us so closely as when we were at secondary school. We felt that we were more equal. (11th grade student, 17 years old, Ha Noi).

“Our teacher said that when he was at our age, he made many important decisions and told us not to think that we were so little. I think that smoking is not something that is shocking. At our age, we can decide on that. (12th grade student, 18 years old, Ha Noi).

"My parents said that as an adult, I should decide what to do and not bother my parents” (12th grade student, 18 years old, Ha Noi).

“I think smoking is just a small matter. My parents should not care because I am an adult now. Many people of my age are already married and have children” (technical high school student, 20 years old, Ha Nam).

“Who has the strongest influence on youth’s decision to smoke or not?“

While the image of smoking actors still attracts young people, smoking teachers and doctors are strongly objected. In the school and medical environments, smoking is not only impolite but also makes many young people think that smoking might not be as harmful as what other people said.

“Tobacco might not be helpful but I am not sure how harmful it is. I saw many doctors smoking, even doctors in TB Hospital” (11th grade student, 17 years old, Ha Nam).

“I am not against teachers’ smoking because they are also human beings. It’s just that I don’t like if they smoke when they are in class. It’s OK if they do it outside” (10th grade student, 16 years old, Ha Noi).
In all the 6 schools targeted in this research, the students said that most of their teachers and other male staff in the school smoke. The students knew many teachers who were heavy smokers and could not give up smoking. Other than that, all teachers could smoke. A considerable number of students smoked. Some respondents even named a few 10th grade students who had been smoking for 1 or 2 years. All the students of technical high schools thought that it is normal to smoke at their age (from 18). The prevention or prohibition of tobacco were promoted in the schools but mainly in voluntary and self-conscious manner. Such activities were rather formalistic as there was no policy that allowed imposing fines on smoking teachers or students. Non-smokers criticized the schools’ tobacco prevention activities. Many expressed their uncomfortable feeling observing teachers smoking in the class. Some teachers even smoked during test time. And some teachers even joked about smoking.

"My teacher got a cigarette and started smoking when we began our test. One of the girls in the first row sneezed because of the smoke. My teacher laughed and said “Oh, are you allergic to smoke? It will be very difficult to find a non-smoking husband”. All the students thought it was funny and laughed. The girl was somehow embarrassed” (12th grade student, 18 years old, Ha Noi).

“My teacher even said that men should be addicted to something – tobacco is the cheapest. It does not bother others too much, and people don’t have to gather in crowds to smoke” (technical high school student, 19 years old, Ha Noi).

It was observed that experimenting with smoking and the habit of smoking are more popular among graduates or technical high school students compared to high school students. This corresponds to the comments of the Ministry of Education and Training (MOET) officials that it is much more difficult to prevent or fight smoking in colleges and technical high schools. The observations also showed that most of school drop-outs in the rural area smoke. They particularly smoke more when they have a job or when they earn money for the families (from works such as carpentry, construction, or driving, etc.).

“**What if the fathers smoke?**”

It is imaginable that children would imitate their fathers’ smoking habit, as they got used to seeing their fathers’ smoke. It is also much more difficult to advise their children not to smoke, especially in the rural families. This view was elaborated by several participants of the FGDs:

“Nobody in my family said anything about smoking, my father and two older brothers smoked, my brother-in-law did too” (technical high school student, 20 years old, Ha Nam).

“My father smoked for more than 20 years. He gave it up about 3 months ago, but my brother continued smoking. My father persuaded him to give it up but he could not. I myself tried smoking for several weeks, I smoked 2 cigarettes a day – after waking up and after lunch, sometimes 3 cigarettes” (technical high school student, 19 years old, Ha Noi).

"My father and my uncle both smoke. When my teacher told my mother about my smoking, my mom complained but my father did not say anything” (11th grade student, 17 years old, Ha Noi).
While a city boy’s smoking habit might cause a shock (disappointment or worry) to his parents, especially the mother, the same thing happening to a rural boy is very unlikely to be of concern to anyone. Many rural youths had their first cigarette during their friends’ or relatives’ weddings; some smoked pipe tobacco before cigarette. The tea shops at the village gates are the place where young people can try everything from cigarette, pipe tobacco, alcohol and later on opium and heroin. Usually, parents do not know when their children start smoking and they do not care much about it. Some parents may talk about smoking just because they are concern about the economic aspect, but not the health aspect. Once their children are able to earn money, they would never talk about smoking, they only talk about whether their children get drunk and use bad words.

“Life in the rural area is different from that in the city. My parents did not know when I started smoking. Only when I drank, my mother said “Be careful, otherwise you would become like your uncle who used all his money for drinking and have nothing left for his children”” (technical high school student, 23 years old, Ha Nam).

“I have been smoking for nearly 3 years. I started smoking during the death anniversary of my grandfather along with my older cousins who were already smokers. Now I do not smoke much, sometimes pipe tobacco, sometimes cigarettes. Nobody in my family cares” (12th grade student, 19 years old, Ha Nam).

“When my sister was about to get married, my mother’s only concern was whether her fiance was an alcoholic. She did not say anything about tobacco” (10th grade student, 17 years old, Ha Nam).

We do not have sufficient facts to confirm whether young people give up smoking because of encouragement from their friends. But it is obvious that young people often started smoking because they followed their friends. The results from quantitative research showed that almost every respondent (smoking currently or previously) said they had their first cigarettes with their friends/at their friends’ or from their friends. During adolescence, friends are sometimes closer than parents and siblings. Friends often “provide” cigarettes or give money (although very little amount) to buy tobacco. Group gatherings are where they discuss, and together become fans and imitate certain singers or actors. Some young people admitted that they wanted to look completely like their idols in the way they dress, style their hair, and even use the same type of beer, cigarette or chewing gums consumed by their idols. These experiences were shared by two respondents.

“Once we like someone we want to be like them. The girls also behave like that, when they like someone they make similar hairstyle and wear similar clothes” (technical high school student, 20 years old, Ha Noi).

“In fact, it is not easy to be like the people we adore because what they use are very expensive such as clothes, bikes, cell phones, etc. but hairstyles and smoking, or type of tobacco.. are much cheaper, thus easier to imitate.” (12th grade student, 18 years old, Ha Noi).

Most of the youths who have tried or who are smoking now know that it would be more economical to buy the whole packet of cigarettes, but they did not really care about this. According to them – the non-heavy smokers – the difference between buying the whole pack and buy retail is not much. Fragment retail buying does not cost much. Sometimes it costs
more to buy the whole pack as they would smoke more and offer available cigarettes to their friends. Some new smokers do not feel the need of continuous smoking; they like smoking but want to give it up at the same time. Some said that retail buying is a way to limit smoking and to steadily give it up. For some new smokers, it’s not safe to buy the whole packet as it would be easier for their parents to find out that they have cigarettes. Three participants described this in their own words:

“I take 3 cigarettes a day, but I can not buy the whole pack because it could easily be noticed. I am afraid my mother will tell my father about it” (11th grade student, 17 years old, Ha Noi).

“I have not decided on how long I will smoke so I do not buy whole packets. Having a whole packet available would make me smoke more. Now, I only buy cigarettes when I smoke, some days I don’t want to smoke so I don’t buy any” (10th grade student, 17 years old, Ha Noi).

“In the past I used to smoke with my friend, we often buy whole packs. Now he has moved to another school so I smoke less, I only buy cigarettes occasionally” (11th grade student, 17 years old, Ha Noi).

Sharing cigarettes is common among students in schools. This was highlighted by two participants:

“We do not have enough money to buy a cigarette for each one thus 2 to 3 of us share a cigarette. If it finishes, we will buy another. As cigarette is cheap, we take turn to buy cigarette so we always have cigarette to smoke”. (grade 11 student- 17 years old in Hanoi).

“It is very convenient to share cigarette. If we have to be back in class when break time is over, we can easily throw it away. It is a waste of money if each one smokes a cigarette then throw it away before finishing. This is also economical and helpful for beginners. If they try a few puffs and feel comfortable, they can continue the next day” (grade 12 student- 18 years old in Hanoi).

“Are there many Vietnamese who think men should smoke?”

The answer from most of the groups was “No”. Most people think smoking is considered a male behavior, and an adult activity. This attitude however, is a far cry from the past, where opinions such as “men should smoke” or “non-smokers are not men” were particularly strong. Many youths have fairly liberal thoughts about smokers.

"I think it’s fine for men to smoke - it is not a big matter, but women should not smoke” (10th grade student, 17 years old, Ha Nam).

"All the male adults smoke, I think it’s normal” (10th grade student, 16 years old, Ha Noi).

“There is nothing to say about moral behaviors when men smoke” (11th grade student, 17 years old, Ha Noi).

Many respondents said that their “ideal man” is different from what previous generations thought, even different members of a peer group have different opinions about an “ideal man”. They admitted that now a young person is admired not because of and not only
because of his/her smoking behavior. There are new standards attached to knowledge (in mathematics, informatics, foreign languages, etc.), to sports or ownership of certain bikes, computers, or cell phones. Smoking, even expensive tobacco is not a sign of wealth anymore. Many young people made comparisons between the low cost of a cigarette packet (that used to be considered luxury) with a special fruit tea or chewing gums. They assured that nowadays, none or very few young people use cigarette to show off.

“Showing off with cigarette, if any, might happen only in the village. But maybe no one do it now” (12th grade student, 18 years old, Ha Noi).

“I know there are cups of red tea made of fruits that cost 8 or 9 USD per cup in Hang Hanh cafes. So, a 555 pack is nothing. I heard once that having tea with friends in such places cost about a million dong” (12th grade student, 18 years old, Ha Noi).

“Not rude when you say No”

Back to the question we raised in the past 6 – 7 years on “what people think about someone who refused a cigarette offer?”... many respondents said that it was normal to refuse when someone offer cigarette nowadays. The reasons given showed that there was a big change in people’s point of view both in the value of tobacco (cigarette or cigarette pack) and in the behaviors of men or youths to smoking. Cigarette, while considered a symbol of wealth 5 – 7 years ago, now is valued by none or very few people. The offer of cigarette used to be considered a “generous” behavior of men or rich people, but now it is accepted among small business groups. As a result, refusing cigarettes obviously became normal. Many people thought that it was the right of a person to refuse a cigarette; even if it was a gesture of politeness. Refusal also shows one’s understanding of the harmful effects of tobacco and his concern for health, or a reflection of his personal health behavior. Some participants shared their opinions on this:

“It’s their right whether to smoke or not, they can refuse if they know about tobacco’s harmful effects. Or they would not smoke if they are afraid of coughing” (11th grade student, 17 years old, Ha Noi).

“Maybe people think it’s normal when men smoke, but it’s also normal when men do not smoke” (technical high school student, 22 years old, Ha Nam).

“Some people might refuse to smoke because smoking would cause bad smell” (technical high school student, 22 years old, Ha Noi).

“I think it’s normal to refuse smoking. Now people do not say “what kind of men that do not smoke”; that saying is out-of-date” (technical high school student, 20 years old, Ha Noi).

Many respondents have talked about the beauty of non-smokers being healthy and clean. In fact, there are more and more city men who do not smoke, especially people working in air-conditioned offices.

“I think a swanky and well-dressed young man with high income should not be a smoker” (technical high school student, 23 years old, Ha Noi).

“I think some young successful and rich people do not smoke, they want to protect their health” (12th grade student, 18 years old, Ha Noi).
“My friend do not want to let others know he smokes, so he have to brush his teeth carefully before going out” (10th grade student, 16 years old, Ha Noi).

On the other hand, people thought doing boring or hard jobs can drive men into smoking. And many city youths thought that it was natural when rural youths smoked.

“Almost all the drivers and guards do smoke. Construction workers or porters often smoke a lot, and they have to smoke cheap cigarettes or pipe tobacco.” (group of 10th grade students, Ha Noi).

"What to do in the rural area if not smoking? I think everyone smokes – cigarette or pipe tobacco, many people are even alcoholic and gamblers” (11th grade student, 17 years old, Ha Noi).

“Is it bad when a woman smokes?”

Similar to the quantitative research result, the group discussions showed that the social perception on women’s smoking behavior was “negative”. Many youths confirmed that a smoking woman would not be a lucky nor happy person, no matter what her personality is. According to these youths, only women who work in the restaurants, massage services, karaoke and discotheques, etc. often smoke. Other women only smoke when they are unhappy with family life, or have naughty children, or have suffered big losses in business.

“If a woman needs men’s cigarettes to attract attention, she could not be a happy person” (technical high school student, 22 years old, Ha Noi).

“Anyway, Vietnamese people do see the beauty of a woman’s smoking. The women who work as dancing girls or waitresses in restaurants often smoke and drink. However, they are not respected” (12th grade student, 18 years old, Ha Noi).

Some youths heard that smoking was one good way to lose weight for both men and women. These youths thought that it was fine if women smoke for this reason.

“Not all women who smoke are bad. Some do not like smoking but they still do it to lose weight” (11th grade student, 17 years old, Ha Noi).

“I heard that some models could keep a slim body because they smoke; they did not have to follow a very strict diet regime. Many male movie stars in Ho Chi Minh city also smoke.” (10th grade student, 16 years old, Ha Noi).

Some respondents thought that it is not necessary to distinguish between men and women smokers.

“I think it’s normal if a woman wants to smoke. In our life women have more pressures than the men, so they need to relax.” (Technical high school student, 21 years old, Ha Noi).

“In the movie, I saw women in other countries smoking. We might not get used to that image, but they are good and talented people” (11th grade student, 18 years old, Ha Nam).

Although the respondents had different opinions on women’s smoking, in general they were not seriously critical of it. In the quantitative research, the percentage of
respondents who felt smoking among women “non-acceptable” was only 5.1%. This attitude was also observed in the group discussions. Some students said people might accept the image of smoking women in the future. They said that there were professions that were considered only men’s or women’s in the past (such as cooking, making up, tailoring, driving, reporter, etc.) but now anyone could do if they were good. In addition to that, many people believed it was not necessary to prejudge a woman simply because of her smoking. There were many other criteria to evaluate a person or a woman, among which are responsibility, creativity in work, devotion to community, loving and caring attitudes, etc. which were highly appreciated. Even the so-called “Asian beauty” or “Vietnamese gentleness” was reviewed with other standards.

“It is unfair if a girl was disregarded simply because she smoked. I know many examples of Western and Vietnamese women who were successful and kind. They were nice even though they smoked. We saw a lot of such women in the movies” (technical high school student, 22 years old, Ha Noi).

“I think the perception of beauty in Vietnamese women would be different in the future, it would be stronger. Helpful women are often strong, for example a girl rock band who brings joy to millions of people. We still love them even if they smoke” (12th grade student, 18 years old, Ha Noi).

“A good medical doctor will still be highly valued even if she smokes, because she can cure many people. Doctors have many pressures in their work, they need to relax by smoking or listening to music” (technical high school student, 20 years old, Ha Noi).

2. Tobacco and diseases

“I have no specific evidences to believe in”

Most of the youths who participated in the group discussions brought out the negative influences of smoking. There was no significant difference in opinion between participants of different ages, education levels or experiences in smoking. Most identified pneumonia and respiratory diseases as primary consequences of smoking. These answers were similar to the results of the survey. The respondents also knew that tobacco smoke could negatively affect pregnant women and children, although they could not name what those effects are.

"All smokers would get pneumonia” (10th grade student, 16 years old, Ha Nam)

"I heard that all the smokers get coughs and suffer lung damage. They are also likely to have yellow teeth and bronchitis” (10th grade student, 16 years old, Ha Noi).

"I read in newspapers that smokers often get respiratory diseases; non-smokers who often breath in the smoke also get cough and sinusitis” (11th grade student, 17 years old, Ha Noi).

None of the respondents knew or heard about chronic obstructive pulmonary disease (COPD). Obviously, they realized that it was very dangerous and closely related to smoking. Some said that COPD was another name for asthma and it was genetic, COPD was not a contagious disease and was not caused by smoking.

"I heard that asthma was a kind of women’s disease, COPD is just asthma. It is not contagious and women do not often smoke” (12th grade student, 18 years old, Ha Noi).
"I never heard of this disease (COPD), I don’t know what the symptoms are and who are at risk" (12th grade student, 19 years old, Ha Nam).

"I know that COPD is a kind of asthma, and it is an inborn disease" (11th grade student, 17 years old, Ha Noi).

Many youths knew that tobacco consist nicotine, a substance that causes addiction. They knew that smoking may cause pneumonia but many wanted to know the long-term effects of smoking. Some students asked why many people smoked for more than 50 years but still are healthy. Others said that cancer and pneumonia are the diseases of city people, because many people in rural areas smoked for a long time or even used opium, and still were healthy. Many students felt that smoking would cause coughing but they wished to be convinced by scientific proof that smoking would absolutely cause pneumonia or other pulmonary problems. The relation between smoking and pneumonia was the concern of most groups. One student said:

"Only scientific proof can stop people from smoking. Otherwise, if the diseases are accidental, everyone believes they will be lucky and not get the disease” (technical high school student, 23 years old, Ha Noi).

“I heard a lot about how smoking can cause diseases, but there is no specific evidence for me to believe” (11th grade student, 17 years old, Ha Noi).

“Evidences are very important. Some people smoked for a long time without getting any disease, some others caught the disease within a short time. So, it’s difficult to believe that smoking cause diseases” (Technical high school student, 22 years old, Ha Nam).

“Is tobacco appropriate to Vietnamese?"

More than half of the survey respondents believed that their health might not be safe if they have smoked for 1 or 2 years, while most of the young people and pupils participating in the group discussions thought that 1 or 2 years was a short smoking time to cause any disease.

“...especially if they are not heavy smokers and they use filter cigarettes” (12th grade student, 18 years old, Ha Noi).

“many women smoked a lot for 2 – 3 years when they were young and working in the restaurants, than they gave it up when they had other jobs. They did not get any health problems” (12th grade student, 18 years old, Ha Noi).

A significant number of youths believe that there should be certain tobacco brands that are less harmful than others, for example the expensive ones would be less harmful than the cheap ones. Some thought that filter cigarettes were lighter and less harmful than rolled-by-hand cigarettes; cigarettes are lighter than pipe tobacco, and pipe tobacco were not that bad because it was screened by water in the pot. Many youths still thought that local brands would be appropriate to Vietnamese people, or mint-flavoured tobacco was a light one that is appropriate to new smokers and women.
“I think it is not necessary to smoke imported tobaccos as they are more expensive and not that appropriate to Vietnamese people like the local ones” (11th grade student, 17 years old, Ha Noi).

“If for relaxing, we can smoke mint-flavoured tobacco, because mint is a kind of medical herb, it refreshes our throat and is good for our lungs” (10th grade student, 16 years old, Ha Noi).

“I think mint-flavoured tobaccos are fine” (12th grade student, 19 years old, Ha Nam).

Some youths said that the Western tobacco companies had made progressive changes as they manufacture special cigarettes for women.

“I heard that there are now many luxury cigarettes for women. I do not know the brand names. I only know these cigarettes are not harmful to health and beauty because they have filters made of active charcoal” (technical high school student, 21 years old, Ha Noi).

“I heard that western women have a special kind of cigarettes to smoke, not like in Vietnam where women smoke the same cigarettes as men” (11th grade student, 17 years old, Ha Noi).

3. Youth’s awareness and attitude towards policies and policies on tobacco

One of the surprises from the research was the result of talking with young people on government’s policies including tobacco-related policies. Our general feeling from the discussions was that these policies are criticised as incomplete and unrealistic, and thus there is doubt that they could be realised. The youths from Ha Noi seemed to have a better understanding of the social issues, they also expressed clear and strong criticisms compared with youths from Ha Nam. These young people recalled the current “hot social problems” (such as the long existence of “imprisoned restaurant” in Highway 1A, traffic police taking bribes in public, poor work ethics in hospitals, traffic accidents, drug price increase and false drugs, corruption, bribes and squander mania in construction; the expansion of heroin use and trading, cheating in examination and private tuition, juvenile crimes due to chatting, etc.). They affirmed that all of these problems were the consequences of the staff’s incompetence, bureaucracy and no determination of the government, as well as the deterioration and corruptibility of local authorities.

“I don’t see any area that can be considered better than the others. All of them have problems. In the areas of health care, construction, justice, transportation, post and communication, art, etc. all have formidable problems as the situation of corruption and bribery in our country is very serious” (technical high school student, 22 years old, Ha Noi).

“We care about state investment in education, but the education of all 3 stages is terrible. Someone wrote in a newspaper that Vietnamese education is like a cancer that requires a major surgery. We go to school and we are only concern about studying; it’s really sad” (11th grade student, 18 years old, Ha Noi).

“The most terrible things are supplementary study, supplementary teaching and examination. There is no justice, only about money. Our parents are poor so I always feel worried. My school is a high-standard one. I heard it costs about one thousand dollars to apply” (12th grade student, 18 years old, Ha Noi).
“Is it possible to prevent and fight tobacco?”

Regarding the tobacco-related policies, many youths thought that the government does not seriously want to fight tobacco. This unwillingness could be because “the government did not see this as a first priority”, or it could be because “the government knew that it was impossible to fight tobacco now”, thus all the policies issued were more like “imitating” what other countries were doing. Some youths said that the government had to fight tobacco because it received money from health organizations, not because it wanted to protect the health of Vietnamese people.

"We are given money for fighting tobacco, but it’s only enough for doing it (campaign) once a year, not all the time”(12th grade student, 18 years old, Ha Noi).

“I do not believe that the government want to fight tobacco because we still need money. Vietnam has tobacco manufactures operating now, and the government paid their workers’ salary. The government has to do some fighting because it receives money from international organizations” (10th grade student, 16 years old, Ha Noi).

“Tobacco and AIDS fighting, all go together with economic development. Vietnam is a poor country and we do not have money for such work. If the international organizations give us money we will do it, the more money given the more we can do. When someone gives 1 million dollars for fighting, we would fight. But if another gives 10 millions to stop fighting we would stop” (Technical high school student, 23 years old, Ha Noi).

“I don’t believe that the government really cares about people’s health. Television showed that all health care related activities were very bad, such as there were no work ethnics in the hospital, false drugs were sold everywhere and true drugs were so expensive that the health minister admitted the ministry’s incapability of controlling; there were too many kind of toxics or chemicals in foods, etc. Tobacco might affect some people, while the other problems badly affect many more people” (technical high school student, 22 years old, Ha Noi).

Some students thought that tobacco-fighting is a life-long process, that we should not expect an absolute positive result because it would be unrealistic. Some others said that as long as humans exist and tobacco manufacture is legal, tobacco-fighting is “a serious waste of resources” and a big challenge. This opinion was expressed by some participants.

“I do not smoke but I think I can not advise others not to smoke, because it’s an individual choice” (12th grade student, 19 years old, Ha Noi).

“Even the contraband cigarettes were not all fired. Due to corruption and bribes, many contraband tobaccos were put on hold by one person, but were freed by another to be sold to the smokers. The papers wrote a lot about that” (12th grade student, 18 years old, Ha Noi).

“The government can not fight tobacco while it still allows tobacco manufacturing. Does it mean under the same government, one ministry develops plan for tobacco manufacturing, and another prepares plan to fight it?”(technical high school student, 21 years old, Ha Noi).

The students said that Vietnam would not have enough resources (human and financial) as well as the determination to follow this “mission”. Furthermore, they thought that there were many “evils” worse than tobacco to be fought.
“If China and Thailand could not fight tobacco, Vietnam could never do it. We are poorer and our government is not that strong” (12th grade student, 19 years old, Ha Noi).

"If it is so difficult and costly to prohibit some people from smoking, than how difficult and costly it would be to protect so many non-smokers” (11th grade student, 17 years old, Ha Noi).

“Heroin, alcohol, ecstasy pills, HIV/AIDS, traffic accidents, girl trafficking, sex culture from internet, etc.. are more serious and need to be fought more than tobacco, because all of these are poisoning the youth. The government should invest in the protection of and entertaining activities for the majority of youths; it would be more cost-effective than using money to fight tobacco. As far as I know, only few youths smoke” (Technical high school student, 22 years old, Ha Noi).

"The papers said many youths committed criminal offences because of “chatting”, but none of the youth did that because of smoking” (technical high school student, 23 years old, Ha Noi).

The discussions on government policies clearly showed the youth’s attitude and their doubts on government policies and implementation. Some discussions even got stuck, the students seemed discouraged, they refuse to answer the questions saying that they did not care about tobacco fighting.

“Our country is very famous for corruption and bribes. Because of these none of the government strategies and policies could be effectively carried out. All would fail in one way or the other. Nobody now believes in them.” (Technical high school student, 24 years old, Ha Noi).

“Compared to other advertisements such as on shampoo, soaps, or milk, the tobacco-fighting messages were fewer and less attractive. This is all because we do not have money and capable people. What is the point if we can only do it once in several years?” (technical high school student, 23 years old, Ha Noi).

“I think the discussion on other topics would be more helpful to us” (11th grade student, 17 years old, Ha Noi).

**About the Tobacco-Free SEA GAMES**

More than half of the respondents to the questionnaire admitted that they had heard about the Tobacco-Free SEA GAMES. In the group discussions, we only heard the not-so-positive comments on this government plan. The young people thought that it would be impossible to have an absolute tobacco-free SEA GAMES as this is the time when the country welcome people from different countries. Smoking might not be good to health but it is an issue of human rights. They also said that the players might not smoke but many coaches and trainers, Vietnamese and regional, do smoke, thus it’s impossible to tell them not to. The SEA GAMES are organized with donations from many international organizations, and the tobacco-free plan would not take place if these organizations do not include it in their strategy.
“Vietnam can not use a friendship sport festival to isolate friends and colleagues” (11th grade student, 17 years old, Ha Noi).

“This is the first time the SEA GAMES is organized in Vietnam so we can not make our guests and friends feel bad. Nobody would cease tobacco use before coming to Vietnam for the SEAGAMES. I guess both Vietnamese members and guests would continue to smoke as normal” (12th grade student, 18 years old, Ha Noi).

"I don’t know to whom the SEA GAMES is targeting its tobacco-free campaign – players, coaches, judges, or audience? It would be very difficult for any of them. I think we should not force ourselves to do something while knowing it’s impossible, otherwise the government would lose its prestige – not doing what it says" (technical high school student, 22 years old, Ha Noi).

And some other specific policies relating to tobacco

Very few students could name the key government policies on tobacco prevention and control. None of them knew any organizations, either Vietnamese or international, doing research, working on, or responsible for this area in Vietnam.

One student said:

"About AIDS prevention, I know that there is a National AIDS Council. I don’t know who is in charge of tobacco prevention"(10th grade student, 16 years old, Ha Noi).

"Sometimes I saw a poster of tobacco-free messages, but I did not know who make it. I also heard that police and customs arrested people who smuggled tobacco. I am not sure whether the police is in charge of prevention and fighting tobacco” (12th grade student, 19 years old, Ha Nam).

The respondents knew very little about the youth-related tobacco prevention policies. The school-based tobacco-free education activities were commented as not serious and unpractical. They were considered as a “waste of time” because all the activities were only “formalist meetings and talks where one people talked and others did not listen; unread flyers that were thrown on the school yards after distribution”. The students prefer to have experts in tobacco prevention to come and talk with them instead of their teachers, especially the smoking ones.

"The agenda was fine, but I think it would be better if some outsider came and talked with us. It was funny when a smoking teacher told us that smoking was harmful” (10th grade student, 16 years old, Ha Noi).

"My school assigns the oldest teacher to talk with us about the tobacco’s harms. He smoked but he was healthy. All the students were laughing. Some said that he wished to live as long as the teacher” (12th grade student, 18 years old, Ha Noi).

Many young people thought that the regulation on not selling tobacco to people younger than 18 or 16 was not appropriate and impossible to implement, thus it should be removed.
"I think it would be very difficult to prohibit children under 16 years old to buy tobacco, it would be even harder to prohibit the sale of tobacco to these children. The teashops are everywhere, how do you know to whom the shop owners sell cigarettes to. Even heroin selling could not be tracked. " (technical high school student, 20 years old, Ha Noi).

"I heard that there would be a regulation on the prohibition of retail selling of tobacco. I thought it would be impossible because many people earn their living from selling tobacco. Cigarette and pipe tobacco are not nationally forbidden products. My mother has a tea shop, she also sells cigarette and alcohol to children when they come to buy for their fathers" (technical high school student, 22 years old, Ha Nam).

"In Vietnam, nobody shows ID when he buys cigarette" (11th grade student, 17 years old, Ha Noi).

"We have our ID card when we reach 15, driver license when we are 18, girls can get married at 18. I do not smoke but I feel it does not make sense to prohibit people under 18 to smoke" (technical high school student 22 years old, Ha Noi).

Smoking prohibition in public places and hospitals was supported by the highest rate of survey respondents (28.3%). In the group discussions, however, many students were concerned about how difficult it would be to seriously follow this decision. Some Ha Noi students thought that people’s habits and low consciousness in environmental protection was a considerable obstacle, and that it would take many more years to get this decision respected.

"People only follow this regulation in the airplanes, because the flying time is quite short. It will be difficult in the other places. Prohibition is prohibition, it depends on whether people follow it” (12th grade student, 18 years old, Ha Noi).

"I think it would take a long time for people to respect the regulation of tobacco prohibition, not until they have acquired greater awareness. For now, there are many things in public places that should be prohibited before we prohibit tobacco” (11th grade student, 17 years old, Ha Noi).

Many students in Ha Nam said that the solution of tobacco prohibition in public places could only be realized in cities, since it would be very formalist and “funny” in the rural areas. In the rural area, people mostly smoke in public places.

"Many people in the rural areas smoke pipe tobacco, the commune and district officials smoke both pipe tobacco and cigarettes. In the meetings or visits, people should have a cup of tea and some cigarettes; they would not accept the idea of prohibition. It would be like a joke to them"(technical high school student, 23 years old, Ha Nam).

"You can put a sign of NO SMOKING in the meeting room of the commune PC, but people will continue to smoke. People smoke a lot even in commune health center or district hospitals. Doctors, patients and their family members, etc., everyone smokes"(12th grade student, 19 years old, Ha Nam).

"In the weddings, funerals or meetings, many people smoke pipe tobacco. The young people like me smoke cigarettes"(12th grade student, 18 years old, Ha Nam).
Youths in Ha Noi and Ha Nam commented that at this time, it would be unreasonable to charge pecuniary penalty on the people who smoke in public places, and maybe impossible to penalize any. Furthermore, the state will have to pay salary for a high number of clerks to collect these penalties, and it do not have enough staff to do that work. It would be very difficult to collect the penalties and it would be even harder to manage the collected money.

"All kinds of pecuniary penalties, more or less, are being abused in Vietnam such as traffic penalty, customs penalty, smuggling penalties, etc. The newspapers reported a lot on that. The state loses revenue, the regulations are not respected, and the responsible staff is corrupted as they were poor" (technical high school student, 20 years old, Ha Noi).

"It would create more work that requires more human resources without any benefits, because the penalties will not go to the social fund" (11th grade student, 17 years old, Ha Noi).

Consequently, the discussion on “how much should be the penalty for one time violation of the regulation on tobacco prohibition in public places” were considered by the students. They were to answer either “nothing to discuss”, “not worth to discuss” or because “I do not feel it appropriate no matter how much the penalty will be.”

"If you cannot get one or two thousands, you can never get 10, 50 or 100 thousands. Many people do not have the money to pay the penalty. The amount of 50 or 100 thousands dong is not small to a government worker” (11th grade student, 17 years old, Ha Noi).

"To keep the environment clean, we have many other things that are worth doing first such as garbage disposal, sewerage treatment, and provision of clean water to the people. In my neighbourhood, people got sick because of litter and blocked sewers; this has not changed after ten years. Smoking is not as harmful as contaminated water, litters and sewers” (12th grade student, 18 years old, Ha Noi).

"If people do not pay the penalties, we cannot arrest all of them. If it is the state revenue, receipts should be issued even to a thousand dong. The expenses for printing the receipts, paying salary for the penalty collector might be higher than the collected revenue”(12th grade student, 18 years old, Ha Noi).

"In the rural area, nobody can collect this money. Many families only have paddy and vegetables in the garden; they do not have money "(technical high school student, 22 years old, Ha Nam).

The participants in the FGDs agreed that the regulation on prohibition of tobacco advertisement and tobacco funding for sport events was one that had been followed fairly well, although some places still use tobacco for promoting programs (as it it not forbidden yet by the government). It is also the explanation to the fact that less and less people are using stuffs with tobacco brand names. People hardly see the posters or advertisement on tobacco in public places. This “clean” situation was also explained by the “the increasing of wealth” of the small business people in Vietnam.

"Now we do not see people going around distributing gifts like hats, T-shirts, pens, handbags like in the past. Even in beer restaurants, now we hardly see the ashtrays or bottle openers with tobacco brand names" (technical high school student, 21 years old, Ha Noi).
"Due to economic improvement, it is easy for people to purchase necessary stuff such as bottle openers, ashtrays, ice containers, etc. to open a beer restaurant or a tea shop because they are available everywhere and are inexpensive. I heard that in the past a lighter was a precious thing; now we can buy it with one thousand dong, or even with 600 dong if we buy wholesale" (technical high school student, 22 years old, Ha Noi).

"Only few cafes still have the picture of a cowboy with Marlboro cigarette. This picture is old now, nobody likes it” (11th grade student, Ha Noi).

The students did not know much about the regulations on increasing the selling price and tax for cigarette, nor prohibition of cigarette contraband import. They could not imagine how the increase of retail selling price would affect use of tobacco among the youth. For the new smokers, the share for cigarettes was not much and they could save some from money “for breakfast, contingency for travelling, for books, for gas, etc.” that the parents gave them. It is even easier for youths in vocational training as they were considered adults and always had reserved money that they could spend independently. A young person said:

"Even when the prices increase, cigarettes will not be that expensive like other things. Men can manage it once they want to smoke” (technical high school student, 23 years old, Ha Nam).

"People can buy some cigarettes each day and it cost very little money, thus they don’t find it costly. The heavy smokers can use pipe tobacco or rolled-by-hand cigarettes” (technical high school student, 21 years old, Ha Nam).

During the discussion participants thought that the warning printed outside the cigarette pack had very little effect. The percentage of survey respondents who supported this method was only 4.8%. The students were not comfortable when discussing the detoxification methods for smokers. The manufacture and instruction for use of the tobacco detoxicants were considered “not that urgent and practical like drug detoxification”, and the monitoring of its effectiveness was out-of-control as it was used for so many people. Only 2.6% of the survey respondents thought this method was good.

Does the youth have any initiatives?

Most of the FGD respondents refused to give suggestions for improvement of the smoking situation in Vietnam. Others were hesitant in giving their ideas. This “unconstructive” attitude was attributed to their perception that tobacco prevention and control is a difficult task, and that “it might not be an opportune intervention” as well as the unwillingness – from both the smokers and the society to address the problem.

Many thought that the suggestions or solutions, if any, should be piloted for 1 – 2 years in one or two cities. The result of the pilot will determine as to whether to continue or to wait for a while. The participants thought that the tobacco prevention policies at first should be very specific, focusing on a specific target group, having one specific responsible agency, and should be “narrowed” on the expected outcome.

"If the government decides to choose one group to be the target of this program, the government should put priorities for that group. This way we can know the result after a period of time” (technical high school student, 21 years old, Ha Noi).
"The Ministry of Education and Training should be in charge of youth’s and students’ smoking issue. For example if the strategy is “Vietnamese youth do not smoke”, than the objectives to be met in 2010 should be “All the people under 30 in Vietnam do not smoke”. The tobacco detoxification responsibility can be assigned to hospitals or health care centers” (11th grade student, 18 years old, Ha Noi).

"I know that it’s difficult and it takes time to give up smoking. And I guess nobody would voluntarily register for detoxification when they are smoking and healthy. Also, who will know how to take care of them? (12th grade student, 18 years old, Ha Noi).

Being encouraged to make suggestions on regulations of protecting non-smokers (in the family as well as in the society), young people thought that no regulation would be effective in the family if parents or older siblings smoke and the family’s health is ignored. And in the public, no one can tell others not to smoke. Until the pecuniary penalty can be applied, people’s consciousness plays the most important role. But everyone knows it will take a long time to achieve it, and only through campaigns “to provide knowledge and information on tobacco harms, to increase knowledge on caring for one’s and other’s health”. Finally, this is the area most respondents agreed to be “worthiest for the government to invest in implementing for a long period of time.”

"I know that provision of information should be carried out for a long period and costs a lot of money. The people who do this job should be smart. Like the advertisement, you should make the audience believe and to buy your company’s product and not other’s” (12th grade student, 18 years old, Ha Noi).

"Communication for awareness improvement is the best option, but it should be in a right way. We should learn from the Western countries on doing this” (technical high school student, 22 years old, Ha Nam).

To avoid using pecuniary penalties and paying the collectors, some of the youths suggested that there should not be a general prohibition of smoking in public places, but should “establish the smoking corners anywhere possible”. This intervention was explained as follows:

"I think that “smoking corners” is a way society can show the discrimination towards the smokers. This also creates difficulties for them, isolating them from non-smokers, and reduces the smoke that can affect the majority of non-smokers" (12th grade student, 18 years old, Ha Noi).

"In public places, there should be signs that say, ‘smoking place is 50m ahead’, with an arrow similar to the one that shows the way to the toilet. In the train, we should put signs that say ‘smoking coach is the last one #..’; in high buildings a place is also reserved for smoking, etc. When people find smoking inconvenient, they will take steps to give it up” (technical high school student, 23 years old, Ha Noi).

However, no matter how effective the interventions will be, the discussion participants did not see them as solutions to solving the “grass-root” problem. According to them, the wise leaders should use “more thorough actions”. From their multi-dimension thoughts, the discrimination or prohibition, the pecuniary penalties or imprisonment towards
the smokers and tobacco sellers all are temporary interventions and soon will become costly and useless.

The discussion participants predicted that the number of supporters for government’s policies on tobacco prevention and fighting will always be less than the number of people who oppose it, because these policies are “unrealistic” in nature. Again, the opinion that “smoking is an individual’s choice”, is a human right, is not violating the law, etc. were supported by the majority of the respondents. In the future, until tobacco is made a forbidden good nationally or internationally, not allowed to be planted or imported, and tobacco manufacturing is not permitted and paid by the state, it would be conflicting and a waste to establish a state mechanism to fight tobacco products and to cure the health problems of tobacco users. According to the discussion participants, it is the biggest barrier in the path of tobacco harm prevention, and it is also the reason for the possible failure of this effort.

4. The role of Mass media

Youth’s understanding about how tobacco can harm people’s health, and their ability to discuss tobacco related issues is an indicator of the effectiveness of the communication programs on tobacco prevention in high schools and through the mass media in recent times.

Most of the discussion participants have seen the advertisements and posters, or heard the information, or participated in talks on tobacco more than once. 80.1% of the survey’s respondents gave the same answer. Youth in Ha Noi and Ha Nam liked and remembered for quite a long time the TV news on tobacco. They confirmed that TV had an advantage of being visual to the audience, but they also commented that such programs were very few, and they were only transmitted in a certain weekday without repetition, so only a few people could see it.

"I like the TV reports, because they make me believe as they provide live evidence” (11th grade student, 17 years old, Ha Noi).

"The TV programs were interesting, but they were few and only showed in the Tobacco Free Week. I would have not seen it if my friend did not tell me in advance. If the program is only once a year, it’s more of an informal in theme and setting that no one can even remember it” (11th grade student, 17 years old, Ha Noi).

"TV is the best because we can hear the news and see the images. But I only saw it once, and for I did not see it again for a long time” (12th grade student, 18 years old, Ha Noi).

"There was once when the school Youth Union informed us about a tobacco prevention program on TV, but we forgot to see so I don’t know how it was. They did not repeat it" (technical high school student, 23 years old, Ha Nam).

Some students mentioned the information or posters on tobacco prevention that they saw in the health care centers. Together with the TV news, the photos hanged in the health care centers had strong effect on the audience, as it caused fear and led people to think seriously.
"I think hospitals are the most appropriate places to show information on tobacco’s harmful effects, particularly in the waiting area for X-ray or Ultrasound. People will read and change their behaviors" (10th grade student, 16 years old, Ha Noi).

"When people go to hospitals, they are all worried about their health. They will believe if they see the pictures of smokers’ lungs” (12th grade student, 18 years old, Ha Noi).

"Non-smokers feel scared when they see such pictures, smokers also have to think when they look at them. I have not given up smoking, but the picture of spotted lungs made me scared for a long time” (technical high school student, 22 years old, Ha Noi).

While television programs’ transmission time and frequency were criticized, newspapers and other media were criticized for “always leaving the work unfinished”, and did not ensure the consistency of information when published in different newspapers or magazines. Many participants said they got tired of articles with vague information, that were repeated or of poor content. They preferred discussions with their friends or listening to someone talking about tobacco rather than read an “old-fashioned” piece of information in the papers. These comments reinforced the advantage of direct communication.

"My school organized one seminar on tobacco, the presenter gave very interesting speech. I think only knowledgeable people could give interesting presentation”(12th grade student, 18 years old, Ha Noi).

"Direct talks are preferable because many real and live details were brought into the discussion. That also makes us believe and think” (12th grade student, 18 years old, Ha Noi).

Besides the passive listening, the young people also talked about their need to have good reading materials on tobacco. They also wanted to be involved in direct communication through question and answer about the information they gathered from different sources.

"We only knew about nicotine, but my friend said that tobacco contained another substance that was more harmful than nicotine. One of my friends said that male heavy smokers would be likely to have children with deformities, but that’s what I don’t believe” (technical high school student, 21 years old, Ha Noi).

"I heard that the addiction mechanism of tobacco is the same as of alcohol and drugs. They all throw people into ecstasy, that’s why their users cannot give up. I don’t know whether it’s true. It would be good to have a good book to read” (technical high school student, 22 years old, Ha Nam).

"It’s good to listen, but no time for us to ask some questions" (12th grade student, 18 years old, Ha Noi).

Four of the 5 discussion groups in Ha Noi, and 3 out of 5 in Ha Nam said they did not want their schools to be the leading example as a tobacco-free school though many of the participants did not smoke. Most of the students only cared about the teaching quality and the examination results, especially the graduating students. They did not pay much attention to the “mass” activities.
"I want my school to be the leading one in other areas, because smoking is related to personal freedom. Maybe in the coming years nobody would fight tobacco anymore” (11th grade student, 17 years old, Ha Noi).

"If there is a “Tobacco-Free School” standard, does it mean other schools will be Tobacco-Using Schools? I don’t think we should call the schools that way” (12th grade student, 18 years old, Ha Noi).

"We need to be good in our studies and should successfully pass the examinations. My mother would be very unhappy if I fail the examination rather than my smoking” (12th grade student, 18 years old, Ha Noi).

"In my class, the parent committee prefer their children to study rather than waste time on other things. Smoking is not more troublesome than having to repeat my class” (11th grade student, 17 years old, Ha Noi).
DISCUSSION

1. There are at least 4 factors that contribute directly towards the decision of youths to smoke: friends/peer pressure, level of knowledge of the harms of tobacco, extent of cigarette advertising and the price of tobacco. In addition, family income and the smoking behaviour of family members also influence youth’s decision to smoke.

While tobacco use very often begins with peer influence, and continues until dependence sets in resulting from the psycho-physical effects modulated by nicotine, environmental factors can also influence the smoking habit of a person, who had tried smoking when he was young. Such factors include influence from parents and relatives, the learning environment (if there are many smokers in his learning environment; regulations, and school performance of that college), time spend in school (long or short) for vocational training schools, residential schools). Understanding the bad effects of smoking, the environment in which a person grows up in as well as his knowledge can also influence his smoking habit.

2. The smoking patterns of youth concurs with Vietnamese traditional perception which considers smoking as a normal behaviour that is acceptable for males and adults. Trying smoking is easy and exciting. In the beginning smokers often expect that they would be relaxed and excited. Many young people believe that smoking is a personal choice. However, there are many people who no longer consider smoking as not attractive and polite interactive behaviour. An expensive pack of cigarette is no longer a sign of wealth since there are many alternatives (cell phone, motorcycle). In addition there are many youngsters who still believe that smoking is an activity that they have the right to do or that is their option to show that they are grown up.

3. In Vietnam it is not uncommon to see children of eight or nine years of age smoking. The image of adult smoking seems to have a strong influence on children’s experimentation and initiation to the habit. Many environments and social conditions support youths to start smoking. In the cities, there are peer groups, coffee shops, tea shops on the pavements, day-outs, etc.. In rural areas, there would be occasions for gatherings such as the village’s anniversaries, music shows, funerals, wedding parties, etc.. Children and young people everywhere are easily be given or invited to smoke. They can also buy tobacco at a very affordable price. There is no strong reaction from the community to smoking behaviour of youngsters or children. Therefore, the risk of trying smoking in every boy is very high.

4. Together with the regulations on certain ages to have the rights for driving license, ID cards, right to vote, right to marriage (15, 18 or 20 years olds), the prohibition on selling tobacco to children under 16 and the warning that “children under 16 years old should not smoke” naturally sends out the message that smoking is considered an adult issue. The result from the qualitative research showed that it was a strong stimulation. Many students wished to become adults (who, according to them, have ID card or driver license, or go to high school) so they can smoke, because nobody would criticised them then.

5. There is no significant difference in the knowledge of diseases caused by smoking between the groups of youth smokers, smoking trials or non-smokers. Most of the respondents said that smoking was harmful to their health and would cause diseases. They mentioned the severe diseases. In-terms of personality, the youths who smoke are often daring, love to imitate, like experiments and rarely control themselves. These youths usually are not supervised by their
parents. They often talk about independence and wish to be able to make all the decisions. Most of the youths who have parents, siblings or uncles who smoke know very well about the reasons for smoking, and the difficulties in giving up smoking.

6. Parents’ education and occupation do not relate much to whether a young person starts to smoke. The influence from peers is the most obvious one, especially in introducing the first cigarette. Family is one of the considerable social influences to smoking behaviour of youths, but most of the respondents said that their parents did not want them to become future smokers. They also stated that the family is the place that they got most and strong negative response toward their smoking behaviour (at least, in the cities). In general, there are a large number of people who understand tobacco’s harms and harms of smoking to none smokers. They also had positive responses such as protesting against smoking, having intention to give up smoking, or sometimes stopped smoking. However, their understanding was very basic and not strong enough to change their behaviour. As the result, many young people still start smoking, the number of people who could give up smoking was very limited and passive smoking is still considerable.

7. Medical doctors and teachers who smoke give a bad image that negatively influence many students and youths. These images invalidate the information on diseases caused by tobacco, which are delivered by the health care people. They also decrease the seriousness of the no-smoking regulations in the schools. Due to limited time and funding for sustaining the impact of Government’s tobacco control programs (although very few), the schools could hardly limit the number of tobacco-testing students. It is impossible to punish teachers or students who smoke, for there is no supporting regulation from the Ministry of Education and Training. The objection from non-smoking teachers and students towards the smoking ones is meaningless without any practical solution. The tobacco control activities in the schools are poor and likely reactive.

8. Youths have less knowledge than older people about the risks of smoking. Many of them know that smoking is harmful, while thinking that it’s not as harmful as what people make it out to be. Most of the new smokers and would-be smokers heard about nicotine but all of them underestimated the risk of being addicted to nicotine. Most of them believe that they could not be addicted even though nicotine is an addictive substance. Up to 89.3% of the respondents said that they “would be able to give up smoking any time”, and the need of giving up smoking was found in about half of the respondents (51.1%). But in practice, the number of people who never tried to stop smoking was twice higher than the number of people who sometimes stopped smoking (72.4% compared to 27.6%).

9. Youths could not estimate, or know very little about the cost they have to pay for tobacco in the future if they start smoking at a young age and later become heavy smokers. They also seriously underestimate the future cost -- that of being unable in later life to reverse a youthful decision to smoke. They often say tobacco is very cheap. The quantitative research found that 65.2% of the interviewed smokers spent 5,000 to 30,000 VND per month for tobacco.

10. Many youths do not believe that the Government wants to fight tobacco, and that the Government’s budget for medicating tobacco-causing diseases could be higher than the contribution made by tobacco companies and manufacturers to the state budget. This is similar to the findings obtained 7 years ago. The general responses were “All the tobacco control measures would be useless until the government stops organizing and supporting tobacco
manufacturing”. Some of the young respondents were fairly critical while saying “For the sake of employment of some people (who do trading, planting and manufacturing of tobacco), the government currently accepts the situation that many people, including women and children, contract diseases. The Government is also ineffective in controlling tobacco smuggling”.

11. According to the youths, it seems that the tobacco industry in Vietnam, like elsewhere, has a vested interest in keeping poor people addicted and ensuring the continued uptake of smoking by the young. Because of that, the propaganda and communication activities on tobacco control funded by the Government were considered as formalist. In fact, such activities are rarely organized, sometimes for only for one week or even 1 or 2 days in a year. They are not strong enough to attract people’s attention or impress them. In a country with a high rate of smokers like Vietnam, such communication and education activities are not effective.

12. Prohibition of smoking in public places is recognized as a good regulation and is increasingly supported by the people. It is important to make the population accustomed to this practice.

13. The methodology applied in this research, especially the qualitative methods, has been found to be very effective, The results of KAP (possibly because of the small sample) were not considerably different between the schools in Ha Noi and Ha Nam. In the good performance schools, it was found that there were less teachers smoking, or at least the teachers did not smoke during lessons. Ha Noi youths had a stronger ability to discuss general social issues and the issue of tobacco than their peers in Ha Nam.
RECOMMENDATIONS

1. It is important to establish a movement on “no smoking” in every youths’ and students’ organizations; encourage any form of supervising of non-smoking behaviour among peer groups; disseminate regularly and broadly information on tobacco’s harmful effects on people’s health in social organizations with young members. Schools, including vocational training schools, should be the first non-smoking units.

2. School programs should be well cooperated with community based and family based activities. The separation will create difficulties or even make these programs ineffective. Parents and teachers should be committed to educating and mentoring children over 13, to prevent them from smoking - this is not only true to tobacco control but also true to other adolescents-related health education programs. Schools should make use and continue the Government’s activities such as “National tobacco-free week” or World Tobacco-free Day; encourage the establishment of smoke-free classes. The decision to become a Smoke-free class should be made by the class themselves. Students should hold a demonstration to stop the use of tobacco products in their classes/schools.

3. School-based prevention programmes are also a part of State tobacco control programmes, and they are more effective when combined with community program and mass media campaigns. The prohibition of smoking in school environment should be more seriously implemented to make it effective. It would be good to prevent students from starting smoking and to ensure that they follow the no-smoking regulations. Prohibition of smoking is also a way to remind smokers to respect non-smokers. A comprehensive program on health risks caused by tobacco and tobacco-related diseases should be developed and disseminated in the schools as part of the health education curriculum, to help the students to improve their skills in developing and maintaining good health. The research found that the people, especially young people -- underestimated the magnitude and severity of the risk from smoking, thus more health education is needed. They also need to know the scientific evidence about disease risk and the potential benefits of early quitting and preventing new smokers from taking up the habit. Health education is important but never sufficient by itself for effective tobacco control. Thus, it is important to include the lessons on accountability of one’s personal behavior toward surrounding people, initially and primarily from his/her own family.

4. Together with spreading the knowledge on tobacco’s harms among students in the schools, it is necessary to improve the knowledge and responsibility of parents, and strengthen the effectiveness of family’s education. Parents are the first people who can discover and prevent the young people from smoking as they have many opportunities to talk with their children. Family is an appropriate environment to train the habit of respecting others from childhood. The focus on parents, especially the mothers will create long-term and sustainable result. (The lesson learned from Milk companies in convincing people to drink milk, especially convincing the mothers. Once they understand and believe milk’s effects to the child’s physical and intellectual development, they would mobilize any resources to have milk for their children. Being considered a luxury drink that is only used for ill people, milk has now become a regular drink, at least in the cities. When comparing the current milk consumption of Vietnamese to 5 – 7 years ago, the difference is very remarkable). It is necessary to test the interventions with parents to prevent adolescents from smoking, because regardless of their smoking status, parents do not want their children to become future smokers. A national research agenda on tobacco control is also needed.
5. Children should not be simply told that “smoking is adult’s manner”, or “children should not smoke”, because such messages would be very encouraging. Together with the communication focused on protecting young people and children from smoking, it would be good to start the slogans with broader meaning focused on the manufacturing or smuggling sources that the Government is not able to prevent or control. For example we could say “let’s build up a tobacco-free society” instead of saying “let’s protect children from smoking” or “I do not want my children smoking”, because smokers have a big influence on young people first in the family and then in the society. It is nonsense to have a father who smokes asking his children not to smoke, or to ask the father to protect his children from smoking. We need not only target non-smoking children but also many non-smoking adults or those who have successfully quit smoking. The reality shows that initiation of smoking in adolescence is partly determined by parental example, the more adults who quit the fewer teenagers will begin. There is another fact that is we cannot choose to protect the non-smoking children and adult while they have to live in an “ocean” of smokers. Not a single island is safe in this ocean.

6. The prohibition of smoking in public places should be strictly followed. Although this regulation is not strictly followed now, it is important to extend the scope of prohibition. It is necessary to build “smoking corners”, “smoking rooms/ areas” everywhere like we did with public toilets, to make the smokers accustomed with going to smoking areas in public places. This would be troublesome for the smokers and train them in respecting and protecting the non-smokers.

7. The major channel of communication is television, because of its wide outreach and ability to convey high-impact messages. Most young people want new information about smoking, not the things they think they already know. There should be high-quality information, educational and communication (IEC) materials developed and distributed in the schools and households. Youths have need for tobacco-related information, thus direct communication though community based seminar and presentations (in health centers and schools) should play an important role. The social interactions in direct communication help the audience to better internalize the messages and answer questions during the process of receiving information. This factor is also true in providing information on tobacco.

8. Anti-smoking should start by establishing new norms for youth in the modern society and stipulate more appropriate provisions to support this work. The slogans/ messages or posters with the following contents could be considered:

"Value your health"
“Smart people do not buy themselves the diseases”
"Do not contaminate this clean and fresh environment with tobacco”
“Please respect the clean environment – we do not smoke here”
“Tobacco offer is not polite”
“Do not seduce other people to be addicted to tobacco like you”
“Protect your family from smoke”

9. Government and ministries must make crucial decisions on how to deal with tobacco in relation to trade, development and public health. It is clear that the majority of people are still non-smokers and governments have a responsibility to legislate support for health-enhancing behaviors. This ensures that non-smokers, particularly those with limited access to information, are given protection from secondary tobacco smoke in public places, transport
systems, and work places. The smoking problem is multifaceted and no single variable and control measure will resolve the problem throughout Vietnam. Control measures will need to cover a wide spectrum from legislation to efforts to develop new community and social and behavioral norms. Encouraging local authorities, leaders of schools, hospital, clubs, hotels, restaurants, bars, etc. to find solutions that fit well with the State’s current policies, and to strongly advocate them to establish smoke-free units.

10. The harms to health caused by smoking should be disseminated by more effective means. Priority should be given to communicate about diseases caused by smoking in common public places such as schools, hospitals, ward health centers, public transportations, and through bus tickets and newspapers (special youth newspapers). Campaigns should provide information about the expenses that a smoker has to bear for buying tobacco and for treatment for diseases during the duration of his or her smoking career.

11. Attention should be paid on tobacco control in rural areas where a large number of boys drop out from schools and start working at 13-15 years old. There is no accurate statistics but the number of students, who fail to enter universities or junior colleges, is high in rural areas. If those children leave the hometowns to work in the cities, this would mean they would be free from their parents’ control. In order to “harmonize” and “adapt” to the new living condition in the cities, these young people from the rural areas may be initiated into smoking thus leading to an increase in smoking among youth.
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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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