

**2011
(4th Round)**



global youth **tobacco** survey

PHILIPPINES

Country Report

PHILIPPINES COUNTRY REPORT GLOBAL YOUTH TOBACCO SURVEY (GYTS) 2011



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Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

FOREWORD

There can be no stronger argument on the harmful effects of smoking than its effects on the young population. Tobacco kills nearly half of its users. It kills nearly six (6) million people each year which can escalate to eight (8) million by 2030 if urgent actions are not taken. Results have shown that most young people who smoke regularly continue to smoke throughout adulthood. Smoking at a young age also reduces the rate of growth of the lungs and increases the risk of lung cancer. It is also associated with using alcohol, marijuana and cocaine. Studies are available showing that teens who smoke are more likely to do the above cited risky and harmful behaviors.

The Fourth Round of the Global Youth Tobacco Survey (GYTS) truly is an important resource for program managers, policy makers, anti-tobacco advocates and all those involved in tobacco control. Evidence-based decision making is crucial in policy directions, guidelines and program planning. The results of the survey will aid policy makers and implementers in assessing whether current efforts to curtail the preventable epidemic among the youth have been successful.

The Department of Health clearly has declared its all out fight against tobacco and it shall continue to support the conduct of the GYTS to provide quality data for more informed policy development. Let us all be guided and strengthened by the idea that our tobacco control concerted efforts among stakeholders will benefit not only the youth of this generation but also the youth of the future.

Mabuhay tayong lahat!


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This report has been prepared through the National Epidemiology Center – Surveys, Risk Assessment and Evaluation Division, Department of Health in partnership with the representatives from the different DOH Central Offices (mentioned above) and CHD NCD-Tobacco Control Coordinators. The report is based on the 2011 Global Youth Tobacco Survey (GYTS) findings in the Philippines.

SUMMARY

The Global Youth Tobacco Survey (GYTS) was developed by the Tobacco Free Initiative (TFI), World Health Organization (WHO) and the Office on Smoking and Health (OSH) of the United States Centers for Disease Control and Prevention (CDC) in collaboration with a range of countries representing the six WHO regions to gather comprehensive tobacco prevention and control information on young people.

The Philippines GYTS includes data on prevalence of cigarette and other tobacco use, access/ availability and price, secondhand smoke exposure, cessation, media and advertising, and school curriculum. These determinants are components the Philippines could include and utilize to evaluate a comprehensive tobacco control program.

The Philippines had accomplished four (4) rounds of GYTS. The first Philippines' GYTS was conducted in 2000 and was repeated as a second round in September-October in 2003, the third round was in January-February 2007. The fourth round of GYTS was conducted in February - March 2011.

The GYTS is a school-based survey that uses a two-stage cluster sample design to produce representative samples of students in year levels associated with the age group 13-15 years. All classes in the selected year levels were included in the sampling frame. All students in the selected classes were eligible to participate in the survey.

At the first stage, schools were selected with probability proportional to enrollment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. The school response rate was 98.6%, the student response rate was 85.2%, and the overall response rate was 84.1%. A total of 6,044 students participated in the Philippines 4th round of GYTS.

The 2011 GYTS results significantly showed that:

- 27.5% of students had ever smoked cigarettes
- 13.7 % of students currently use any form of tobacco
- 8.9% of students currently smoke cigarettes;
- 7.3 % of students currently use tobacco other than cigarette;
- More than one in ten (10.5%) of students who never smoke are likely to initiate smoking next year.
- Close to eight in ten (78.3%) think smoke from others is harmful to them
- 9.5% of students have friends who smoke
- One in ten (10.1%) have an object with a cigarette brand logo on it.
- 6.4% of students were offered free cigarettes by a tobacco company representative
- More than seven in ten (71.1%) of students have been taught in class about the dangers of smoking.

Introduction

Tobacco use is the leading global cause of preventable death. WHO attributes nearly 6 million deaths a year to tobacco. That figure is expected to rise to more than 8 million deaths a year by 2030. Most people begin using tobacco before the age of 18.

The Global Youth Tobacco Survey (GYTS) was developed by the Tobacco Free Initiative (TFI), World Health Organization (WHO) and the Office on Smoking and Health (OSH) of the United States Centers for Disease Control and Prevention (CDC) in collaboration with a range of countries representing the six WHO regions to gather comprehensive tobacco prevention and control information on young people. The GYTS is a school-based survey that uses a two-stage cluster sample design to produce representative samples of students in grades associated with the age group 13-15 years. All classes in the selected grades were included in the sampling frame. All students in the selected classes were eligible to participate in the survey.

The 4th round of GYTS in the Philippines done in 2011 and future rounds thereafter, will evaluate the trends of tobacco use and their determinants among Filipino youth. Practically, GYTS will aid in monitoring the progress of the implementation of the national law, local policies and ordinances, and the Framework Convention on Tobacco Control (FCTC) as well. Therefore, we can now have sufficient evidence for action relative to effective tobacco control and regulation in the country by way of prioritizing and instituting appropriate interventions. Ultimately, policies and action are expected that can bring positive impact to the health and welfare of the Filipino youth.

Country Demographics

The total population of the Philippines as of May 1, 2010 is 92,337,852 based on the 2010 Census of Population and Housing of the National Statistics Office (NSO).

Forty nine percent (49%) of the total population is urban (2010). Literacy rate is 92.7%. About 75 to 80 per cent of Filipinos are Roman Catholics. Education in the Philippines is based on both Western and Eastern ideology and philosophy influenced by the United States, Spain, and its neighboring Asian Countries.

The Philippines is a Member State of the Western Pacific Regional Office and is considered a developing country, categorized by the World Bank as the medium-income country.

Filipino families earned 206 thousand pesos yearly, on the average, according to the 2009 Family Income and Expenditure Survey (FIES). Families in the bottom 30 percent income group, which may be considered as poor families, had much smaller yearly earnings at an average of 62 thousand pesos. In comparison, families in the upper 70 percent income group earned an average of 268 thousand pesos a year. On a monthly basis, the reported average income of the families in the bottom 30 percent income group was 5,200 pesos in 2009 while it was 22,300 pesos in the upper 70 percent income group.

In 2011 the Philippines' Gross National Income (GNI) is 133,633 pesos with a growth rate of 4.7%. While the Gross Domestic Product is 101,601 pesos with a growth rate of 6.1%. (NSCB)

WHO Framework Convention on Tobacco Control and MPOWER

In response to the globalization of the tobacco epidemic, the 191 Member States of the World Health Organization unanimously adopted the WHO Framework Convention on Tobacco Control (FCTC) at the Fifty-sixth World Health Assembly in May 2003. The FCTC is the world's first public health treaty on tobacco control. It is the driving force behind, and blueprint for the global response to the pandemic of tobacco-induced deaths and diseases. The treaty embodies a coordinated, effective, and urgent action plan to curb tobacco consumption and lays out cost-effective tobacco control strategies for public policies such as banning direct and indirect tobacco advertising, increasing tobacco tax and price, promoting smoke-free public places and workplaces, displaying prominent health messages on tobacco packaging, and tobacco research, surveillance, and exchange of information.

To help countries fulfill their WHO FCTC obligations, in 2008 WHO introduced MPOWER, a technical package of six evidence-based tobacco control measures that are proven to reduce tobacco use and save lives:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

The GYTS supports WHO MPOWER by monitoring country-specific data on key tobacco indicators, including prevalence, knowledge, and behavior. The final questionnaire was translated into Filipino and back-translated into English to check for accuracy.

Purpose and Rationale

The purpose of participating in the GYTS is to enhance countries' capacity to monitor youth tobacco consumption and tobacco use initiation, guide national tobacco prevention and control programs, and facilitate comparison of tobacco-related data at the national, regional, and global levels. Results from the GYTS are also useful for documenting the changes in different variables of tobacco control measures for monitoring the implementation of different provisions of the tobacco control law and the relevant Articles of the WHO Framework Convention.

Four main diseases are generally considered to dominate Non-Communicable Diseases (NCD) mortality and morbidity: (1) cardiovascular diseases (including heart disease and stroke); (2) diabetes; (3) cancers; and (4) chronic respiratory diseases, including chronic obstructive pulmonary disease (COPD) and asthma. These four NCDs are caused, to a large extent, by four modifiable behavioral risk factors: **tobacco use**, unhealthy diet, physical inactivity, and harmful use of alcohol.

Among the identified risk factors contributing to NCDs, tobacco is considered responsible for more than two-thirds of lung cancer; 40% of chronic respiratory diseases; and 10% of cardiovascular diseases. An estimated six million people die from tobacco use each year, causing nearly 10% of all deaths worldwide, two million more than AIDS, malaria, and tuberculosis combined.

Five out of ten leading causes of morbidity in the Philippines in 2009 and 2010 were tobacco-attributable diseases, namely: Acute respiratory infection (1st), Acute Lower Respiratory Tract Infection and Pneumonia (2nd), Hypertension (4th), Bronchitis/Bronchiolitis (3rd in 2009 and 6th in 2010), and Respiratory Tuberculosis (8th).

Smoking kills up to half of all lifetime users. It is an epidemic that kills ten Filipinos every hour. Tobacco use was responsible for over 58 thousands deaths or nearly 12% of all deaths in the Philippines in 2004, according to the WHO calculations. Almost 80% of these deaths caused by tobacco were among men. An estimated 6-8% of all deaths in the country are attributable to the four tobacco-related diseases causing between 23,000-35,000 tobacco-related deaths per year.

These damaging effects of tobacco to life will continue until its use is controlled. Urgent action must be taken to reduce and reverse the morbidity and mortality from tobacco-related diseases.

The GYTS results showed that prevalence of current use of any tobacco product and current cigarette smoking among students had increased significantly by 39.3% and 44.7% respectively over a 4-year period, 2003-2007. Among current smokers, it is consistently and significantly higher for boys than with girls. There is an increasing trend in smoking among the girls. In 2003, the proportion of girls currently using any tobacco product was 13.0% and 19.6% in 2007. While, the proportion of girls currently smoking cigarettes was 8.8% in 2003 compared to 13.8% in 2007.

There was a significant increase in the prevalence of “current” use of cigarettes. The use of any tobacco product had also increased from 10.6% in 2003 to 27.3% in 2007 (39.3% change). Exposure to second-hand smoke at home remained high; it was noted that the increase was significant. It was also noted that there was a significant increase of Second-hand smoke exposure in public places and around peers. However, there was a high desire and support among students for ban of smoking in public places.

With regards to media and advertising, a decreased percentage of students had seen anti-smoking media messages.

A high intention to stop smoking among current users was also seen. There was a low index of nicotine addiction but it rose among current users.

Over half of current smokers who usually bought their cigarettes in the store were not refused purchase because of their age. Sale and distribution to or purchase by minors of tobacco products is unlawful. The RA 9211 had been in place since 2003, but most of its provisions remained poorly implemented. In 2007 the Department of Health (DOH) established the National Tobacco Prevention Control Program (Administrative Order 2001-004). In July 2008, although prohibition in all forms of tobacco advertising in mass media (except point of sale advertisements) should have been in effect, there was apparent poor implementation of this provision of the Republic Act.

In summary, there was “poor” enforcement by the local government units of the National Tobacco Laws and the WHO- Framework Convention on Tobacco Control in the Philippines, despite significant gains in 2003 GYTS results.

Lack of political will, coupled with lack of monitoring and reporting guidelines for offenders of the laws, in spite of strong national government and NGO’s efforts to advocate full implementation of the tobacco control laws, did not improve the control initiatives in the Philippines.

Current State of Policy

The Philippines has the following Tobacco Policy Status. (Reference: WHO Report on the Global Tobacco Epidemic 2011)

SMOKE-FREE ENVIRONMENTS: Smoking is completely banned in health-care, educational and indoor government facilities and on public land transportation. Smoking is also banned in other indoor workplaces and public places; however, the law allows these areas to have designated smoking areas.

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP: Tobacco advertising is banned on national and international TV, radio, and print media. However, tobacco advertising is still allowed at point of sale in the form of posters and leaflets. Tobacco companies heavily advertise at point of sale and through indirect methods such as free distribution and promotional discounts.

HEALTH WARNINGS ON TOBACCO PACKAGES: Current health warnings do not meet minimum FCTC requirements. The health warnings are text only and cover 30% of the front of the pack. The Graphic Health Bill has not been approved in Congress.

TOBACCO TAXATION AND PRICES: The Philippines has a non-indexed four-tier tobacco tax system that differentiates between low-, medium-priced, high-priced and premium brands. The Department of Finance is contemplating amending the current tax structure to a single unitary rate. Tobacco taxes in the Philippines fall below the World Bank's recommendation that tobacco taxes make up two-thirds to four-fifths of retail price.

There have been several initiatives or tobacco control interventions at the National and sub-national level which involve government and non-government organizations.

TOBACCO CONTROL INTERVENTIONS IN THE PHILIPPINES

I. Government Agencies Implementing Tobacco Control

A. Implementation at the National Level

In 1999, the Philippines' parliament passed the Clean Air Act or Republic Act 8749, which included provisions for protection from second hand smoke (SHS). The Clean Air Act identified cigarette smoke as a pollutant and instituted smoke-free indoor laws; unfortunately, the Act allowed designated smoking areas in enclosed public places and other indoor areas.

In June 2003, Republic Act 9211, also known as the Tobacco Regulation Act of 2003, became a law in the Philippines. The Tobacco Regulatory Act included landmark legislation with provisions on effective tobacco control in the country, including: (a) promotion of a healthful environment; (b) provision of information to the public on health risks associated with cigarette smoking and tobacco use; (c) regulation and subsequent banning of all tobacco advertisements and sponsorships; (d) regulation of placing health warning labels on tobacco products; (e) prohibition of the sale of tobacco products to minors; (f) provision of assistance and encouragement for Filipino tobacco farmers to cultivate alternative agricultural crops to prevent economic dislocation; and (g) creation of an Inter-agency Committee on Tobacco (IAC-Tobacco) to oversee the implementation of the provisions of this Act.

The DOH issued on 10 December 2003 AO No. 122 entitled, “A Smoking Cessation Program to support provisions of RA 9211 and the National Healthy Lifestyles Program.” Section 33- (b) and (c) of the tobacco law required that the DOH establish “withdrawal clinics,” and this AO provides the specific guidelines in implementing a National Smoking Cessation Program (NSCP) for such provisions.

An Interagency Committee on Tobacco (IAC-T) was established through RA 9211 Memorandum Circular No. 1s.2004 to oversee the administration and implementation of the law. The IAC-T, chaired by the Department of Trade (DTI) with DOH as vice-chair, involves different government sectors, including the National Tobacco Administration of the Department of Agriculture (DA) as well as representatives of the tobacco industry.

Interagency Committee on Tobacco (IAC-T) Members:

1. Department of Trade and Industry (Chair)
2. Department of Health
3. Department of Justice
4. Department of Agriculture
5. National Tobacco Administration
6. Department of Environment and Natural Resources
7. Department of Education
8. Department of Science and Technology
9. Bureau of Customs
10. Bureau of Internal Revenue
11. Philippines Tobacco Institute
12. FCTC Alliance Philippines (FCAP)

In 2007, the DOH issued Administrative Order 2007-0004 or the National Tobacco Prevention and Control Program (NTPCP) to define the roles and responsibilities of the different offices under DOH and of other departments. The lead office for tobacco control is the DOH-National Center for Disease Prevention and Control (NCDPC).

In 2009, the DOH started to lodge major roles and responsibilities to the DOH-National Center for Health Promotion (NCHP). The NCHP started with its Health Promotion Plan called Anti-Tobacco Behavior Program (ATBP). The ATBP Program has four-pronged strategies, namely: (1) rally the influential people through political advocacy and social mobilization; (2) re-orient providers of health and social services through networking and partnership; (3) involve the youth through education and entertainment; and (4) bombard the media through social marketing.

Besides the ATBP Program, the DOH-NCHP launched the Red Orchid Award, which aims to search for the national, regional, and local offices that implement a 100% tobacco-free environment. The NCHP also joined the Planning Meeting of the ASEAN Focal Points on Tobacco Control (AFPTC), which has the goal of ensuring that effective tobacco control measures are in conformity with the ASEAN Social Cultural Blueprint.

The AFPTC, encompassing a two-year action plan on four (4) key tobacco control issues, tasked each member to take a lead in the enforcement of the activities. The issue assigned to the Philippines and its partner, Lao-People's Democratic Republic (PDR), is the Tobacco Advertising, Promotion, and Sponsorship (TAPS).

In 2009, the DOH started implementing the Bloomberg Project entitled, "Moving to the Next Level in the Philippines: Complete Implementation of the WHO-Framework Convention on Tobacco Control (WHO-FCTC)." The project is tasked to supplement the country's tobacco prevention efforts, in congruence with the DOH-NCHP, and to enforce WHO-FCTC effectively.

The key initiatives of the project include the development of a comprehensive National Tobacco Control Strategy (2011-2016) and Medium Term Plan (2011-2013), creation of the National Tobacco Control Coordinating Office (NTCCO) within the DOH, and formation of the DOH Tobacco Control Team (TCT) and eleven Sector-wide Anti-Tobacco (SWAT) sub-committees for the implementation of WHO-FCTC provisions. The NTCCO is in charge of working with other sectors of the DOH to synchronize tobacco control efforts. The division of functions, outlined in DO 2011-0029, is split among the different offices in accordance with their role in the DOH.

The health agenda of the present administration focus on Universal Health Care (UHC), which promotes healthy lifestyle for the prevention of non-communicable diseases; hence, tobacco prevention is included in the National Objectives for Health (NOH) of the DOH.

Other government initiatives include: (1) the passage of FDA Law (RA 9711) in 2009; (2) issuance of Administrative Order No. 13 on Graphic Health Information in 2010; and (3) formulation of the National Tobacco Control Strategy (NTCS 2011-2016) in 2011.

The DOH-NCHP partnered with the Development Academy of the Philippines (DAP) to facilitate the development of the National Tobacco Control Strategy (NTCS) for 2011-2016. Through the DOH- Bloomberg Initiative Project OC-401, DAP had undertaken a series of consultation workshops starting May 2011, with experts consultation workshop, three regional (Luzon, Visayas, and Mindanao) workshops, technical working group workshop, and another consultative meeting on the Finalization of the NTCS and Development of Monitoring and Evaluation (M&E) Framework in 2012. Representatives from government agencies, advocacy groups, NGOs and local government units (LGUs) participated in the workshops and provided inputs to the NTCS, which will serve as a strategy map to achieve the desired goals of the National Tobacco Control Program.

Aside from DOH, other government agencies have been involved in tobacco control. The Civil Service Commission (CSC), an independent constitutional body, played a fundamental role in recent years by issuing several joint memoranda with the DOH:

CSC and DOH Joint Memo Circular No. 2010-01: Protection of the bureaucracy against tobacco industry interference Prohibitions:

- a. Unnecessary interaction with the tobacco industry
- b. Preferential treatment to the tobacco industry
- c. Accepting gifts, donations, and sponsorship
- d. Financial interest in the tobacco industry
- e. Conflict of interest with the tobacco industry

Similarly, the Land Transportation Franchising Regulatory Board (LTFRB), issued LTFRB Memo Circular 2009-036 : 100% Smoke-Free Public Utility Vehicles and Public Land Transportation Terminals.

Philippine National Police (PNP), Development Academy of the Philippines (DAP), and Metropolitan Manila Development Authority (MMDA) played key roles focusing on smoke-free places initiatives. Using the existing communication materials, they contributed to awareness-raising campaigns and smoking cessation activities.

Other Initiatives include the following:

1. DOH Administrative Order No. 2009-0010
Rules and Regulations Promoting a 100% Smoke-Free Environment
2. CSC Memo Circular No. 17 s. 2009
Smoking Prohibition based on 100% Smoke-Free Policy
3. DepEd Order No. 73 s. 2010
Smoking Ban in Public Schools
4. DepEd Order No. 62 s. 2007
Integration of Instructions on the Hazardous Effect of Smoking in the School Curricula
5. DOH Dept Memo No. 2009-014
Ban on Promotion, Advertisements, and Sponsorship of Tobacco Products
6. DOH Administrative Order No. 122 s. 2003
A Smoking Cessation Program to Support the National Tobacco Control and Healthy Lifestyle Program
7. DOH Dept Memo No. 2010-0191
Health Advisory on Electronic Nicotine Delivery Systems (ENDS)/E-Cigarettes, DOH warns the public on the use of these products. There is insufficient evidence that ENDS are safe for human consumption.
8. DepEd Order No. 6, s 2012, issued January 18, 2012
Guidelines on the Adoption and Implementation of Public Health Policies on Tobacco Control and Protection against Tobacco Industry Interference.

B. Implementation at the Sub-national or Local Level

At the sub-national level, the local government units (LGUs) play an important role in the law implementation and have the mandate to ensure proper enforcement of RA 9211 along with members of the Philippine National Police (PNP) and other stakeholders.

The DOH regional structures (Centers for Health Development) conduct tobacco control activities through their focal point for health promotion and for NCD, especially in those regions/districts where local ordinances for creating smoke-free environments were introduced and enforced.

These staff are usually oriented and trained by DOH Central Office. The DOH organizes training of trainers (TOT) for health workers at regional level and then regional DOH staff organizes training at provincial, city, municipal, and barangay level. Several training workshops were organized every year mainly on the policies in MPOWER package as well as some cessation workshops.

In addition, training of policy makers is conducted by the DOH. The DOH regional offices also conduct training for the local government units.

Most of the enforced legislation on exposure to SHS has been done in Local Government Units (LGUs). Among the LGUs with existing Anti-Smoking Ordinances or that have passed smoke-free legislation are the cities in the National Capital Region: Makati, Manila, Pasay, Marikina, and Quezon City; Legaspi City in Bicol Region; Cebu City in Central Visayas Region; Iloilo City in Western Visayas Region; and Davao City in Eastern Mindanao Region. Recently, municipalities in Talisayan, Misamis Oriental in Northern Mindanao Region and in Amlan, Negros Oriental in Central Visayas Region have passed and implemented 100% smoke-free jurisdictions. In addition, the FCAP reports that several municipalities and cities in Luzon, Visayas, and Mindanao have initiatives under review calling for smoke-free ordinances and/or administrative orders banning smoking in public places, invoking 100% smoke-free jurisdictions.

The Local Government Best Practices

1. Nueva Vizcaya Ordinance No 2010-049: Smoking is prohibited in enclosed or partially enclosed public places, workplaces, public outdoor spaces, public conveyances, or other public places.
2. Amlan Municipal Ordinance No. 3 s. 2009: No person shall smoke in any part of any enclosed or partially enclosed public place, workplace, including bars and restaurants, form of public conveyance or public outdoor space.
3. Umingan Municipal Ordinance No. 24 s. 2008: No person shall smoke in any part of any enclosed or partially enclosed public place, workplace, including bars and restaurants, form of public conveyance or public outdoor space.
4. Talisayan Municipal Ordinance No. 724-2008: It shall be unlawful for any person to smoke or for a person in charge to allow smoking in enclosed or partially enclosed public places and public facilities, public places, all forms of public conveyances, workplaces, public outdoor spaces.

II. Civil Society Implementing Tobacco Control

The Philippines also has a large and active civil society network that has proven to have an important role in keeping tobacco control in the government agenda. The non government organization (NGO) sector includes advocacy groups; faith-based organizations; academe; health professional groups; as well as local branches of international organizations.

So far the NGOs' resources relied on external sources (e.g., Bloomberg Philanthropies through the Bloomberg Initiative) or on international organizations (e.g., SEATCA).

Some Philippine NGOS active in tobacco control:

1. FCTC Alliance Philippines (FCAP)

Started in 2001, FCAP is composed of health professionals, faith-based groups, academe, and environmental groups. The group worked closely with DOH for: (1) the country's position during the WHO-FCTC negotiations (2001-2004); (2) achieving the WHO-FCTC ratification by the Senate in 2005; (3) staging Tobacco-Free SEA Games; (4) introducing and enforcing ordinances in local government units (e.g., 100% smoke-free places; banning tobacco advertising, promotion, and sponsorship (TAPS); (5) lobbying through Congress (14th and 15th) and advocating for graphic health warning and for tobacco tax reform (also with AER and HJ) and building constituency support to tobacco tax across the country; (6) and developing a coalition of health professionals for tobacco control in collaboration with the Philippine Ambulatory Pediatric Association (PAPA).

FCAP also collaborated with Philippine Medical Association (PMA) on their "Roadmap for tobacco control"; worked with PAPA and the Philippine College of Chest Physician (PCCP) to move forward tobacco cessation services; and filed cases against Philip Morris on its violation of text health warning provision of RA 9211 (still pending in DOJ and Court of Appeals)

2. Health Justice (HJ)

Considered as a think-tank, this group focuses its work on litigation, economics and drafts and briefs policy and legal documents. It provided key technical and legal support to the DOH for health warnings, monitoring tobacco industry interference, and advice on law enforcement by various government agencies e.g., CSC, LTFRB, FDA, and DOH.

It also provided key economic research to support tobacco tax and illicit trade policy reform and developed various templates for tobacco control legislation. The toolkits that are currently in use by advocates and government partners were developed by HJ. The group also provided legal and media support for various NGOs, individual advocates/spokespersons, and LGUs.

3. Philippine Medical Association (PMA)

This group of medical practitioners passed an anti-smoking resolution in 2010 for physicians to be role-models for stopping smoking, for including smoking status in history taking, and giving brief advice to patients on how to quit smoking.

4. New Vois Association of the Philippines

The group was recently engaged in tobacco control. Majority of its members, who are people affected by tobacco, became “the face” of tobacco control advocacy.

5. Tobacco-Free Philippines (TFP)

Active in tobacco control as early as the 1980s, TFP pushed for the passage of a tobacco control law in the Philippines. Its tobacco control efforts, however, slowed down from 2000 onwards.

6. Faith Based Organizations (Seventh Day Adventist & Jesus Christ of Latter Day

Saints) The group consists of active FCAP members are working primarily on creating smoke-free places and banning TAPS by local government units (LGUs) across the country; it is one of the few organizations involved in tobacco cessation using primarily counseling techniques. .

7. Eco Waste Coalition

The coalition has been an active partner of FCAP since 2008 in relation to environmental issues.

8. Action for Economic Reform (AER)

The group is primarily concerned with transparency and taxation issues. Since 2009, AER has engaged in advocacy through Congress for the tobacco taxation reform (together with FCAP, DOH, and HJ).

9. University of the Philippines College of Law Development Foundation (UPCLDF)

The group is primarily composed of lawyers recently engaged in tobacco control (2008). They worked with some LGUs to effectively enforce RA 9211 through (1) training of enforcers and (2) development of tools for monitoring and enforcement including guidelines. It also provides legal assistance to DOH on legal issues.

10. Filipino Consumers Will (BILMAKO)

The group is primarily a consumers' protection group. In 2004, it conducted a study on the effectiveness of RA 9211 in relation to the WHO-FCTC.

Other Tobacco Surveys

The GYTS had previously been conducted in the Philippines in 2011. In addition to the GYTS, the following surveys had been run in Philippines: Global Adult Tobacco Survey (GATS) in 2009 and Global School Personnel Survey (GSPS) in 2011.

Country Specific Objectives

In support to the Regional Plan of Action for Tobacco Control in the Western Pacific Region, the Philippines adheres to its vision, mission, goals and objectives.

VISION: Tobacco-Free Philippines: Healthier People, Communities and Environments

MISSION: To advocate, enable, and mobilize multi-sectoral support for stronger tobacco policies and programs in line with World Health Organization Framework Convention on Tobacco Control (WHO-FCTC)

GOAL 1: Attain the lowest possible prevalence of tobacco use

Objective 1: To reduce prevalence of youths' current tobacco use by 2% per year

GOAL 2: Attain the highest level of protection from secondhand smoke (SHS)

Objective 2: To increase level of protection from secondhand smoke by 2% per year among 13-15 years old.

Methods

Sampling

The 2011 Global Youth Tobacco Survey (GYTS) is a school-based survey, which employed a two-stage cluster sample design to produce a national representative sample of students in first to fourth year levels. The first-stage sampling frame consisted of all public and private secondary schools containing first to fourth year levels. Schools were selected with probability proportional to school enrollment size. The second sampling stage consisted of systematic equal probability sampling (with a random start) of classes from each school selected during the first stage. The GYTS was conducted in 73 schools and 149 classes/ sections. There were 6,044 students who participated in the GYTS. The grades that were sampled for the 2011 GYTS were first year to fourth year levels.

A weighing factor was applied to each student record to adjust for non response and for the varying probabilities of selection. For the 2011 GYTS, There were 6,044 questionnaires which were completed in 73 schools. A total of 6,044 students participated in the Philippines GYTS of which 3,708 were ages 13 to 15 years (Male: 1,462, Female: 2,215 and there were 31 students ages 13 to 15 who failed to identify their sex.)

The school response rate was 98.6% and the student response rate was 85.2%. The overall response rate was 84.1%. The SUDAAN, a software package for statistical analysis of complex survey data, was used to calculate weighted prevalence estimates and standard errors (SE) of the estimates (95% confidence intervals [CI] were calculated from the SEs).

Data Collection

Data collection took place from February 15, 2011 to March 30, 2011, and was supported by an average of five (5) field staff per CHD.

The staff from the National Epidemiology Center (NEC), Regional Epidemiology and Surveillance Units (RESU) and Tobacco Control Program Coordinators of the Centers for Health Development (CHD) participated in the survey. They were trained and implemented the standard survey protocol.

Survey procedures were designed to protect the students' privacy by allowing for anonymous and voluntary participation. The self-administered questionnaire was administered in the classroom. Students recorded their responses directly on an answer sheet that could be scanned by a computer. The questionnaire contained 55 multiple-choice questions. The survey included all 54 core questions and one optional question which is on the type of school, whether private or public.

These answer sheets were scanned and data were encoded at the US Center for Disease Control and Prevention-Office for Smoking and Health GYTS Center in Atlanta, Georgia, USA. The final dataset was analyzed at the National Epidemiology Center of the Department of Health.

Data Analysis

Frequency tables for each survey question were developed which showed the number of cases, percentage, and the 95% confidence interval. Preferred tables were also developed highlighting the questions that were considered key tobacco control indicators from the GYTS. Indicators were in accordance with the WHO FCTC and MPOWER technical package.

A table of comparison of results from previous GYTS with percent change from 2007 GYTS to 2011 GYTS was also included for analysis.

Results

DEMOGRAPHICS

There were 6,044 students respondents out of the 7,090 sampled for the Philippines. The students' ages range from 11-17 years, with a median of 14 years. About 51.0% of them were females, and 49.0% were males. About 28.8% of students were freshmen, 26.1% were in the sophomore level, 23.8% were juniors, and 21.2% of them were in their senior year level. The students from public high school comprised 76.4% of the total respondents and only 23.6% came from private high schools.

PREVALENCE

The questions in this section measured smoking experimentation, current smoking patterns, age of initiation, and other tobacco use. Data are collected on cigarette smoking and use of other tobacco products.

Prevalence – Article 20 of WHO FCTC: Research, Surveillance and Exchange of Information

Table 1: Prevalence of Tobacco Use and Susceptibility to Tobacco Use by Sex
Philippines, GYTS, 2011

Sex	Ever smoked cigarettes % (95% CI)	Current Any Tobacco Users % (95% CI)	Current Cigarette Smokers % (95% CI)	Current Other Tobacco Users % (95% CI)	Never Smokers Susceptible to Start Smoking in the Next Year % (95% CI)
Total	27.5% (95% CI:24.5-30.7)	13.7% (95% CI:12.1-15.6)	8.9% (95% CI: 7.4-10.6)	7.3% (95% CI: 6.3-8.4)	10.5% (95% CI: 8.9-12.4)
Male	36.0% (95% CI 30.3-42.1)	18.8% (95% CI: 16.1-21.9)	12.9 % (95% CI:10.3-16.0)	9.9% (95% CI:8.2-11.9)	13.5% (95% CI:11.1-16.3)
Female	20.0% (95% CI 17.3-23.0)	9.3% (95% CI: 7.5-11.5)	5.3% (95% CI: 3.7-7.5)	5.0% (95% CI: 4.1-6.0)	8.6% (95% CI: 6.7-11)

In the Philippines, almost three (27.5%) in ten of students have ever smoked cigarettes (Table 1), with ever smoking significantly higher for males than females.

Overall, 13.7% of students currently use or have used tobacco products at least once in the last 30 days. Significantly, male students (18.8%) are twice more likely than female students (9.3%) to have used any tobacco products.

Results also show that within the previous 30 days, 8.9% and 7.3% of students are respectively, current cigarette smokers and current users of other forms of tobacco other than cigarette, and it is significantly higher in males than females.

In addition, more than one in ten (10.5%) students who never smoke indicated that they were susceptible to start smoking in the next year, with smoking susceptibility among males significantly higher than boys.

KNOWLEDGE AND ATTITUDE

These questions measure general knowledge, attitudes, and intentions which have been linked in research studies with risk of smoking onset and transitions toward more regular smoking. Several concepts are specifically addresses including susceptibility to smoking which is a measure of firm of never smoking youth regarding their intention to remain a nonsmoker. Parental involvement, attitudes toward the social benefits of smoking, knowledge and attitudes toward risk of tobacco use, and potential peer pressure to use tobacco are concepts also specifically addressed.

The acquisition of such information could help monitor the broader or more general impact of media counter-advertising and de-glamorization campaigns, school curriculum, and youth empowerment efforts. Moreover, increases in positive attitudes toward tobacco use and decreased agreement with statements about the risks of tobacco use have been related to increases in youth tobacco use rates. Questions regarding susceptibility predict the risk of future smoking experimentation, as do those about the number of friends, who smoke, and attitudes and knowledge about tobacco.

Knowledge and Attitudes – Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness

Table 2: Percentage of Respondents' Knowledge and Attitude Towards Tobacco Use by Sex, Philippines, GYTS, 2011

Sex	Percent who think boys who smoke have more friends (95% CI)	Percent who think girls who smoke have more friends (95% CI)	Percent who think boys who smoke are more attractive (95% CI)	Percent who think girls who smoke are more attractive (95% CI)
Total	28.7% (95% CI: 25.6-32.1)	12.1% (95% CI: 10.8-13.6)	7.7% (95% CI: 6.3-9.4)	6.4% (95% CI: 5.2-7.8)
Male	26.2% (95% CI: 22.4-30.4)	12.4% (95% CI: 10.7-14.4)	8.9% (95% CI: 7.1-11.2)	8.2% (95% CI: 6.2-10.8)
Female	31.0% (95% CI: 27.4-34.9)	11.7% (95% CI: 9.6-14.2)	6.5% (95% CI: 5.1-8.2)	4.7% (95% CI: 3.5 -6.2)

Almost three in ten (28.7%) students think that boys who smoke have more friends, with females more likely than males to have thought so. While, only 12.1% of students think that girls who smoke have more friends (Table 2)

There are more students who think that boys who smoke are more attractive (7.7%) than students who think that girls who smoke are more attractive (6.4%), with males more likely than females to have thought so.

A total of 28.7% of students reported that they thought boys who smoke had more friends and 12.1% thought that girls who smoke had more friends. While, 7.7% thought that boys who smoke were more attractive and 6.4% who thought that girls who smoke were more attractive.

ACCESS AND AVAILABILITY – Current Smokers

Enforcement of tobacco control policies enhances their efficacy both by deterring violators and by sending a message to the public that the community leadership believes the policies are important. Numerous studies have shown that the combination of enforcing laws that restrict tobacco sales to minors and education of merchants can reduce illegal sales of tobacco to minors. In addition, providing comprehensive merchant education, including information on health effects, can deter retail violators.

Access and Availability – Article 20 of WHO FCTC: Research, Surveillance and Exchange of Information

Table 3: Percentage of Respondents' Tobacco Access and Availability by Sex
Philippines, GYTS, 2011

Sex	Percent of current smokers who usually smoke at home (95% CI)	Percent of current smokers who buy cigarettes in a store (95% CI)	Percent of current smokers who bought cigarettes in a store in the past 30 days who were NOT refused because of their age (95% CI)
Total	21.0% (95% CI: 16.0-27.0)	50.1% (95% CI: 43.2-57.0)	37.3% (22.4-55.0)
Male	19.4% (95% CI: 12.9-28.2)	51.1% (95% CI: 41.6-60.6)	33.0 (16.7-54.6)
Female	23.4% (95% CI: 14.7-35.1)	47.4% (95% CI: 37.6-57.4)	48.1% (26.2-70.8)

More than two in ten (21.0%) students who currently smoke usually smoke at home.

Over half (50.1%) bought cigarettes in a store and almost four in ten (37.3%) minors who bought cigarettes in a store in the past 30 days were not refused despite their age.

SECONDHAND SMOKE (SHS)

These questions measure exposure to secondhand tobacco smoke (SHS). Since SHS is a significant risk factor for lung cancer, heart disease, asthma exacerbation and induction, respiratory infections, and adverse reproduction outcomes, it is important to assess exposure in youth. The exposure of children to SHS could be an indirect measure of the general population's exposure to SHS.

The Joint National Capacity Assessment on the Implementation of Effective Tobacco Control Policies in the Philippines found out that current laws allowing the establishment of designated smoking areas in public places do not effectively protect public health. It further discussed that scientific evidence has firmly established that there is no safe level of exposure to secondhand tobacco smoke (SHS), a pollutant that causes serious illnesses in adults and children. There is also indisputable evidence that implementing a 100% smoke-free environments is the only effective way to protect the population from the harmful effects of exposure to SHS.

The questions in this section measure exposure during the past seven days and assess general knowledge or attitude about the harmful effects of SHS.

Secondhand Smoke - Article 8 of WHO FCTC: Protection from Exposure to Tobacco Smoke

Table 4: Percentage of Respondents' Exposure to Secondhand Smoke by Sex
Philippines, GYTS, 2011

Sex	Percent who live in homes where others smoke (95% CI)	Percent who are around others who smoke in places outside their home (95% CI)	Percent who think smoking should be banned from public places (95% CI)
Total	42.9% (95% CI: 40.3-45.4)	57.9% (95% CI: 56.0 – 59.8)	92.3% (95% CI: 90.8 – 93.6)
Male	40.9% 95% CI: 37.3 – 44.6)	57.2% (95% CI: 53.7 – 60.6)	90.5% (95% CI: 88.0 – 92.5)
Female	44.6% (95% CI: 42.2 – 47.0)	58.4% (95% CI: 56.0 – 60.9)	94.0% (92.6 – 95.2)

Knowledge and Attitudes – Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness

Table 5: Percentage of Respondents' Knowledge and Attitude on Secondhand Smoke by Sex , Philippines, GYTS, 2011

Sex	Percent who think smoke from others is harmful to them (95% CI)	Percent who have one or more parents who smoke (95% CI)	Percent who have most or all friends who smoke (95% CI)
Total	78.3% (95% CI: 75.3 – 81.0)	48.7% (95% CI: 45.4 – 52.0)	9.5% (95% CI: 8.2 – 10.9)
Male	74.7% (95% CI: 70.9 – 78.3)	45.6% (95% CI: 41.3 – 50.0)	13.4% (95% CI: 11.9 – 15.1)
Female	81.7% (95% CI: 78.5 – 84.6)	51.4% (95%CI: 48.0 – 54.8)	6.1% (95% CI: 4.7 – 7.9)

Of the students who participated in the survey, more than four in ten (42.9%) live in homes where others smoke, and over half (57.9%) are around others who smoke in places outside their home.

Over nine in ten students (92.3%) think smoking should be banned in public places with females significantly more than the males to have agreed of banning smoking in public places.

Almost eight in ten (78.3%) students think that smoke from others is harmful to them with females significantly more than males to have thought the same.

A little less than half (48.7%) of students admitted that they have one or more parents who smoke.

However, only 9.5% of students reported having most or all friends who smoke. Significantly, male students (13.4%) are twice more likely than female students (6.1%) to have most or all friends who smoke.

CESSATION – Current Smokers

Many smokers, including youth, are addicted to nicotine and need assistance in quitting. To comprehensively address tobacco use among youth, the focus must be on both prevention and cessation.

Recently in tobacco control, there has been an increased demand for cessation programs for youth. A primary reason for this increased demand is recognition in the community that many youth who are regular tobacco users are interested in quitting and that they frequently try to quit but most are unsuccessful. To monitor the potential impact of tobacco control policies and diversion and cessation programs it is important to measure cessation among youth.

Cessation – Article 14 of WHO FCTC: Demand Reduction Measures Concerning Tobacco Dependence and Cessation

Table 6: Percentage of Respondents' Smoking Cessation by Sex, Philippines, GYTS, 2011

Sex	Percent of current smokers who want to stop smoking (95% CI)	Percent of current smokers who tried to stop smoking during the past year (95% CI)	Percent of current smokers who have received help to stop smoking (95% CI)
Total	88.6% (95% CI: 78.8 – 94.2)	85.8% (95% CI: 77.9 – 91.2)	87.3% (95% CI: 81.6 – 91.5)
Male	86.4 (95% CI: 71.9 – 94.0)	84.7% (95% CI: 74.4 – 91.3)	85.3% (95% CI: 75.7 – 91.5)
Female	95.1 (95% CI: 86.9 – 98.3)	90.9% (95% CI: 79.6 – 96.3)	91.5% (95% CI: 81.5 – 96.4)

Among current smokers, over eight in ten (88.6%) reported they wanted to stop smoking, and 85.8% tried to stop smoking during the past year. Regarding cessation attempts, 87.3% of current smokers reported that they had received help to stop smoking. Statistics showed that among current smokers, there are more female than male students who desired to stop smoking.

MEDIA AND ADVERTISING

These questions measure the exposure of young people to both pro- and anti-tobacco use messages in the mass media.

Comprehensive bans on direct and indirect advertising, promotion and sponsorship protect people, particularly youth, from industry marketing tactics and can substantially reduce tobacco consumption. Comprehensive bans significantly reduce the industry's ability to market to young people who have not started using tobacco and to adult tobacco users who want to quit. Comprehensive bans can be achieved by following the international best practices standards outlined in the Guidelines for implementation of Article 13 of the WHO Framework Convention on Tobacco Control (WHO-FCTC). A comprehensive ban on all advertising and promotion reduces tobacco consumption by about 7%, independent of other interventions. Some countries have seen consumption drop by as much as 16%.

Pro-Use Messages: Children buy the most heavily advertised brands and are three times more affected by advertising than are adults. The average youth has already been exposed to billions of dollars in imagery advertising and promotions creating a “friendly familiarity” for tobacco products—and environment in which smoking is seen as glamorous, social and normative. Young people are able to recall virtually no anti-smoking messages on television or in the movies, yet they are able to recall specific movies that portray smoking and are able to identify actors and actresses who smoke in their entertainment roles.

Anti-Use Messages: An intensive mass media campaign can produce significant declines in both adult and youth smoking and demonstrate that comprehensive efforts, combining media, school-based, and community-based activities can postpone or prevent smoking onset in adolescents

Media and Advertising – Article 13 of WHO FCTC: Tobacco Advertising, Promotion and Sponsorship

Table 7: Percentage of Respondents Who Noticed Tobacco Advertising by Sex, Philippines, GYTS, 2011

Sex	Percent who saw anti-smoking media messages in the past 30 days (95% CI)	Percent who saw pro-cigarette ads on billboards in the past 30 days (95% CI)	Percent who have seen pro-cigarette ads in newspapers or magazines in the past 30 days (95% CI)
Total	89.4% (95% CI: 87.4 – 91.1)	80.7% (95% CI: 78.1 – 83.0)	72.4% (95% CI: 68.7 – 75.7)
Male	87.5% (95% CI: 84.0 – 90.3)	81.2% (95% CI: 78.2 – 83.9)	73.1% (95% CI: 69.4 – 76.4)
Female	91.0% (95% CI: 89.0 – 92.7)	80.3% (77.1 – 83.1)	71.8% (95% CI: 66.8 – 76.3)

Table 8: Percentage of Respondents by Tobacco Promotion and Advertisement and by Sex, Philippines, GYTS, 2011

Sex	Percent who have an object with a cigarette brand logo (95% CI)	Percent who were offered free cigarettes by a tobacco company representative (95% CI)
Total	10.1% (95% CI: 8.5 – 11.9)	6.4% (95% CI: 5.4 – 7.5)
Male	12.3% (95% CI: 9.8 – 15.4)	9.0% (95% CI: 7.2 – 11.3)
Female	7.8% (95% CI: 6.4 – 9.5)	4.1% (95% CI: 3.2 – 5.2)

In the past 30 days, almost nine in ten students (89.4 %) saw anti-smoking media messages with girls more likely than boys to have been exposed to.

More than four in five students (80.7%) reported that they saw pro-cigarette ads on billboards, and more than seven in ten students (72.4 %) reported that they saw pro-cigarette ads in newspapers or magazines during the same time period with boys more likely than girls to have been exposed to.

Up to 10.1 % reported that product give-aways or the advertising medium had an object with a cigarette brand logo, and 6.4% have been offered free cigarettes by a tobacco company representative, with boys significantly more than girls.

SCHOOL CURRICULUM

These questions measure student perception of tobacco use prevention education. Schools are an ideal setting in which to provide tobacco use prevention education. School-based tobacco prevention education programs that focus on skills training have proven effective in reducing the onset of smoking. School-based health programs should enable and encourage children and adolescents who have not experimented with tobacco to continue to abstain from any use. For young persons who have experimented with tobacco use, or who are regular tobacco users, school tobacco prevention education programs may enable them to immediately stop all use.

School Curriculum – Article 12 of WHO FCTC: Education, communication, training and public awareness

Table 9: Percentage of Respondents with Tobacco Education in School Curriculum by Sex, Philippines, GYTS, 2011

Category	Percent who had been taught in class during the past year about the dangers of smoking (95% CI)	Percent who had discussed in class during the past year reasons why people their age smoke (95% CI)	Percent who had been taught in class during the past year the effects of smoking (95% CI)
Total	71.1% (95% CI: 68.1 – 73.9)	57.4% (95% CI: 53.7 – 61.1)	67.9% (95% CI: 64.3 – 71.3)
Male	66.4% (95% CI: 62.8 – 69.8)	54.2% (95% CI: 49.2 – 59.1)	64.8% (95% CI: 60.7 – 68.6)
Female	75.5% (95 % CI: 71.9 – 78.7)	60.1% (95% CI: 56.2 – 63.9)	70.7% (95% CI: 66.7 – 74.5)

In the past year, more than seven in ten students (71.1%) reported that they had been taught in class about the dangers of smoking, with girls significantly higher than boys to have been taught in school.

Majority (57.4%) had discussed in class reasons why people their age smoke, and almost seven in ten students (67.9%) had been taught in class about the effects of smoking.

Discussion

Prevalence, Cessation, and Addiction

In the Philippines, a total of 13.7% of the respondents currently use any tobacco product, 7.3% are current users of other tobacco products, while a total of 8.9% currently smoke cigarettes and 27.5% ever smoked cigarettes. A total of 85.8% of current smokers who tried to quit stop smoking in the past year, 18.2% indicated that they believed that it was definitely difficult to quit smoking and a total of 10.5% never smokers indicated that they were susceptible to start smoking within the next year. However, it can also be noted that only 1.5% of the respondents consider themselves to be dependent on tobacco, meaning they crave for a cigarette upon waking-up in the morning.

These percentages may be attributed to the increased concerted efforts of different government and non-government agencies on developing and implementing tobacco control policies as enumerated in the introduction.

It was also during the year 2009 that the Philippine Department of Health initiated the Red Orchid Awards Search for 100% Smoke-free Environments, initially among Local Government Units and DOH facilities, eventually expanding the search to DOH hospitals and government offices. One of the many identified strategies by the Local Government Units was to intensify anti-tobacco information dissemination to the schools and communities.

Gender Differences

Compared with adults, there was a narrower difference in the prevalence of tobacco use among boys and girls, than in men and women. This could be attributed to the aggressive marketing strategies of the tobacco industry, targeting young girls as its expansion market. This could also be due to the findings in GYTS that the youth are highly exposed to tobacco advertisements.

With regards to differences in gender and tobacco use, results showed that 36% of boys and 20% of girls ever smoked cigarettes, 18.8% of boys and 9.3% of girls currently use any tobacco product, 12.9% of boys and 5.3% of girls are current cigarette smokers, 9.9% of boys and 5% of girls currently use other tobacco products and 13.5% of boys and 8.6% of girls who never smoked are susceptible to start smoking within the next year.

It can be noted that there were more boys than girls who are current cigarette smokers, or use other tobacco products, and still more boys than girls admitted that they are susceptible to start smoking within the next year.

This can be attributed to the “norm” in the Philippines, the so-called “*macho-image*” or an image depicting that the male is stronger and far more superior than the female. This could be implied in the results on the respondents’ knowledge and attitudes regarding smoking, where 7.7% of the respondents think that boys who smoke looked more attractive while 6.4 % of the respondents think that girls who smoke looked more attractive.

It can also be noted that peer pressure to smoke was implied in 28.7% of the respondents who thought that boys who smoke had more friends while 12.1% thought that girls who smoke had more friends.

Harmful Effects of Smoking

The harmful effects of smoking are well- known and documented. The tobacco epidemic kills 5.4 million people a year from lung cancer, heart disease, and other illnesses. The younger they are when they first try smoking, the more likely they are to become regular smokers and the less likely they are to quit. Further, it is noted that 48.7% of the respondents had one or more parents who smoke, and 9.5% had most or all friends who are current smokers, which predisposes them more to the habit of smoking.

And while evidence is strong, in many cases, young people are still unaware of the harmful effects. Schools are integral to educating youths about the dangers of tobacco use but in the Philippines, only 71.1 % of youth surveyed had been taught in class during the past year about the dangers of smoking. Sixty seven point nine percent (67.9%) of those surveyed had been taught in class about the ill effects of smoking; while 57.4% of the youth surveyed had discussed in class the reasons why people their age smoke. Strengthening education is a focus of the FCTC. Educators are specifically mentioned as important sources of information about the dangers of tobacco use for their students.

Public Awareness and Dangers of Smoking

In the Philippines, several programs were initiated to raise awareness of youth and adults alike on dangers of tobacco smoking.

Annually, the World No Tobacco Day is being celebrated every 31st of May which highlights the health risks associated with tobacco use and advocates for effective policies to reduce consumption. However, the Philippine's celebration of The World No Tobacco Day 2012 was focused on tobacco industry interference and the need to expose and counter the aggressive attempts to weaken the WHO Framework Convention on Tobacco Control (FCTC) because of the serious danger they pose to public health.

The DOH also recognizes local government units, government offices and hospitals implementing 100% tobacco-free environments through the DOH Red Orchid Awards. According to Health Secretary Enrique T. Ona, Red Orchid Award is the first of its kind in the world in giving out recognition to cities, municipalities, government offices and health facilities that are strictly enforcing tobacco control measures.

One of the awardees is the Office of the Metro Manila Development Authority (MMDA) which also launches a Project entitled *"Enforcement of the 100% Smoke Free Environment Policy in Metropolitan Manila"*. The goal of the project is to ensure the enforcement of local issuances related to the reduction of tobacco use in Metro Manila based on the RA 9211 (Tobacco Regulations Act) and the Civil Service Circular No. 17 on smoking prohibitions. Various strategies on information, education and communication campaigns, advocacy, strict implementation and enforcement of local policies on anti-smoking will be employed to ensure that a 100% Smoke Free Environment is put into effect and sustained in the cities.

Aside from DOH, there are also other government agencies that have issued policies related to anti-smoking (e.g. Civil Service Commission)

Many civil societies, medical professional societies (e.g. Philippine Medical Association (PMA); Philippine Association of Chest Physician (PACP), Philippine Pediatric Association (PPA) etc. and faith based organizations (e.g. CBCP, Seventh Day Adventist Church, Supreme Council of Darul Ifta of the Philippines (where Filipino Muslims were forbidden to smoke and trade cigarettes) etc.) conduct advocacy campaigns on anti smoking.

The Yosi Kadiri Campaign was also re-launched where the Mascot of Yosi Kadiri was used by the schools to show that smoking is ugly. Series of schools and media forum on ill effects of smoking were also conducted in coordination with the Department of Education. Some school activities include poster making contest on anti-smoking which also help students understand the dangers of tobacco smoking and the importance of not smoking cigarettes.

Of these programs, several have been directly targeted at youth. However, this information has been diffused with other contradicting messages which portray positive images of smoking and using tobacco products, for example pro-cigarette ads in newspapers and magazines, or on billboards. In the Philippines, although 89.4 % of youths reported seeing anti-smoking media messages in the previous 30 days, 80.7% saw pro-smoking media on billboards, 72.4% in magazines and 10.1% of students own an item with cigarette brand logo, while 6.4% admitted to being offered a free cigarette by tobacco representative.

Current Smoker and Never Smoker Differences

Table 10: Comparison of Never Smoker and Current Smoker to Selected Survey Categories, Philippines, GYTS, 2011

Category	Percent who say they will definitely smoke cigarettes 5 years from now (95% CI)	Percent who definitely think that cigarette smoking harmful to your health (95% CI)	Percent who definitely think that cigarette smoke from other people's cigarette is harmful to you (95% CI)	Percent who say that all of his/her closest friends smoke (95% CI)	Percent are in favor of banning smoking in public places (95% CI)
Never Smoker	0.2 % (95% CI: 0.0 – 0.6)	87.9% (95% CI 84.5 – 90.7)	80.8% (95% CI: 77.9 – 83.4)	1.5% (95% CI: 1.0 – 2.0)	94.1% (95% CI: 92.6 – 95.2)
Current Smoker	3.5% (95% CI: 1.9 – 6.2)	72.2% (95% CI: 65.3 – 78.1)	64.1% (95% CI: 56.6 – 70.9)	8.8% (95%CI: 6.2 – 12.3)	85.1% (95% CI: 77.5 – 90.5)

The GYTS defines current smokers as those who smoked cigarettes on 1 or more days in the past 30 days and never smokers as those students who had never tried or experimented with cigarette smoking, even one or two puffs. Table 10 shows the 2011 GYTS statistically significant results and describes some of the differences in responses between these two groups of students.

Current smokers are significantly more susceptible to smoke cigarette (3.5%) five years from now than to those students who never tried or experimented with cigarette smoking (0.2%). The difference in responses could be supported by medical fact that nicotine is addictive. Individuals who start smoking at an earlier age make them more susceptible to continue smoking in time. Thus, it is important that tobacco control programs should also focus on guarding the never smoker from starting to smoke and not only in controlling the current smokers from continuous smoking.

Higher percentage of never smokers also believed that cigarette smoking and smoke from other people's cigarettes are both harmful to their health. Significant differences are shown by never smokers with 87.9% and 80.8 % respectively as against current smokers with response rate of 72.2% and 64,1% respectively. Awareness on the ill effects of cigarette smoking and secondhand smoke is one of the important tools that would help our youth who currently smoke change their behavior towards tobacco use and for the never smokers to have firm commitment to remain a nonsmoker.

Current smokers (8.8%) are significantly almost six times more likely than never smokers (1.5%) to have said that all of his/her closest friends smoke. Secondary school students are in their adolescence period. It is a period where they explore and want to discover new things and usually they do it in company of people of their age. Teachers and parents have crucial roles in protecting their children from the effects of potential peer pressure in tobacco use.

More never smokers (94.1%) than current smokers (85.1%) are in favor of banning smoking in public places. Consistent with the belief of never smokers that smoke from other people's cigarettes are harmful to their health, almost all of them are amenable of banning smoking in public places. As previously stated, scientific evidence has firmly established that there is no safe level of exposure to second-hand tobacco smoke (SHS), a pollutant that causes serious illnesses in adults and children. There is also indisputable evidence that implementing 100% smoke-free environments is the only effective way to protect the population from the harmful effects of exposure to SHS.

Regulations in the Country to Control Tobacco Use in Youth

In the Philippines, the following laws are in place to control tobacco use in youth.

RA 9211 Section 7. Vending Machines, Self-Service Facilities - unless the vending machine has a mechanism for age verification, the sale or distribution of tobacco products to minors by means of a vending machine or any self-service facility or similar contraption or device is prohibited, except at point-of-sale establishments.

RA 9211 Section 9. Minimum Age Sales - Under this Act, It shall be unlawful:

- a. For any retailer or tobacco products to sell or distribute tobacco products to any minor;
- b. For any person to purchase cigarettes or tobacco products from a minor;
- c. For a minor to sell or buy cigarettes or any tobacco products; and
- d. For a minor to smoke cigarettes or any other tobacco products.

RA 9211 Section 10. Sale of Tobacco Products Within School Perimeters - The sale or distribution of tobacco products is prohibited within one hundred (100) meters from any point of the perimeter of a school, public playground or other facility frequented particularly by minors.

RA 9211 Section 11. *Sinage* - Point-of-Sale establishments offering, distributing or selling tobacco products to consumers, shall post the following statement in a clear and conspicuous manner: "SALE/DISTRIBUTION TO OUR PURCHASE BY MINORS OF TOBACCO PRODUCTS IS UNLAWFUL" or " IT IS LAWFUL FOR TOBACCO PRODUCTS TO BE SOLD/DISTRIBUTED TO OR PURCHASED BY PERSONS UNDER 18 YEARS OF AGE".

RA 9211 Section 12. *Proof Of Age Verification* - In case of doubt as to the age of the buyer, retailers shall verify, by means of any valid form of photographic identification containing the date of birth of the bearer, that no individual purchasing a tobacco is below eighteen (18) years of age.

DepEd Order No. 62 s. 2007 - Integration of Instructions on the Hazardous Effect of Smoking in the School Curricula

DepEd Order No. 73 s.2010 - Smoking Ban in Public Schools

Despite having laws to control sale of tobacco products to youth, all of the students enrolled in this survey who reported they used tobacco were under the age of eighteen. In addition, 21% of the respondents usually smoke at home, 50.1 % indicated that in the past 30 days, they were able to buy their cigarettes in a store and 37.3% indicated that they had not been refused due to their age. This constitutes a big violation of the law with regard to access restriction wherein buying/selling of cigarettes to minors is strictly prohibited.

Secondhand Smoke

In the Philippines, the following laws are in place to regulate secondhand tobacco smoke:

RA 9211 Section 5 - *Smoking in Public Places* - Smoking shall be absolutely prohibited in the following public places:

- a. Centers of youth activity such as playschools, preparatory schools, elementary schools, high schools, colleges and universities, youth hostels, and recreational facilities for persons under eighteen (18) years old;
- b. Elevator and stairwells;
- c. Location in which fire hazards are present, including gas stations and storage areas for flammable liquids, gas, explosives or combustible materials;
- d. Within the buildings and premises of public and private hospitals. Medical, dental, and optical clinics, health centers, nursing homes, dispensaries and laboratories;
- e. Public conveyance and public facilities including airport and ship terminals and train and bus stations, restaurant and conference halls, except for separate smoking areas; and
- f. Food preparation areas.

DOH Administrative Order No. 122 s. 2003 - A Smoking Cessation Program to Support the National Tobacco Control and Healthy Lifestyle Program

LTFRB Memo Circular 2009-036 - 100% Smoke-Free Public Utility Vehicles and Public Land Transportation Terminals

CSC Memo Circular No. 17 s. 2009 - Smoking Prohibition based on 100% Smoke-Free Policy

DOH Administrative Order No. 2009-0010 - Rules and Regulations Promoting a 100% Smoke-Free Environment

DOH Dept Memo No. 2010-0191- Health Advisory on Electronic Nicotine Delivery Systems (ENDS)/E-Cigarettes, DOH warns the public on the use of these products. There is insufficient evidence that ENDS are safe for human consumption.

DepEd Order No. 6, s 2012, issued January 18, 2012 - Guidelines on the Adoption and Implementation of Public Health Policies on Tobacco Control and Protection against Tobacco Industry Interference.

The results of this survey showed that 78.3 % of youth surveyed believed that secondhand smoke could be harmful to them, and 92.3 % believed that smoking should be banned in public places. It is important to educate youth on the dangers of tobacco use, and in particular the risks associated with secondhand smoke.

Comparison to Previous Tobacco Surveys

Table 11: Percent Changes in Prevalence of Tobacco Use and Other Factors
Philippines, GYTS 2000, 2003, 2007 and 2011

VARIABLE	2000	2003	2007	2011	PERCENT CHANGE (2007, 2011)
	Total %	Total %	Total%	Total%	
Prevalence					
Ever smoked cigarettes	42.8 (39.6;46.0)	41.9 (38.7;45.1)	46.2 (43.0; 49.4)	27.5 (24.5; 30.7)	-40.5*
Currently use any tobacco product	27.1 (24.8;29.4)	19.6 (16.9;22.3)	27.3 (24.4;30.3)	13.7 (12.1; 15.6)	-49.8*
Currently smoke cigarettes	21.6 (19.1;24.1)	15.0 (12.1;17.1)	21.7 (18.8;25.0)	8.9 (7.4; 10.6)	-58.9*
Currently use other tobacco products	13.6 (12.4;14.8)	8.2 (7.0;9.4)	9.7 (8.5; 11.1)	7.3 (6.3; 8.4)	-24.7*
Susceptibility- Never smokers likely to initiate smoking in the next year	26.5 (24.2;28.8)	13.8 (12.1;15.5)	13.6 (12.0; 15.3)	10.5 (8.9; 12.4)	-22.8*
Knowledge and Attitudes					
Think boys who smoke have more friends	35.1 (32.2;38.0)	29.6 (27.6;31.6)	33.1 (30.6;35.7)	28.7 (25.6; 32.1)	-13.3
Think girls who smoke have more friends	19.0 (16.6;21.4)	15.4 (13.4;17.4)	19.4 (16.7 ; 22.1)	12.1 (10.8; 13.6)	-37.6
Think boys who smoke look more attractive	19.0 (16.2;21.8)	17.9 (15.5;20.3)	18.2 (16.6 ; 19.8)	7.7 (6.3; 9.4)	-57.7
Think girls who smoke look more attractive	10.8 (9.0;12.6)	11.8 (10.2;13.4)	15.1 (13.7 ; 16.6)	6.4 (5.2; 7.8)	-57.6
Access and Availability					
Usually smoke at home	18.5 (16.4;20.6)	21.3 (17.4;25.2)	18.6 (15.1;22.9)	21.0 (16.0; 27.0)	12.9
Buy cigarettes in store	44.8 (41.8;47.8)	57.4 (53.3;61.5)	56.0 (50.5;61.4)	50.1 (43.2; 57.0)	-10.5
Not refused purchase	45.4 (41.6;49.2)	62.8 (55.4;70.2)	64.0 (59.3;68.4)	37.3 (22.4; 55.0)	-41.7
Dependency	7.2 (5.6;8.8)	3.8 (2.3;5.3)	3.3 (2.1; 5.2)	1.5 (1.0; 2.2)	-54.5
Secondhand Smoke					
Secondhand smoke in homes	60.1 (58.2;62.0)	57.6 (55.6;59.6)	57.8 (55.6 ; 60.0)	42.9 (40.3; 45.4)	-25.8
Secondhand smoke in public places	74.6 (72.8;76.4)	59 (56.9;61.1)	67.9 (65.7 ; 70.0)	57.9 (56.0; 59.8)	-14.7
Think smoking should be banned in public places	39.2 (35.0;43.4)	88.7 (87.1;90.3)	89.4 (88.2 ; 90.5)	92.3 (90.8; 93.6)	3.2
Think smoke from others is harmful to them	37.6 (33.0;42.2)	71.7 (69.0;74.4)	68.8 (66.6 ; 71.0)	78.3 (75.3; 81.0)	13.8*
Have one or more parents smoke	56.3 (54.7;57.9)	55.7 (53.8;57.6)	56.7 (54.5 ; 58.9)	48.7 (45.4; 52.0)	-14.1
Have most or all friends smoke	10.6 (8.9;12.3)	12.2 (10.3;14.1)	15.0 (12.6 ; 17.7)	9.5 (8.2; 10.9)	-36.7*
Cessation					
Want to stop smoking	84.8 (81.8;87.8)	88.2 (84.8;91.6)	86.0 (83.4;88.3)	88.6 (78.8; 94.2)	3.0
Tried to stop smoking during the past year	84 (80.9;87.1)	86.9 (82.9;91.3)	87.1 (84.4;89.4)	85.8 (77.9; 91.2)	-1.5

Have ever received help to stop smoking	90.5 (88.9;92.1)	90.4 (87.5;93.3)	85.9 (81.6;89.3)	87.3 (81.6; 91.5)	1.6
Media and Advertising					
Saw anti-smoking media messages, in the past 30 days	83.4 (81.5;85.3)	90.3 (89.3;91.3)	87.3 (85.9;88.6)	89.4 (87.4; 91.1)	2.4
Saw pro-cigarette ads on billboards, in the past 30 days	84.4 (82.6;86.2)	87.6 (86.3;88.9)	87.9 (86.3;89.2)	80.7 (78.1; 83.0)	-8.2
Saw pro-cigarette ads in print media	80.4 (78.6;82.2)	81.7 (80.4;83.0)	84.8 (83.2;86.3)	72.4 (68.7; 75.7)	-14.6
Have an object with cigarette brand logo	17.8 (16.4;19.2)	16.4 (13.5;19.3)	12.6 (11.2;14.0)	10.1 (8.5; 11.9)	-19.8*
Were offered free cig by tobacco company/ representative	17.6 (16.3;18.9)	13.9 (11.6;16.2)	8.5 (7.3 ; 9.8)	6.4 (5.4; 7.5)	-24.7*
School					
Had been taught in class dangers of smoking	58.6 (55.9;61.3)	68.0 (65.2;70.8)	69.6 (66.9;72.2)	71.1 (68.1; 73.9)	2.2*
Had discussed in class reasons why people their age smoke	57.7 (55.3;60.1)	62.2 (59.3;65.1)	61.3 (57.7;64.7)	57.4 (53.7; 61.1)	-6.4
Taught in class effects of smoking	64.1 (61.6;66.6)	67.5 (64.6;70.4)	69.3 (66.4;72.0)	67.9 (64.3; 71.3)	-2.0

* Statistically significant at 95% CI

The prevalence of tobacco use in the Philippines had decreased considerably over a 4-year period, from 2007 to 2011. The prevalence of students who ever smoked cigarettes significantly decreased by 40.5%. On the other hand, prevalence of current use of any tobacco product and current cigarette smoking had dropped significantly from almost half (49.8%) to more than half (58.9%) respectively. The prevalence of current use of other tobacco product also decreased significantly by 24.7%. It follows that the likelihood of never smokers to initiate smoking in the next year also decreased significantly by 22.8%. (Table 10)

A dramatic decrease in prevalence of tobacco use among youth from 2007 to 2011 is apparent in the 2011 GYTS results. This could be probably due to the effect of the intensified actions of different government and non-government agencies on developing and implementing tobacco control policies.. Further, a significant increase on the percent of students who had been taught in class the dangers of smoking (2.2%) could also be a contributory factor.

Consistently, a significant increase in number of youth who think that smoke from others is harmful to them is also evident in the survey results. A 13.8% increase from the previous survey is a good indicator that the students are aware of the ill-effects of secondhand smoke to them.

This belief of students probably explains for the significant decrease of 36.7% on number of students who have most or all friends smoking. Certainly, students who believed that secondhand smoke is harmful to their health, stay away from those students who smoke.

Results show that anti-tobacco advertisement is getting stronger and wider in scope. As compared to previous survey, the youth now have greater exposure to anti-smoking media messages (increase of 2.2%) than in pro-cigarette ads on billboards and print media which were decreased by 8.2% and 14.6% respectively.

Moreover, there were significant decrease on proportions of students who have an object with cigarette brand logo on it (19.8%) and proportion of students who were offered free cigarettes by tobacco company representative (24.7%)

Relevance to WHO FCTC/ WHO MPOWER

The results of this GYTS are critical for gauging progress toward WHO FCTC and MPOWER implementation and uptake.

The Philippines' participation in GYTS addresses the first element of MPOWER (*Monitor tobacco use and prevention policies*). The GYTS asks students a range of questions that spans many of the remaining elements of MPOWER. The resulting data are critical for gauging the Philippines' progress toward fully implementing the elements of MPOWER among its youth. The information provided by GYTS can address several provisions of the FCTC that relate to the role of school personnel and the comprehensive school tobacco control policy.

- **Monitor tobacco use and interventions**

The 2011 GYTS showed that in almost three out of ten (27.5%) students have ever smoked cigarettes, while, 13.7% of students currently use or have used tobacco products at least once in the last 30 days.

Results also showed that within the previous 30 days, 8.9% and 7.3% of students were current cigarettes smokers and current users of other forms of tobacco other than cigarette, respectively.

- **Protect people from tobacco smoke**

The GYTS data show that 57.9% of students are around others who smoke outside their home and 42.9% live in homes where others smoke in their presence.

- **Offer help to quit tobacco use**

Results from GYTS show that students who currently smoke are interested in quitting. Of students who currently smoke:

- 88.6% want to stop smoking.
- 85.8% tried to stop smoking in the past year.
- 87.3% have ever received help to stop smoking.

- **Warn about the dangers of tobacco**

During the past year, 71.1% of students had been taught in class about the dangers of smoking and 67.9% had been taught in class about the effects of tobacco use. The GYTS data also show that during the past year, 57.4% of students had discussed in class reasons why people their age smoke.

- **Enforce bans on tobacco advertising, promotion, and sponsorship**

The GYTS data show that 89.4% of students saw anti-smoking media messages in the past 30 days. But, in the past 30 days, 80.7% saw pro-cigarette ads on billboards and 72.4% saw them in newspapers or magazines. Further, 10.1% of students have an object with a cigarette brand logo and 6.4% were offered free cigarettes by a tobacco company representative.

GYTS methodology provides an excellent framework for monitoring and guiding the implementation of school tobacco control programs while making it compliant with the requirements of FCTC.

The results of this survey will be disseminated broadly and, ideally, used to adopt and implement effective legislative measures for preventing and reducing tobacco consumption, nicotine addiction, and exposure to tobacco smoke.

Relevance to Country

Many youth reported they wanted to quit, but teachers, who are in the best position to help them quit smoking, are not formally trained to prevent tobacco use among their students.

The results show an early age of initiation of cigarette usage among adolescents in the country. Tobacco control education therefore needs to start at a very young age. Susceptibility to begin smoking in the next year is high among both boys and girls, but laws mandate partial prohibition in tobacco advertisements, promotion and sponsorship (TAPS) in the country, the tobacco industry will just shift their TAPS activities to other venues or forms not prohibited by law.

Hence, the Department of Education Memo Circular No. 62 s.2007 mandating integration of instructions on the hazardous effects of smoking in the school curricula needs to be fully enforced. However, very limited levels of tobacco-related issues are currently discussed in the formal school curriculum.

Country adolescents are faced with the double burden of cigarette use and the use of other forms of tobacco products such as shisha and e-cigarettes. The DOH has already issued Department Memorandum No. 2010-0191 regarding its advisory cautioning the public on the use of electronic nicotine delivery systems (ENDS) or more popularly known as e-cigarettes.

Despite the existence of a lot of information on tobacco control, a significant information gap exists on tobacco use information in this country.

Students in this country are still reporting being exposed to pro-smoking media campaigns because the TAPS ban is only partial. It is important to control this exposure.

Proposed Interventions/Further Studies

The following are the proposed interventions that would aid in the control and prevention of tobacco use. Also, listed are some suggestions for further studies as a result of the data gathered from the GYTS

- Further study into why youths report a significantly higher rate of use of e-cigarette and shisha, and in particular female youths, is suggested to understand this alarming new trend.
- The DOH issued a Dept Memo No. 2010-0191 due to increasing rate of use of e-cigarette. This should be widely disseminated for the information and guidance of the public.
- Due to the fact that children are likely to start smoking if they grow up in an environment where tobacco advertising is prolific, where smoking rates are high among adults (including those that serve as role models for young people), where tobacco products are cheap and easily accessible, and where smoking is unrestricted in public places, the tobacco control policies need to take this into consideration. Besides drafting such policies, their enforcement and public awareness need to be considered. The starting point could be the law already in place on the sale of tobacco products to children aged below 18, which does not seem to be adequately enforced or known to the public.
- Awareness campaigns on the dangers of cigarette smoking and tobacco products need to be intensified. Most school-based anti-smoking campaigns are done on the “World No Tobacco Day” but there is need for more frequent education on the dangers of tobacco. Also, anti-smoking campaigns should not just target people with access to television and radio, but should also be targeted for those without access. In the rural areas, use of other tobacco products is rampant as shown and information on the dangers of these should be provided, through means accessible to the rural people, who are the majority, constituting over 60% of the population in the country. However, due to insufficient government funding for information dissemination various information, education and research initiatives can also be developed and implemented by NGOs operating within communities.

- Educational programs and health promotion campaigns can serve a useful role in tobacco control, particularly in areas where the harms of tobacco use are not widely known. However, unless they are backed up by strong public policies, which help young people refrain from using tobacco, educational programs have only modest results. Such education programs and health promotion campaigns should be placed in the overall context of strong and coherent tobacco control policies.

Recommendations

Based on 2011 GYTS findings, the following are the proposed interventions and are also recommended for further studies.

MONITORING:

1. To maintain a current understanding of tobacco use and other key indicators among youth and to gauge trends in WHO FCTC and MPOWER uptake and implementation, this survey should be completed at least every four years.
2. The continuous and effective implementation of the tobacco control initiatives and issuances by various national agencies and local government units should be sustained.
3. Measures should be done to further protect tobacco control policies from tobacco industry interference in order to sustain their efforts.
4. With the recent rise in the availability of electronic cigarettes or end nicotine delivery systems in the market, measures should be done to regulate the product and educate the public regarding its potential hazards.
5. An early administrative arrangement of funding support for the surveys is recommended to prevent delay in the administration of the surveys.
6. Further analysis of data for private and public school students should be done, in order to assess the socio-economic factors that may affect the smoking of youth.
7. Establish a system to monitor the implementation of tobacco control policies, in particular the enforcement of local ordinances on smoke-free environments and on bans of tobacco advertising, promotion and sponsorship.

PROTECTION:

1. School rules and policies should be framed for the prevention and control of tobacco use.
2. The Department of Health and other national government agencies should provide stronger commitment and leadership to promote social norms in support of 100% indoor smoke-free environments.
3. The DOH should pursue collaboration with all relevant stakeholders for ensuring that the Philippines meets its obligations under the WHO FCTC Article 8 (Guidelines on the protection from exposure to tobacco smoke).
4. Strengthen implementation of the 100% smoke-free policy through the support of health services and medical associations and by improving access to smoking cessation services.
5. Intensify the enforcement on the ban on selling tobacco products within the 100 meter perimeter of schools and places frequented by minors.

OFFER TO QUIT:

1. Many students who smoke expressed the desire to quit smoking and many have even attempted to quit. With the proper assistance and tools, those students could stop smoking forever. Nongovernmental organizations could play a vital role as a resource for youth interested in quitting.
2. A comprehensive health promotion strategy and effective and comprehensive tobacco cessation programs need to be formulated to prevent tobacco use and assist school personnel and the general community in quitting.
3. Provide smoking cessation services to the youth which could be school based.
4. Finalize, endorse and widely promote a standard set of tobacco cessation practice guidelines and service delivery models. Teachers or perhaps guidance counselors should be trained on the smoking cessation guidelines once formulated.
5. Cessation training should be incorporated into the mandatory curricula and on-going capacity building initiatives of health professionals.
6. PhilHealth should expand the insurance coverage to cover a package of evidence-based essential cessation services that includes brief advice at the primary health care level, access to intensive counseling such as through a national quit-line and, to the extent possible, pharmacotherapy for those who are heavily addicted to tobacco.

7. DOH should promote cessation with systematic advocacy campaigns and cessation clinic should be available.

WARNING:

1. A significant number of students were exposed to tobacco smoke at home and public places and 92.3% of students believe smoking in public places should be banned. There is a need to pass laws that ban tobacco smoking in public places or, if such laws have been passed, to effectively enforce those laws.
2. Efforts should be done to institutionalize tobacco control and prevention in the curriculum of DepEd, in particular, reasons why the youth initiate smoking and ways to prevent them from doing so, as well as the adverse health effects of smoking.
3. Pursue the passage of law mandating Graphic Health Warning in cigarette packs. Graphic Health Warning on cigarette packs is more effective than textual warning because the ill-effects of tobacco use can be easily seen through pictures. The youth need to be informed on the ill- effects of tobacco use to prevent them from picking up the habit.

ENFORCEMENT:

1. Many youth were exposed to pro-cigarette advertising and were provided free cigarettes by tobacco company representatives. There is an urgent need to police more strictly the existing law banning all forms of advertisement of tobacco products and paraphernalia in the Philippines.
2. The ban in tobacco advertisements in all forms of mass media should be strictly enforced, especially within the 100 meter perimeter of schools and places frequented by minors.
3. Continue enforcement of smoking bans in public places and heighten the advocacy on smoke-free homes.
4. There should be a total ban on tobacco advertisement, promotion and sponsorship (TAPS) to reduce exposure of youth on pro-tobacco advertisements.
5. Strengthen the enforcement mechanism of the current TAPS' restrictions, through coordinated action at local jurisdictions, under the DOH leadership and coordination.
6. Relying on its current formal mandate for monitoring and enforcing a ban on TAPS, the DOH should advocate for it and take the lead in initiating and proposing a complete ban on TAPS, without any exceptions.

RAISE TAXES:

1. Raise the tax of cigarettes to curb tobacco use especially among the youth and the poor segment of the population. A World Bank study has shown that an increase of 10% in cigarette prices can translate into a reduction of 4-8% in tobacco consumption.
2. Simplify the existing tobacco tax structure, significantly raise tobacco product excise taxes, and index taxes to inflation in order to raise tobacco product prices and reduce tobacco use.

APPENDIX A: DEFINITIONS and ACRONYMS

Definitions

Current smoker	those who smoked cigarettes on 1 or more days in the past 30 days
Never smoker	A person who had never tried or experimented with cigarette smoking, even one or two puffs.
Passive smoking	the inhalation of environmental tobacco smoke
Population	A set of people or entities to which findings is to be generalized
Region	There are 17 main administrative regions in the Philippines, where one region is comprised of an average of 5 provinces
Sample	A collection of units, selected to draw conclusions about a population
Significance	The percent chance that a relationship found in the data is just due to an unlucky sample. And if we took another sample we might find nothing.
Youth	Aged between 10-24, the GYTS reports only ages 13-15 years.

Acronyms

AER	Action for Economic Reform
AFPTC	ASEAN Focal Points on Tobacco Control
ATBP	Anti-Tobacco Behavior Program
CHD	Center for Health Development
CSC	Civil Service Commission
DA	Department of Agriculture
DAP	Development Academy of the Philippines
DOH	Department of Health
DTI	Department of Trade and Industry
FCAP	FCTC Alliance of the Philippines
FCTC	Framework Convention on Tobacco Control
FDA	Food and Drug Administration
FIES	Family Income and Expenditure Survey
GATS	Global Adult Tobacco Survey
GYTS	Global Youth Tobacco Survey
HJ	Health Justice
IACT	Inter- Agency Committee on Tobacco

LGU	Local Government Unit
LTFRB	Land Transportation Franchising and Regulatory Board
M&E	Monitoring and Evaluation
MMDA	Metro Manila Development Authority
NCD	Non-Communicable Diseases
NCHP	National Center for Health Promotion
NEC	National Epidemiology Center
NGO	Non-Government Organization
NOH	National Objectives for Health
NSCB	National Statistical Coordination Board
NSCP	National Smoking Cessation Program
NTCCO	National Tobacco Control Coordination Office
NTCS	National Tobacco Control Strategy
NTPCP	National Tobacco Prevention and Control Program
PNP	Philippine National Police
RA	Republic Act
SEATCA	Southeast Asia Tobacco Control Alliance
SHS	Secondhand Smoke
SWAT	Sector-Wide Anti-Tobacco Committee
TAPS	Tobacco Advertising Promotion and Sponsorship
TCT	Tobacco Control Team
TFI	Tobacco Free Initiative
TFP	Tobacco Free Philippines
TOT	Training of Trainers
UHC	Universal Health Care
UN	United Nation
US-CDC	United States – Center for Disease Prevention and Control
WHO	World Health Organization

APPENDIX B: REFERENCES

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**APPENDIX C: List of Officials and Personnel Involved in the 2011 Philippine
Global Youth Tobacco Survey (GYTS)**

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Global Youth Tobacco Survey (GYTS)
4th Round
Philippines
2011 Questionnaire



INSTRUCTIONS

- Please read each question carefully before answering it. (*Siguraduhing basahin at unawain muna ang bawat katanungan bago sagutin*).
- Choose the answer that best describes what you believe and feel to be correct. (*Piliin and sagot ayon sa paniwala mo na yon ang tamang sagot*)
- Choose only **one** answer for each question. (*Pumili lamang ng isang sagot bawat tanong*).
- In the answer sheet, locate the circle that corresponds to your answer and fill it in completely with the pencil that was provided to you. (*Sa answer sheet na may mga bilog, punuan ng lapis ang bilog na katugma ng iyong sagot*)
- Correctly fill in the bubbles: (*Dapat buo ang bilog o shade ng iyong lapis*)

☺ Like this: ●
- If you have to change your answer, don't worry, just erase it completely, without leaving marks. (*Pag nagpalit ka ng sagot, burahin lang ng maayos at punuan ulio i-shade ng lapis ang napiling katugmang bilog*)
- Remember, each question only has one answer. (*Isa lang ang sagot bawat tanong*)

Example:

Questionnaire

24. Do you believe that fish live in water? (Naniniwala ka ba na ang isda ay nakatira sa tubig)
- A. Definitely yes (Talagang Oo)
 - B. Probably yes (Oo Siguro)
 - C. Probably not (Hindi siguro)
 - D. Definitely not (Hindi talaga)

24. ● (B) (C) (D) (E) (F) (G) (H)

THE FIRST 11 QUESTIONS ASK ABOUT YOUR USE OF TOBACCO.

Ang susunod na 11 na katungan ay tungkol sa inyong paggamit ng sigarilyo/tabako.

- 1. Have you ever tried or experimented with cigarette smoking, even one or two puffs?** (*Nasubukan mo na ba ang magsigarilyo, kahit isa o dalawang hitit lang?*)
 - A. Yes (*Oo*)
 - B. No (*Hindi*)

- 2. How old were you when you first tried a cigarette?** (*Ilang taon ka noong una kang sumubok manigarilyo?*)
 - A. I have never smoked cigarettes (*Hindi pa ako nanigarilyo kailanman*)
 - B. 7 years old or younger (*7 taong gulang pababa*)
 - C. 8 or 9 years old (*8 o 9 taong gulang*)
 - D. 10 or 11 years old (*10 o 11 taong gulang*)
 - E. 12 or 13 years old (*12 o 13 taong gulang*)
 - F. 14 or 15 years old (*14 o 15 taong gulang*)
 - G. 16 years old or older (*16 taong gulang pataas*)

- 3. During the past 30 days (one month), on how many days did you smoke cigarettes?** (*Nitong nakaraang 30 araw (1 buwan), ilang araw kang nanigarilyo?*)
 - A. 0 days (*wala*)
 - B. 1 or 2 days (*1 o 2 araw*)
 - C. 3 to 5 days (*3 hanggang 5 araw*)
 - D. 6 to 9 days (*6 hanggang 9 araw*)
 - E. 10 to 19 days (*10 hanggang 19 araw*)
 - F. 20 to 29 days (*20 hanggang 29 araw*)
 - G. All 30 days (*30 araw (araw-araw)*)

- 4. During the past 30 days (one month), how many cigarettes per day do you usually smoke?** (*Nitong nakaraang 30 araw (1 buwan), ilang sigarilyo ang kadalasang nasisigarilyo mo?*)
 - A. I did not smoke cigarettes during the past 30 days (one month) (*Hindi ako nanigarilyo nitong nakaraang 30 araw (1 buwan)*)
 - B. Less than 1 cigarette per day (*Mababa sa 1 sigarilyo kada araw*)
 - C. 1 cigarette per day (*1 sigarilyo sa isang araw*)
 - D. 2 to 5 cigarettes per day (*2 hanggang 5 sigarilyo kada araw*)
 - E. 6 to 10 cigarettes per day (*6 hanggang 10 sigarilyo kada araw*)
 - F. 11 to 20 cigarettes per day (*11 hanggang 20 sigarilyo kada araw*)
 - G. More than 20 cigarettes per day (*higit sa 20 sigarilyo kada araw*)

5. **During the past 30 days (one month), how did you usually get your own cigarettes? (SELECT ONLY ONE RESPONSE)** *(Nitong nakaraang 30 araw (1 buwan), paano ka karaniwang kumukuha ng sigarilyo mo? (PUMILI LAMANG NG ISANG SAGOT))*
- A. I did not smoke cigarettes during the past 30 days (one month) *(Hindi ako nanigarilyo nitong nakaraang 30 araw (1 buwan))*
 - B. I bought them in a store, shop or from a street vendor *(Binili ko sa tindahan/palengke/grocery/naglalako sa kalye)*
 - C. I bought them from a vending machine *(Binili ko sa vending machine)*
 - D. I gave someone else money to buy them for me *(Nagpabili ako ng sigarilyo sa iba)*
 - E. I borrowed them from someone else *(Humingi ako sa iba)*
 - F. I stole them *(Ninakaw ko)*
 - G. An older person gave them to me *(Binigyan ako ng sigarilyo ng taong mas nakatatanda)*
 - H. I got it in some other way *(Nakuha ko sa iba pang paraan)*
6. **During the past 30 days (one month), what brand of cigarettes did you usually smoke? (SELECT ONLY ONE RESPONSE)** *(Nitong nakaraang 30 araw (1 buwan), anong brand o pangalan ng sigarilyo ang palagi mong sinisigarilyo? (PUMILI LAMANG NG ISANG SAGOT))*
- A. I did not smoke cigarettes during the past 30 days *(Hindi ako nanigarilyo nitong nakaraang 30 araw (1 buwan))*
 - B. No usual brand *(Walang particular na pangalan o brand)*
 - C. Marlboro
 - D. Philip Morris
 - E. Winston
 - F. Hope
 - G. Memphis
 - H. Others *(Iba pa)*
7. **During the past 30 days (one month), did anyone ever refuse to sell you cigarettes because of your age?** *(Sa nakalipas na 30 araw (1 buwan), meron bang tumangging magbenta ng sigarilyo dahil sa iyong edad?)*
- A. I did not try to buy cigarettes during the past 30 days (one month) *(Hindi ko sinubukang bumili ng sigarilyo nitong nakalipas na 30 araw (1 buwan))*
 - B. Yes, someone refused to sell me cigarettes because of my age *(Oo, may tumangging magbenta sa akin ng sigarilyo dahil sa edad ko)*
 - C. No, my age did not keep me from buying cigarettes *(Walang tumangging magbenta sa akin ng sigarilyo dahil sa edad ko)*
8. **During the past 30 days (one month), have you ever used any form of smoked-tobacco products other than cigarettes (e.g. cigars, pipes)?** *(Sa nakalipas na 30 araw (1 buwan), gumamit ka ba ng ibang produktong tabako maliban sa sigarilyo)*
- A. Yes *(Oo)*
 - B. No *(Hindi)*
9. **During the past 30 days (one month), have you ever used any form of smokeless- tobacco products (e.g. chewing tobacco,)?** *(Sa nakalipas na 30 araw (1 buwan), gumamit ka ba ng ibang produktong tabako na hindi hinihithit?)*
- A. Yes *(Oo)*
 - B. No *(Hindi)*

- 10. Where do you usually smoke? (SELECT ONLY ONE RESPONSE)** (*Saan ka madalas naninigarilyo?*)(*PUMILI LAMANG NG ISANG SAGOT*))
- A. I have never smoked cigarettes (*Hindi pa ako naninigarilyo kailanman*)
 - B. At home (*Sa bahay*)
 - C. At school (*Sa paaralan*)
 - D. At work (*Sa trabaho*)
 - E. At friends' houses (*Sa bahay ng kaibigan*)
 - F. At social events (*Sa mga pagtitipon*)
 - G. In public spaces (e.g. parks, shopping centres, street corners) (*Sa mga pampublikong lugar (park, sa shopping center o mall, kanto)*)
 - H. Other (*Iba pa*)

11. Do you ever have cigarette (or feel like having) a cigarette first thing in the morning?

(*Paninigarilyo ba ang una mong ginagawa o gustong gawin pagkagising sa umaga?*)

- A. I have never smoked cigarettes (*Hindi pa ako naninigarilyo kailanman*)
- B. I no longer smoke cigarettes (*Hindi na ako naninigarilyo*)
- C. No, I don't have or feel like having a cigarette first thing in the morning
(*Hindi paninigarilyo o ang kagustuhang manigarilyo ang una kong ginagawa pagkagising sa umaga*)
- D. Yes, I sometimes feel like having a cigarette first thing in the morning (*Oo, may mga panahon na gusto kong manigarilyo pagkagising sa umaga*)
- E. Yes, I always feel like having a cigarette first thing in the morning (*Oo, lagi akong naninigarilyo o gustong manigarilyo pagkagising sa umaga*).

THE NEXT 17 QUESTIONS ASK ABOUT YOUR KNOWLEDGE AND ATTITUDES TOWARD

TOBACCO *Ang sumusunod na 17 katanungan ay tungkol sa inyong kaalaman at kaugalian hinggil sa tabako.*

12. Do your parents smoke? (Naninigarilyo ba ang iyong mga magulang?)

- A. None (*wala sa kanila*)
- B. Both (*pareho*)
- C. Father only. (*tatay lang*)
- D. Mother only (*nanay lang*)
- E. I don't know (*hindi ko alam*)

13. If one of your best friends offered you a cigarette, would you smoke it? (Kung ang isa sa iyong matatalik na kaibigan ang nag-alok sa iyo ng sigarilyo ,maninigarilyo ka ba?)

- A. Definitely not (*Hindi talaga*)
- B. Probably not (*Hindi siguro*)
- C. Probably yes (*Oo siguro*)
- D. Definitely yes (*Talagang oo*)

14. Has anyone in your family discussed the harmful effects of smoking with you? (Mayroon ba sa iyong pamilya ang nakapagsabi tungkol sa masamang epektong idinudulot ng paninigarilyo?)

- A. Yes (*Oo*)
- B. No (*Hindi*)

- 15. At any time during the next 12 months do you think you will smoke a cigarette?** *(Sa tingin mo ba'y makakapagsigarilyo ka sa susunod na 12 buwan?)*
- A. Definitely not *(Hindi talaga)*
 - B. Probably not *(Hindi siguro)*
 - C. Probably yes *(Oo siguro)*
 - D. Definitely yes *(Talagang oo)*
- 16. Do you think you will be smoking cigarettes 5 years from now?** *(Sa iyong palagay maninigarilyo ka ba 5 taon simula ngayon?)*
- A. Definitely not *(Hindi talaga)*
 - B. Probably not *(Hindi siguro)*
 - C. Probably yes *(Oo siguro)*
 - D. Definitely yes *(Talagang oo)*
- 17. Once someone has started smoking, do you think it would be difficult to quit ?** *(Kapag sinimulan na ng isang tao ang manigarilyo, sa tingin mo ba'y mahihirapan na siyang tumigil?)*
- A. Definitely not *(Hindi talaga)*
 - B. Probably not *(Hindi siguro)*
 - C. Probably yes *(Oo siguro)*
 - D. Definitely yes *(Talagang oo)*
- 18. Do you think boys who smoke cigarettes have more or less friends?** *(Sa iyong palagay, ang mga lalaking naninigarilyo ba ay mas marami o mas kaunti ang nagiging kaibigan?)*
- A. More friends *(mas maraming kaibigan)*
 - B. Less friends *(mas kaunting kaibigan)*
 - C. No difference from non-smokers *(walang kaibahan sa mga di-naninigarilyo)*
- 19. Do you think girls who smoke cigarettes have more or less friends?** *(Sa iyong palagay, ang mga babaeng naninigarilyo ba ay mas marami o mas kaunti ang kaibigan?)*
- A. More friends *(mas maraming kaibigan)*
 - B. Less friends *(mas kaunting kaibigan)*
 - C. No difference from non-smokers *(walang kaibahan sa mga di-naninigarilyo)*
- 20. Does smoking cigarettes help people feel more or less comfortable at celebrations, parties, or in other social gatherings?** *(Nakakatulong ba ang paninigarilyo para maging kumportable ang pakiramdam ng isang tao sa mga pagdiriwang, mga party o iba pang mga pagtitipon?)*
- A. More comfortable *(mas kumportable)*
 - B. Less comfortable *(hindi masyadong kumportable)*
 - C. No difference from non-smokers *(walang kaibahan sa mga di-naninigarilyo)*
- 21. Do you think smoking cigarettes makes boys look more or less attractive?** *(Sa iyong palagay, ang mga lalaking naninigarilyo ba ay mas o hindi nakakadagdag ng personalidad?)*
- A. More attractive *(mas kaakit-akit)*
 - B. Less attractive *(hindi masyadong kaakit-akit)*
 - C. No difference from non-smokers *(walang kaibahan sa mga di-naninigarilyo)*

22. **Do you think smoking cigarettes makes girls look more or less attractive?** (*Sa iyong palagay, ang mga babaing naninigarilyo ba ay mas o hindi nakakadagdag ng personalidad?*)
- A. More attractive (*mas kaakit-akit*)
 - B. Less attractive (*hindi masyadong kaakit-akit*)
 - C. No difference from non-smokers (*walang kaibahan sa mga di-naninigarilyo*)
23. **Do you think that smoking cigarettes makes you gain or lose weight?** (*Sa iyong palagay, ang paninigarilyo ba ay nagpapabigat o nagpapagaan ng timbang?*)
- A. Gain weight (*nakadadagdag ng timbang*)
 - B. Lose weight (*nakababawas ng timbang*)
 - C. No difference (*walang pagkakaiba*)
24. **Do you think cigarette smoking is harmful to your health?** (*Sa iyong palagay, ang paninigarilyo ba ay nakakasama sa iyong kalusugan?*)
- A. Definitely not (*Hindi talaga*)
 - B. Probably not (*Hindi siguro*)
 - C. Probably yes (*Oo siguro*)
 - D. Definitely yes (*Talagang oo*)
25. **Do any of your closest friends smoke cigarettes?** (*May naninigarilyo ba sa mga matalik mong kaibigan?*)
- A. None of them (*wala sa kanila*)
 - B. Some of them (*ilan sa kanila*)
 - C. Most of them (*karamihan sa kanila*)
 - D. All of them (*lahat sila*)
26. **When you see a man smoking what do you think of him? (SELECT ONLY ONE RESPONSE)**
Kapag may nakikita kang lalaking naninigarilyo, ano ang tingin mo sa kanya? (PUMILI LAMANG NG ISANG SAGOT)
- A. Lacks confidence (*kulang ng tiwala sa sarili*)
 - B. Stupid (*tanga*)
 - C. Loser (*talunan*)
 - D. Successful (*matagumpay*)
 - E. Intelligent (*matalino*)
 - F. Macho (*macho*)
 - G. Others (*iba pa*)
27. **When you see a woman smoking what do you think of her? (SELECT ONLY ONE RESPONSE)**
Kapag may nakikita kang babaeng naninigarilyo, ano ang tingin mo sa kanya? (PUMILI LAMANG NG ISANG SAGOT)
- A. Lacks confidence (*kulang ng tiwala sa sarili*)
 - B. Stupid (*tanga*)
 - C. Loser (*talunan*)
 - D. Successful (*matagumpay*)
 - E. Intelligent (*matalino*)
 - F. Macho (*macho*)
 - G. Others (*iba pa*)

28. **Do you think it is safe to smoke for only a year or two as long as you quit after that?** (*Sa iyong palagay, kapag nanigarilyo ka sa loob ng 1 o 2 taon, at tumigil ka na, ligtas ka na ba sa mga sakit na dulot ng paninigarilyo?*)
- A. Definitely not (*Hindi talaga*)
 - B. Probably not (*Hindi siguro*)
 - C. Probably yes (*Oo siguro*)
 - D. Definitely yes (*Talagang oo*)

THE NEXT 4 QUESTIONS ASK ABOUT YOUR EXPOSURE TO OTHER PEOPLE'S SMOKING

Ang susunod na 4 na tanong ay tungkol sa iyong karanasan sa paninigarilyo ng ibang tao.

29. **Do you think the smoke from other people's cigarettes is harmful to you?** (*Sa iyong palagay, ang usok mula sa sigarilyo ng iba ay nakasasama sa iyo?*)
- A. Definitely not (*Hindi talaga*)
 - B. Probably not (*Hindi siguro*)
 - C. Probably yes (*Oo siguro*)
 - D. Definitely yes (*Talagang oo*)
30. **During the past 7 days, on how many days have people smoked in your home, in your presence?** (*Nitong nakaraang 7 araw, ilang araw may naninigarilyosa inyong bahay na naroon ka?*)
- A. 0 (*Wala*)
 - B. 1 to 2 (*1 hanggang 2*)
 - C. 3 to 4 (*3 hanggang 4*)
 - D. 5 to 6 (*5 hanggang 6*)
 - E. 7 (*pito*)
31. **During the past 7 days, on how many days have people smoked in your presence, in places other than in your home?** (*Nitong nakaraang 7 araw, maliban sa inyong bahay, ilang araw may nanigarilyo na naroon ka?*)
- A. 0 (*Wala*)
 - B. 1 to 2 days (*1 hanggang 2*)
 - C. 3 to 4 days (*3 hanggang 4*)
 - D. 5 to 6 (*5 hanggang 6*)
 - E. 7 (*pito*)
32. **Are you in favor of banning smoking in public places (such as in restaurants, in buses, streetcars, and trains, in schools, on playgrounds, in gyms and sports arenas, in discos)?** (*Sang-ayon ka ba na ipagbawal ang paninigarilyo sa mga pampublikong lugar (haimbawa sa restaurant/kainan, bus, tricycle, sidecar, tren, paaralan, gym at sports arena, sa mga disco o sa parke?)*)
- A. Yes (*Oo*)
 - B. No (*Hindi*)

THE NEXT 6 QUESTIONS ASK ABOUT YOUR ATTITUDES TOWARD STOPPING SMOKING

Ang susunod na 6 na katanungan ay tungkol sa iyong Kaisipan ukol sa pagtigil sa paninigarilyo

- 33. Do you want to stop smoking now?** (*Gusto mo na bang tumigil sa paninigarilyo ngayon?*)
- A. I have never smoked cigarettes (*Hindi pa ako naninigarilyo kailanman*)
 - B. I did not smoke during the past year (*Hindi na ako naninigarilyo noong nakaraang taon*)
 - C. Yes (*Oo*)
 - D. No (*Hindi*)
- 34. During the past year, have you ever tried to stop smoking cigarettes?** (*Nitong nakaraang taon, sinubukan mo bang tumigil maninigarilyo?*)
- A. I have never smoked cigarettes (*Hindi pa ako naninigarilyo kailanman*)
 - B. I do not smoke now (*Hindi na ako naninigarilyo ngayon*)
 - C. Yes (*Oo*)
 - D. No (*Hindi*)
- 35. How long ago did you stop smoking?** (*Gaano katagal ka nang tumigil sa paninigarilyo?*)
- A. I have never smoked cigarettes (*Hindi pa ako naninigarilyo kailanman*)
 - B. I have not stopped smoking (*Hindi pa ako tumitigil sa paninigarilyo*)
 - C. 1-3 months (*1-3 buwan*)
 - D. 4-11 months (*4-11 buwan*)
 - E. One year (*1 taon*)
 - F. 2 years (*2 taon*)
 - G. 3 years or longer (*3 taon o mahigit pa*)
- 36. What was the main reason you decided to stop smoking? (SELECT ONE ONLY)** (*Ano ang pangunahing dahilan at tumigil ka sa paninigarilyo?*)(PUMILI LAMANG NG ISANG SAGOT))
- A. I have never smoked cigarettes (*Hindi pa ako naninigarilyo kailanman*)
 - B. I have not stopped smoking (*Hindi pa ako tumitigil maninigarilyo*)
 - C. To improve my health (*Upang mapabuti ang aking kalusugan*)
 - D. To save money (*Upang makatipid*)
 - E. Because my family does not like it (*Dahil ayaw ng pamilya ko ang aking paninigarilyo*)
 - F. Because my friends don't like it (*Dahil ayaw ng mga kaibigan ko ang aking paninigarilyo*)
 - G. Others (*Iba pa*)
- 37. Do you think you would be able to stop smoking if you wanted to?** (*Sa iyong palagay, kaya mo bang humintong maninigarilyo kung gugustuhin mo?*)
- A. I have never smoked cigarettes (*Hindi pa ako naninigarilyo kailanman*)
 - B. I have already stopped smoking cigarettes (*Hindi na ako naninigarilyo ngayon*)
 - C. Yes (*Oo*)
 - D. No (*Hindi*)

38. Have you ever received help or advice to help you stop smoking? (SELECT ONLY ONE RESPONSE) *(Ikaw ba ay nakatanggap ng tulongo payo upang tumigil ka sa paninigarilyo?) (PUMILI LAMANG NG ISANG SAGOT)*

- A. I have never smoked cigarettes *(Hindi pa ako nanigarilyo kailanman)*
- B. Yes, from a program or professional *(Oo, mula sa isang programa o propesyonal)*
- C. Yes, from a friend *(Oo, mula sa kaibigan)*
- D. Yes, from both programs or professionals and from friends or family members *(Oo, parehong mula sa isang programa o propesyonal at kaibigan/kapamilya)*
- E. None *(Wala)*
- F. Others *(Iba pa)*

THE NEXT 9 QUESTIONS ASK ABOUT YOUR KNOWLEDGE OF MEDIA MESSAGES ABOUT SMOKING

Ang susunod na 9 na katanungan ay tungkol sa iyong kaalaman sa mga mensahe galing media tungkol sa paninigarilyo

39. During the past 30 days (one month), how many anti-smoking media messages (e.g., television, radio, billboards, posters, newspapers, magazines, movies) have you seen? *(Nitong nakaraang 30 araw (1 buwan), ilang mga mensahe kontra sa paninigarilyo na galing sa iba't ibang sangay ng media (hal. telebisyon, radyo, internet, cellphone, mga karatula, poster, diyaryo, magasin o pelikula) ang nakita o narinig mo?)*

- A. A lot *(marami)*
- B. A few *(kaunti)*
- C. None *(Wala)*

40. When you go to sports events, fairs, concerts, community events, or social gatherings, how often do you see anti-smoking messages? *(Sa pagdalo mo sa mga palaro, konsyerto o mga gawaing pangkomunidad, gaano kadalas kang nakakakita ng mensahe kontra sa paninigarilyo?)*

- A. I never go to sports events, fairs, concerts, community events, or social gatherings *(Hindi kailanman ako dumalo sa mga palaro, perya, konsyerto o mga gawaing pang-komunidad)*
- B. A lot *(Madalas)*
- C. Sometimes *(Minsan)*
- D. None *(Wala)*

41. When you watch tv, videos, or movies, how often do you see actors smoking? *(Kapag nanonood ka ng telebisyon, video o sine, gaano kadalas ka nakakakita ng artistang naninigarilyo?)*

- A. I never watch tv, videos, or movies *(Hindi ako nanonood ng telebisyon, sine o video)*
- B. A lot *(Madalas)*
- C. Sometimes *(Minsan)*
- D. I never see actors smoking when ever I watch tv, video, or movies *(Sa aking panonood, wala pa akong nakikitang naninigarilyo)*

42. Do you have something (t-shirt, pen, backpack, etc.) with a cigarette brand logo on it? *(Mayroon ka bang gamit katulad ng t-shirt, panulat, bag, atbp. na may nakasulat/nakaukit/nakatahi na logo ng sigarilyo?)*

- A. Yes *(Oo)*
- B. No *(Hindi)*

- 43. During the past 30 days (one month), when you watched sports events or other programs on TV how often did you see cigarette brand names?** *(Nitong nakaraang 30 araw (1 buwan), gaano ka kadalas nakakita ng brand ng sigarilyo sa tuwing nanonood ka ng programang pampalakasan at iba pang palabas sa telebisyon.)*
- A. I never watch TV *(Hindi ako nanonood ng telebisyon)*
 - B. A lot *(Madalas)*
 - C. Sometimes *(Minsan)*
 - D. Never seen *(Wala)*
- 44. During the past 30 days (one month), how many advertisements for cigarettes have you seen on billboards?** *(Nitong nakaraang 30 araw (1 buwan), ilang patalastas para sa sigarilyo ang nakita mo sa mga karatula o billboard?)*
- A. We don't have any billboards *(Walang karatula sa amin)*
 - B. A lot *(marami)*
 - C. A few *(kaunti)*
 - D. Never seen cigarette ads *(Wala)*
- 45. During the past 30 days (one month), how many advertisements or promotions for cigarettes have you seen in newspapers or magazines?** *(Nitong nakaraang 30 araw (1 buwan), ilang patalastas para sa sigarilyo ang nakita mo sa diyaryo o magasin?)*
- A. We do not have newspaper or magazines *(Wala kaming diyaryo or magasin)*
 - B. A lot *(Madalas)*
 - C. A few *(Minsan)*
 - D. Never seen advertisement or promotions for cigarettes *(Wala)*
- 46. When you go to sports events, fairs, concerts, or community events, how often do you see advertisements for cigarettes?** *(Sa pagdalo mo ng mga torneong pampalakasan, perya, konsyerto o gawaing pangkomunidad, gaano kadalas kang nakakakita ng mga patalastas para sa sigarilyo?)*
- A. I never attend sports events, fairs, concerts, or community events *(Hindi ako dumadalo sa mga torneong pampalakasan, perya, konsyerto o gawaing pangkomunidad)*
 - B. A lot *(Madalas)*
 - C. Sometimes *(Minsan)*
 - D. Never *(Wala)*
- 47. Has a cigarette sales representative ever offered you a free cigarette?** *(May taga - kumpanya ba o ahente ng sigarilyo na nag-alok sa iyo ng libreng sigarilyo?)*
- A. Yes *(Oo)*
 - B. None *(Wala)*

THE NEXT 4 QUESTIONS ASK ABOUT WHAT YOU WERE TAUGHT ABOUT SMOKING IN SCHOOL

Ang susunod na 4 na katanungan ay tungkol sa mga Natutunan mo sa paaralan tungkol sa paninigarilyo

- 48. During this school year, were you taught in any of your classes about the dangers of smoking?** *(Nitong kasalukuyang schoolyear, tinuruan ba kayo sa klase tungkol sa panganib na idinudulot ng paninigarilyo?)*
- A. Yes *(Oo)*
 - B. No *(Hindi)*
 - C. Not sure *(Hindi tiyak)*

49. **During this school year, did you discuss in any of your classes the reasons why people your age smoke?** (*Nitong kasalukuyang schoolyear, napag-usapan ba sa klase ninyo ang mga dahilan kung bakit naninigarilyo ang mga kabataang kaedad mo?*)
- A. Yes (*Oo*)
 - B. No (*Hindi*)
 - C. Not sure (*Hindi tiyak*)
50. **During this school year, were you taught in any of your classes about the effects of smoking like it makes your teeth yellow, causes wrinkles, or makes you smell bad?** (*Nitong kasalukuyang schoolyear, naituro ba sa inyong klase ang mga epekto ng paninigarilyo sa katawan katulad ng paninilaw ng mga ngipin, pangungulubot ng balat at mabahong amoy?*)
- A. Yes (*Oo*)
 - B. No (*Hindi*)
 - C. Not sure (*Hindi tiyak*)
51. **How long ago did you last discuss smoking and health as part of a lesson?** (*Kailan ang huling talakayan ninyo sa klase tungkol sa paninigarilyo at kalusugan?*)
- A. Never (*Hindi pa ito natatalakay sa klase*)
 - B. This term (*Itong quarter na ito*)
 - C. Last term (*Noong nakaraang quarter*)
 - D. 2 terms ago (*2 quarter na ang nakaraan*)
 - E. 3 terms ago (*3 quarter na ang nakaraan*)
 - F. More than a year ago (*1 taon na ang nakalipas*)

THE NEXT 4 QUESTIONS ASK FOR SOME BACKGROUND INFORMATION ABOUT YOURSELF.

Ang huling 3 katanungan ay humingi ng kaunting impormasyon tungkol sa iyo

52. **How old are you?** (*Ilang taon ka na?*)
- A. 11 years old or younger (*11 taong gulang o pababa*)
 - B. 12 years old (*12 taong gulang*)
 - C. 13 years old (*13 taong gulang*)
 - D. 14 years old (*14 taong gulang*)
 - E. 15 years old (*15 taong gulang*)
 - F. 16 years old (*16 taong gulang*)
 - G. 17 years old or older (*17 taong gulang pataas*)
53. **What is your sex?** (*Ano ang iyong kasarian?*)
- A. Male (*Lalaki*)
 - B. Female (*Babae*)
54. **What year are you in now?** (*Ano ang iyong antas ngayon?*)
- A. First Year (*unang taon*)
 - B. Second Year (*ikalawang taon*)
 - C. Third Year (*pangatlong taon*)
 - D. Fourth Year (*pang-apat na taon*)

55. Are you in public school or private school now?

- A. Public school (*Pampublikong eskwelahan*)
- B. Private school (*Pribadong eskwelahan*)

End of Survey. Thank you very much for your cooperation (*Tapos na po ang survey at maraming salamat!*).