

GLOBAL YOUTH TOBACCO SURVEY (GYTS)

Philippines, 2015

Country Report



TABLE OF CONTENTS

	Page
FOREWORD	5
ACKNOWLEDGMENT	6
EXECUTIVE SUMMARY	8
 1. INTRODUCTION	
1.1 Country Demographics	11
1.2 WHO Framework Convention on Tobacco Control and MPOWER	11
1.3 Purpose and Rationale	12
1.4 Current State of Policy	14
1.5 Other Tobacco Surveys	21
1.6 Country-Specific Objectives	23
 2. METHODOLOGY	
2.1 Questionnaire	24
2.2 Sampling Design	24
2.3 Data Collection	25
2.4 Data Analysis	25
 3. RESULTS	
3.1 Demographics	25
3.2 Tobacco use	27
3.3 Cessation	30
3.4 Secondhand Smoke	30
3.5 Access and Availability	32
3.6 Media	34
3.7 Knowledge and Attitude	37
 4. DISCUSSION	
4.1 Discussion of Survey Findings	39
4.2 Comparison to Previous Tobacco Surveys	42
4.3 Relevance to FCTC	46
4.4 Relevance to Country	48



5. RECOMMENDATIONS	50
REFERENCES	55
APPENDIX A: DEFINITIONS AND ACRONYMS	56
APPENDIX B: THE 2015 PHILIPPINES GYTS QUESTIONNAIRE	58
APPENDIX C: List of Officials and Personnel Involved in the 2015 Philippine GYTS	74

TABLES

Table 1: Sample sizes and response rates, by zone – GYTS, Philippines, 2015.	26
Table 2: Detailed tobacco use status among students 13-15 years old, by sex – GYTS, Philippines, 2015.	27
Table 3: Cigarettes smoked per day among current cigarette smokers 13-15 years old, by sex – GYTS, Philippines, 2015.	28
Table 4: Age at cigarette smoking initiation among ever cigarette smokers 13-15 years old, by sex – GYTS, Philippines, 2015.	29
Table 5: Current smokers 13-15 years old who are showing signs of smoking dependence, by sex – GYTS, Philippines, 2015.	29
Table 6: Smoking tobacco cessation indicators among current smokers 13-15 years old, by sex – GYTS, Philippines, 2015..	30
Table 7: Students 13-15 years old who were exposed to tobacco smoke during the past 30 days, by sex – GYTS, Philippines, 2015..	31
Table 8: Source for obtaining cigarettes among cigarette smokers 13-15 years old, by sex – GYTS, Philippines, 2015.	32
Table 9: Current cigarette smokers 13-15 years old who were not prevented from buying cigarettes because of their age, by sex – GYTS, Philippines, 2015..	32
Table 10: Unit of cigarette purchased among current cigarette smokers 13-15 years old, by sex – GYTS, Philippines, 2015.	33
Table 11: Cost of cigarettes among students 13-15 years old, by sex – GYTS, Philippines, 2015.	33
Table 12: Noticing anti-tobacco information among students 13-15 years old, by sex – GYTS, Philippines, 2015..	34
Table 13: Noticing of health warnings on cigarette packages among current and never smokers 13-15 years old, by sex – GYTS, Philippines, 2015.	35
Table 14: Noticing tobacco marketing among students 13-15 years old, by sex – GYTS, Philippines, 2015..	36
Table 15: Ownership and receptivity to tobacco marketing among students 13-15 years old, by sex – GYTS, Philippines, 2015.	36
Table 16: Knowledge and attitudes towards smoking cessation and social smoking among students 13-15 years old, by sex – GYTS, Philippines, 2015.....	37
Table 17: Knowledge and attitudes towards secondhand smoke among students 13-15 years old, by sex – GYTS, Philippines, 2015.....	37
Table 18: Percent change table among students 13-15 years old, – GYTS, Philippines, 2000, 2004, 2007, 2011 and 2015.	42



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY



FOREWORD

The prevalence of non-communicable diseases continues to increase. A look at the top factors that contribute to it reveals that tobacco is on the list. According to the World Health Organization (WHO), the harmful effects of tobacco account for six million deaths each year.

Almost three fourths (or 5 million) of those deaths are the result of direct tobacco use while more than 600,000 are the result of non-smokers being exposed to second-hand smoke. Nearly 80% of the world's 1 billion smokers live in low- and middle-income countries, the Philippines included. This situation does not just impact on the health of the people but affects also the environment and the country's economy as well.

Mindful of the impact of tobacco use on the health of our people, the Department of Health (DOH) is constantly on its toes in finding ways to address this major issue. Its effects on the youth should not be underestimated, thus efforts to collect an accurate assessment of the status of tobacco use has been intensified. The DOH, with the assistance of other implementing agencies, has been conducting the Global Youth Tobacco Survey (GYTS) for some time now. Four rounds of GYTS have been already completed, four rounds of monitoring tobacco use among the youth and guiding the implementation and evaluation of tobacco prevention and control programs.

The results of this 5th round of GYTS will guide program managers, policy and decision makers in coming up with relevant strategies and activities towards stopping tobacco use, especially among the youth.

May this report be a constant reminder to every one of the burden of tobacco which we need to continuously face. Let us continue to work on the way to our shared vision of All for Health towards Health for All!


PAULYN JEAN B. ROSELL-UBIAL, MD, MPH, CESO II
Secretary of Health

ALL FOR HEALTH
TOWARDS
HEALTH FOR ALL

Building 1, San Lazaro Compound, Rizal Avenue, Sta. Cruz, 1003 Manila • Trunk Line 651-7800 local 1113, 1108, 1135
Direct Line: 711-9502; 711-9503 Fax: 743-1829 • URL: <http://www.doh.gov.ph>; e-mail: officeofsoh@doh.gov.ph

ACKNOWLEDGMENTS

WHO - Western Pacific Regional Office-Manila
Ms. Mina Kashiwabara

Office of the WHO Representative-Philippines
Dr. Gundo Aurel Weiler
Dr. Florante E. Trinidad
Dr. John Juliard L. Go
Dr. Ronaldo R. Quintana

Centers for Disease Control and Prevention
Office on Smoking and Health
Global Tobacco Control Branch
Mr. Krishna Palipudi
Ms. Linda Anton
Ms. Laura Kann
Ms. Kyung Ah Lee
Mr. Eugene Pun
Ms. Joy Brooks

Department of Education, Philippines
Bureau of Secondary Education
Office of the Planning Services - Research and Statistical Division
Regional Directors
Division Superintendents
High School Principals

Department of Health, Manila, Philippines
Secretary Paulyn Jean B. Rosell- Ubial
Undersecretary Gerardo V. Bayugo
Assistant Secretary Enrique A. Tayag
Epidemiology Bureau
Dr. Irma L. Asuncion
Dr. Agnes B. Segarra
Ms. Fe A. Sinson
Disease Prevention and Control Bureau
Health Policy Development and Planning Bureau
Health Promotion and Communication Service
Bureau of International Health Cooperation
Finance Service
Regional Health Offices



The Philippine Department of Health acknowledges the support of the World Health Organization's Western Pacific Regional Office and the United States Centers for Disease Control and Prevention (US-CDC) for providing technical assistance. Funding for the 2015 GYTS was provided by the Epidemiology Bureau of the Department of Health.

The Philippine Department of Health also acknowledges the following GYTS Collaborating Organizations for providing technical support:

- United States Centers for Disease Control and Prevention (US-CDC)
- CDC Foundation
- RTI International
- World Health Organization

This report has been prepared through the Epidemiology Bureau – Surveys, Monitoring and Evaluation Division, Department of Health in partnership with the representatives from the different DOH Central and Regional Offices. The report is based on the 2015 Global Youth Tobacco Survey (GYTS) findings in the Philippines.

EXECUTIVE 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 (US-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, susceptibility, cessation, secondhand smoke, access and availability, media and advertising, and knowledge and attitudes. These determinants are the components that the country can include and utilize to evaluate a comprehensive tobacco control program.

The Philippines had accomplished five (5) rounds of GYTS. The first survey was conducted in 2000. Then the succeeding surveys were done at around 3-4 year interval; September-October 2003 (2nd round); January-February 2007 (3rd round); February - March 2011 (4th round); January-February 2015 (5th round).

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 13-15 years age group. 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 98.9%; 90 of the 91 sampled schools participated, the class response rate was 100.0%; all 249 sampled classes participated; the student response rate was 83.6%; 8,789 of the 10,516 sampled students participated; and the overall response rate was 82.7%.

Among 13-15 years old, the 2015 GYTS results significantly showed that:

- 79.4% of students, who currently smoke, buy their cigarettes from a store, shop, street vendor or kiosk.
- 70.1% of students have noticed anyone using tobacco on television, videos or movies.
- 71.6% of students saw anti-tobacco messages in the media.
- 53.2% of students saw anti-tobacco messages at sporting or community events.
- 63.1% of students definitely thought other people's tobacco smoking is harmful to them.

The following are the recommendations based on the results of the study:

- There is a need to strengthen efforts to encourage non-smoking behavior among youth by re-integrating values formation in the primary education curriculum.
- Strict compliance to the Department of Education (DepEd) memorandum on banning smoking at school premises.
- For DepEd to reinforce the module on the harmful effects of tobacco use using the graphic health warning (GHW) templates.
- Correct information should be reinforced and health education campaigns strengthened. Myths and misconceptions should be corrected.
- Strengthen health promotion policy targeting youth to prevent from initiating smoking cigarettes like developing anti - tobacco media messages that focus on ages 13-15 years old.
- For the Movie and Television Review and Classification Board (MTRCB) to regulate smoking scenes in television and movies, and to consider giving restricted rating.
- For the Local Government Units (LGUs) to develop an ordinance prohibiting sale of cigarettes by stick/s among youth.
- For LGUs to enforce policy and intensify advocacy against fake corporate social responsibility activities of tobacco industry.
- For LGUs to conduct regular monitoring of stores selling cigarettes within 100-meter perimeter radius and places frequented by minors.
- Intensify the enforcement on the ban for selling tobacco products within the 100 meter perimeter of schools and places frequented by minors
- For DOH to increase and strengthen information and education campaign (IEC) on tobacco control.
- Efforts should be done to institutionalize tobacco control and prevention in the curriculum of DepEd, in particular, using the templates of Graphic Health Warning as educational materials to reinforce the adverse health effects of smoking.
- The ban in tobacco advertisements in all forms of mass media should be sustained and strictly enforced, especially within the 100 meter perimeter of schools and places frequented by minors.
- There should be a total ban, not partial ban only as imposed by the existing national law, on tobacco advertisement, promotion and sponsorship (TAPS) to reduce exposure of youth to pro-tobacco advertisements.

1. INTRODUCTION

Tobacco use is the leading global cause of preventable death. The tobacco epidemic is one of the biggest public health threats the world has ever faced.¹ The WHO attributes nearly 6 million deaths a year to tobacco. The aforementioned figure is expected to rise to more than 8 million deaths a year by 2030². Most people begin using tobacco before the age of 18³.

Tobacco users who die prematurely deprive their families of income, raise the cost of health care and hinder economic development. It is therefore necessary to monitor the extent and character of the tobacco epidemic in the country which can be done through an effective and efficient surveillance system. Only 1 in 3 countries, representing one third of the world's population, monitors tobacco use by repeating nationally representative youth and adult surveys at least once every 5 years.¹ Fortunately, Philippines is one of those countries which adopted and implemented tobacco surveillance systems.

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 (US-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 provides a global standard to systematically monitor youth tobacco use and track key tobacco control indicators. The GYTS is a nationally representative school-based survey of students 13-15 years of age, using a consistent and standard protocol across countries. It is intended to generate comparable data within and across countries.

The 5th round of GYTS in the Philippines done in 2015 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 to bring positive impact to the health and welfare of the Filipino youth.

1.1 Country Demographics

The total population of the Philippines as of 01 August 2015 is 100,981,437 based on the 2015 Census of Population and Housing of the Philippine Statistics Authority (PSA). The level of urbanization in 2010 or the proportion of urban population to the total population was 45.3%. Simple and Functional Literacy Rates account to 96.5% and 9.3% of the population respectively (PSA, 2013). 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. Roman Catholics accounts to about 75% to 80% of the Filipinos' religion.

The Philippines is a Member State of the Western Pacific Regional Office (WPRO) and is considered a developing country. It is categorized by the World Bank as a medium-income country. Filipino families earned 235 thousand pesos yearly, on the average, according to the 2012 Family Income and Expenditure Survey (FIES). Families who belong to the bottom 30% income group had annual income of less than Php 146, 984. In comparison, families in the upper 70% income group earned more than Php 613, 665 a year. On a monthly basis, the reported average income of the families in the bottom 30% income group was Php 19,261 while it was Php 51,138 in the upper 70% income group.

In 2015, the Philippines Gross National Income (GNI) was Php 16,096,913 , while the Gross Domestic Product (GDP) was Php 13,307, 265 . As of the first quarter of 2016, the Philippines' Gross National Income (GNI) is Php 3,995,256 with a growth rate of 7.60% while the Gross Domestic Product (GDP) is Php 3,267,910 with a growth rate of 6.90% (National Accounts of the Philippines, PSA).

1.2 WHO Framework Convention on Tobacco Control and MPOWER

In response to the globalization of the tobacco epidemic, the 191 Member States of WHO unanimously adopted the WHO Framework Convention on Tobacco Control (FCTC) at the 56th 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:

- **M**onitor tobacco use and prevention policies
- **P**rotect people from tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce bans on tobacco advertising, promotion and sponsorship
- **R**aise 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.

1.3 Purpose and Rationale

The purposes of participating in the GYTS are 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.

Cigarette smoking harms nearly every organ of the body, causes many diseases, and reduces the health of smokers in general. Smokers are more likely than nonsmokers to develop heart disease, stroke and lung cancer. Smoking is estimated to increase the risk for coronary heart disease and stroke by 2-4 times. It also increases the risk of developing lung cancer by 25 times. Smoking causes diminished overall health, increased absenteeism from work, and increased health care utilization and cost.⁵

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.⁴

Five out of ten leading causes of morbidity in the Philippines in 2012 and 2013 were tobacco-attributable diseases, namely: Acute respiratory infection (1st), Acute Lower Respiratory Tract Infection and Pneumonia (2nd), Hypertension (3rd), Bronchitis/Bronchiolitis (4th), and Respiratory Tuberculosis (8th).⁶

In 2013, five out of ten leading causes of death are non-communicable in nature, and these are mostly attributable to risk behaviors. Top in the list are the diseases of the heart and vascular system, cancers, accidents and diabetes mellitus.⁶

Similarly, for youth and young adults aged 10-24 years old, five out of ten leading causes of deaths are also non-communicable. Deaths from accidents are leading cause of death, followed by diseases of the heart, cancer, chronic lower respiratory diseases and diseases of the vascular system. Collectively, they account for 54.8% (12,909) of total deaths (23,548) in the age group 10-24 in 2013.⁶

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.

A dramatic decrease in prevalence of tobacco use among the youth from 2007 to 2011 is apparent in the 2011 GYTS results. The prevalence of current use of any tobacco product and current cigarette smoking among students had dropped significantly by 49.8% and 58.9% respectively over a 4-year period, 2007-2011.

The 2011 GYTS also revealed that 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. Three (27.5%) in ten of students have ever smoked cigarettes, with ever smoking significantly higher for males than females.

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%.

Percentage of students who were exposed to second-hand smoke in homes and in public places also dropped by 25.8% and 14.7% from 2007 to 2011. Consequently, there was a significant increase in percentage of students who think that smoke from others is harmful to them. This belief of students probably explains the significant decrease of 36.7% in number of students who have most or all friends smoking.

With regards to media and advertising, a significant decrease in percentage of students who had an object with cigarette brand logo and were offered free cigarette by tobacco company/representative was noted.

1.4 Current State of Policy

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

TOBACCO CONTROL INTERVENTIONS IN THE PHILIPPINES

I. Tobacco control policies implemented by government agencies at the national level

Republic Act 9211 or the Tobacco Regulation Act of 2003

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:

- Promotion of a healthful environment;
- Provision of information to the public on health risks associated with cigarette smoking and tobacco use;
- Regulation and subsequent banning of all tobacco advertisements and sponsorships;
- Regulation of placing health warning labels on tobacco products;
- Prohibition of the sale of tobacco products to minors;
- Provision of assistance and encouragement for Filipino tobacco farmers to cultivate alternative agricultural crops to prevent economic dislocation; and
- Creation of an Inter-agency Committee on Tobacco (IAC-Tobacco) to oversee the implementation of the provisions of this Act.

Republic Act 10351, or the Sin Tax Reform Law

Republic Act 10351, or the Sin Tax Reform Law, is one of the landmark legislations under the Aquino Administration. It is primarily a health measure with revenue implications, but more fundamentally, it is a good governance measure. The Sin Tax Law helps finance the Universal Health Care program of the government, simplified the current excise tax system on alcohol and tobacco products and fixed long standing structural weaknesses, and addresses public health issues relating to alcohol and tobacco consumption. It was signed into law on December 12, 2012 in Malacañang.

Fifteen percent (15.0%) of the incremental revenue collected from the excise tax on tobacco products under R.A. No. 8240 shall be allocated and divided among the provinces producing burley and native tobacco in accordance with the volume of tobacco leaf production. Eighty five percent (85.0%) of the Sin Tax revenue shall be given to the Department of Health (DOH).

Eighty percent (80.0%) of the 85.0% derived from this Act shall be allocated for the universal health care under the National Health Insurance Program, the attainment of the millennium development goals and health awareness programs; and twenty percent (20.0%) shall be allocated nationwide, based on political and district subdivisions, for medical assistance and health enhancement facilities program, the annual requirements of which shall be determined by the Department of Health (DOH).

Republic Act 10643 or The Graphic Health Warnings Law

The Graphic Health Warnings Law or Republic Act 10643 was signed into law on July 15, 2014. The purposes of the law are:

- To have Graphic Health Warnings that effectively warn on the devastating effects of tobacco use and exposure to second hand smoke;
- To remove misleading or deceptive numbers or descriptors like “low tar”, “light”, “ultralight” or “mild” which convey or tend to convey that a product or variant is healthier, less harmful or safer; and
- To further promote the right to health and information of the people.

This Act requires cigarette and other tobacco product packages including package inserts and onserts, and any outside packaging and labeling, withdrawn from the manufacturing facilities, or imported into the Philippine customs territory, shall bear the highly visible, full color photographic image which accurately depicts the hazards of tobacco use accompanied by textual warning related to the picture.

One (1) year after the issuance of the templates by the Department of Health (DOH), cigarette packages and other tobacco product packages, including package inserts and onserts, and any outside packaging and labelling, withdrawn from the manufacturing facilities, or imported into the Philippine customs territory shall bear the prescribed highly visible full-color Graphic Health Warnings, shall have two (2) components: a photographic picture warning and an accompanying textual warning that is related to the picture.

The Graphic Health Warnings shall be printed on fifty percent (50.0%) of the principal display surfaces of any tobacco package; it shall occupy fifty percent (50.0%) of the front and fifty percent (50.0%) of the back panel of the packaging.

Civil Service Commission (CSC) Memorandum Circular No.17 s 2009 Smoking Prohibition Based on 100% Smoke-free Environment Policy

The CSC adopts and promulgates a 100% smoke free policy and a smoking prohibition in all areas of government premises, buildings and grounds, except for open spaces designated as smoking areas, in order to ensure a healthy and productive workforce. This policy finds legal basis from the Tobacco regulation Act of 2003 (Republic Act 9211) and the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), Article 8 and its guidelines.

Civil Service Commission and Department of Health Joint Memorandum Circular No. 2010 -01 or the Protection of the Bureaucracy Against Tobacco Industry Interference

Pursuant to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), specifically under the title General Obligations, Article 5.3; the Parties, in setting and implementing their public health policies with respect to tobacco control, shall act to protect these policies from commercial and vested interests of the tobacco industry.

The Civil Service Commission and the Department of Health promulgated the policy on Protection of the Bureaucracy against Tobacco Industry Interference.

The following are the prohibitions under this policy:

- Unnecessary interaction with the tobacco industry
- Preferential treatment to the tobacco industry
- Accepting gifts, donations, and sponsorship
- Financial interest in the tobacco industry
- Conflict of interest with the tobacco industry

In 2009, 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.

In the same year, 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 and facilitated the development of the National Tobacco Control Strategy (NTCS) for 2011-2016.

Other DOH tobacco control initiatives include: (1) the passage of FDA Law (RA 9711) in 2009 and (2) issuance of DOH AO 2014-0037 on Graphic Health Warning Templates and Guidelines.

The DOH thru its Regional Offices conducted tobacco control activities such as, conduct of advocacy activities for the adoption of the national laws, provide technical assistance and conduct capability building activities focusing on WHO MPOWER strategy.

Food and Drug Administration Administrative Order No. 2014-0008 Rules and Regulations on Electronic Nicotine Delivery System (ENDS) or Electronic Cigarettes

Consistent with the policy of the State to promote the right to health of all the people and instill health consciousness among them, this Administrative Order is being issued with the following objectives:

- To ensure the safety, efficacy and quality of electronic cigarette or ENDS as health product or consumer product, and
- To serve as guidelines for electronic cigarette or ENDS manufacturers and distributors in securing a FDA license to operate and a Certificate of Product Registration (CPR).

Office of the Ombudsman – Office Circular No. 34 s. 2010

A Policy Prohibiting Smoking Within the Premises of the Office of Ombudsman and the Implementation of a Cessation Smoking Program for Affected Employees

Commission on Higher Education Memorandum on Compliance with the Guidelines Implementing Article 5.3 of WHO FCTC directing all central and regional directors and OICs to reject any contribution from the tobacco industry in order to avoid partnership with them and thereby promote healthy environment and protect the people from the hazards of tobacco smoke.

Department of Education Memorandum No. 124 s. 2011 on Integrating the Anti-smoking Campaign in the Oplan Balik Eskwela Program.

The memorandum integrates in its Oplan Balik-Eskwela Program the inter-agency project of DepEd, DILG, PNP, DOH and DTI which is the Anti-Smoking Campaign as stipulated in Sections 5 and 10 of the RA 9211.

Department of Education Department Order No. 33 s 2003 Youth Smoking Prevention Program

The Order is in line with the Republic Act 8749 known as Philippine Clean Air Act of 1999, the Department of Education (DepEd) prohibits smoking and the sale of cigarettes and other tobacco products inside public and private school campuses, buildings, Offices, including the premises and buildings of the division, regional and national offices. Said campuses, premises, buildings and

offices shall be declared as “No Smoking Areas” or “Zones of Health”.

- The DepEd through the Center for Students and Co-Curricular Affairs (CSCA) and the School Health and Nutrition Center (SHNC) spearhead the Youth Smoking Prevention (YSP) Program and shall be implemented in all public and private schools, division and regional offices.
- Topic on Smoking Prevention shall be integrated in Health Education and be part of the Student Council agenda or other school-related activities.

Department of Education Department Order No. 6 s. 2012 Guidelines on the Adoption and Implementation of Public Health Policies on Tobacco Control and Protection Against Tobacco Industry Interference

These guidelines aim to raise the awareness of the public particularly the pupils and students by advocating the adverse effects of cigarettes smoking on health, productivity, the cost of health service, and the economy; avoid all forms and manner of cooperation or partnership with the tobacco industry; and ensure tobacco control and protection against commercial and other vested interests of the tobacco industry.

Department of Education Order No. 48 s. 2016 on Policy and Guidelines on Comprehensive Tobacco Control

The policy specifically aims the following:

- Educate and inform all learners, teaching and non-teaching personnel and staff on the hazards of tobacco use and exposure to second-hand smoke, adverse socio-economic and environmental consequences of tobacco production and consumption, and tobacco control policies and tactics of the tobacco industry.
- Make effective cessation intervention services available and accessible to all learners, teachers, and non-teaching personnel in need of such services.
- Facilitate enforcement of tobacco control policies in schools and offices such as absolute smoking bans, access restriction, ban on sponsorship, including so-called Corporate Social Responsibility (CSR) of the tobacco industry, outdoor advertising ban, the ban on promotional items for minors, and sampling restrictions, as well as protection against tobacco industry interference.
- Ensure strict implementation of policies on the protection against tobacco industry interference in the Department.

Department of Education prescribed rules on how parents, teachers, and school officials of private and public schools can facilitate enforcement of the ban on selling and advertising tobacco within 100 meter perimeter of schools and prevent tobacco sponsorships (so-called CSR).

According to the policy, enforcement will be facilitated with the assistance of Parent Teacher Associations, and through the monitoring and reporting mechanisms of the Child Protection Committee, a committee established to prevent child abuses under the DepEd's Child Protection Policy. Among others, school officials are required to monitor for violations and report to local governments accordingly to ensure that the school children are not exposed to the lethal product, its ads, and the tobacco industry's so-called CSR, as these would lure them into a lifelong addiction.

Land Transportation Franchising & Regulatory Board (LTFRB) Memorandum Circular No. 2009-036 100% Smoke Free Public Utility Vehicles (PUVs) and Public Land Transportation Terminals

The memorandum requires all holders of Certificates of public Convenience to observe the Smoking prohibition in all Public Utility Vehicles and Public Land Transportation Terminals as well as to prominently post No Smoking signages in their authorized units and premises .

II. Tobacco control policies implemented by government agencies at the sub-national or local level

The local government units (LGUs), as well as other stakeholders, play an important role in the implementation of tobacco control laws and have the mandate to ensure its proper enforcement. The LGUs formulate and implement local ordinances in support of these laws.

The Local Government Best Practices

1. Smoking is prohibited in enclosed or partially enclosed public places, workplaces, public outdoor spaces, public conveyances, or other public places.
2. The New Comprehensive Anti-Smoking Ordinance which prohibits smoking of any tobacco product including e-cigarettes, shishas and the like, in all accommodation and entertainment establishments, workplaces, enclosed public places, partially enclosed public places, public buildings, public outdoor spaces and all public conveyances, government-owned vehicles and other means of public transport within the territorial jurisdiction of the city.

Every year, the Regional Offices of DOH conduct several training workshops on the policies in the MPOWER package, orientations to LGUs on the Framework Convention on Tobacco Control (FCTC), Brief Advise and Smoking Cessation Counseling trainings and workshops.

III. 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. 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.

6. Eco Waste Coalition

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

7. 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).

1.5 Other Tobacco Surveys

The GYTS has been conducted in the Philippines since 2000. To date, the country had already implemented five rounds of GYTS from 2000 to 2015. In addition to the GYTS, the following surveys had been run in the Philippines: Global Adult Tobacco Survey (GATS) in 2009 and 2015, Global School Personnel Survey (GSPS) in 2011 and four rounds of Global School-Based Health Survey (GSHS) from 2003 to 2015.

The Philippines also conducted Mini GATS using the Tobacco Questions for Survey (TQS) in several local government units. It is called Mini GATS because the survey uses the subset of key questions from the Global Adult Tobacco Survey (GATS). It has been prepared for surveys that want to include questions on tobacco.

The Epidemiology Bureau (EB) of the DOH developed the Tobacco Free Plan-It module as a follow-up for the 2009 Global Adult Tobacco Survey (GATS). It is a package for local and sub-national level which focused on tobacco control for the actual assessment of magnitude of tobacco use in their respective jurisdiction. Furthermore, the project aims to enhance and strengthen capacity of selected Local Government Units (LGUs) particularly the Bloomberg grantee sites to monitor and control tobacco use. As part of the Tobacco Free Plan-It initiative, the participants came up with



their own projects to address the tobacco problem in their respective areas. To be able to do this, a rapid assessment or Mini GATS was conducted in their areas on May to June 2011 to have a baseline data on the core indicators which will serve as basis for their Tobacco Free Plan-It/Tobacco Control Data Application Project. The selected Local Government Units (LGUs) for Healthy Plan-It Project were Marikina City, Pateros City, Calapan City, Nueva Vizcaya, Mindoro Oriental and Guimaras.

In 2015, the DOH Regional Office VI conducted Mini GATS using the TQS in Negros Occidental and Bacolod City. Further, a special survey was conducted last December 2013 in Cotabato City to assess tobacco consumption during the first year of implementation of RA 10351 or the Sin Tax Law of 2012. Specifically, the objective of the survey is to assess the short-term impact of the Sin Tax on the smoker's smoking behavior and preferences during the first year of implementation of the law.

On the other hand, the Department of Health commissioned the Social Weather Station (SWS) to conduct surveys in 2012, 2014 and 2015 to determine Filipinos attitudes on various tobacco issues, such as increase on tobacco prices, banning of sale, awareness on tobacco control policies and Sin Tax. The general objective of these surveys is to provide an independent source of pertinent, accurate, timely and credible data on Philippine economic and social conditions. The surveys fill in gaps in data not covered by existing sources. They are meant to supplement, not duplicate, existing government statistical activities.

The surveys include both regular time series, or items to be monitored from survey to survey, and contemporary readings, or items to be modified from time to time. The time series include many variables which SWS has been monitoring for several years, thus providing trends in economic and social conditions. The surveys use highly comparable questionnaire wordings and sampling methodology.

Meanwhile, the University of the Philippines Population Institute (UPPI) and the Demographic Research and Development Foundation have been conducting the Young Adults Fertility and Sexuality Study (YAFSS). The YAFSS is a nationwide cross-sectional survey among Filipino youth aged 15 – 24 years old. It has been traditionally tracking non-sexual risk behaviors such as smoking, drinking and use of drugs. Since 1982, UPPI and DRDF have conducted four rounds of YAFS, the latest of which was conducted in 2013.

The Food and Nutrition Research Institute (FNRI) of the Department of Science and Technology (DOST) has been conducting the National Nutrition Survey (NNS) every five years since 1978. The 8th NNS is the latest survey which was conducted in 2013. The NNS includes results on the smoking status, and exposure to second-hand smoke among children 10 – 19.9 years old and adults 20 years old and over.

1.6 Country Specific Objectives

The Philippines has the following vision, mission, goals and objectives for tobacco control based on the Philippine National Tobacco Control Strategy 2011-2016

VISION: Tobacco-Free Philippines: For 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

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

2. METHODOLOGY

2.1 Questionnaire

The survey uses a standard core questionnaire with a set of optional questions that permits adaptation to meet the needs of the country on tobacco use and key tobacco control indicators.

The GYTS questionnaire contained 59 multiple-choice questions. The survey included 43 questions from the GYTS Standard Core Questionnaire, 12 selected optional questions, and 4 country-specific questions. The final questionnaire was translated into Filipino and back-translated into English to check for accuracy.

The questionnaire covers the following topics:

- Tobacco use (smoking and smokeless)
- Cessation
- Secondhand smoke (SHS)
- Pro- and anti-tobacco media and advertising
- Access to and availability of tobacco products
- Knowledge and attitudes regarding tobacco use

The questionnaire is self-administered; using scannable paper-based bubble sheets, it is anonymized to ensure confidentiality. The 2015 Philippines GYTS questionnaire is provided in **Appendix B**.

2.2 Sampling Design

The 2015 Global Youth Tobacco Survey (GYTS) is a school-based survey, which employed a two-stage cluster sample design to produce zonal (Luzon, Visayas and Mindanao) and national representative samples of students in grades 7-10 or fourth year high school. The sampling and weighing was done separately for the three zones. The national data set is merged from the data files of the three zones. All schools containing grades 7-10 or fourth year were included in the sampling frame.

The first-stage sampling frame consisted of all public and private secondary schools containing grades 7-10 or 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 90 schools and 249 classes/sections. There were 8,789 eligible students who participated in the GYTS. The grades that were sampled for the 2015 GYTS were grades 7-10 or fourth year high school.

A weighing factor was applied to each student record to adjust for non-response and for the varying probabilities of selection. For the 2015 GYTS, there were 8,789 questionnaires which were completed in 90 schools. A total of 8,789 students participated in the Philippines GYTS of which 5,885 were aged 13 to 15 years (Male: 2,564, Female: 3,321).

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).

2.3 Data Collection

Data collection took place from January to March 2015, and was supported by an average of five (5) field staff per region.

The staffs from the Epidemiology Bureau (EB), Regional Epidemiology and Surveillance Units (RESU) and Tobacco Control Program Coordinators of the Regional Offices of the DOH were trained to implement the standard survey protocol.

Survey procedures were designed to protect the students' privacy by allowing anonymous and voluntary participation through self-administered questionnaire. Students recorded their responses directly on an answer sheet that could be scanned by a computer. The questionnaire contained 59 multiple-choice questions. The survey included all 43 core questions, 12 optional questions and 4 country specific questions, which includes the type of school, whether private or public.

These answer sheets were scanned and data 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 Epidemiology Bureau of the Department of Health.

2.4 Data Analysis

A weighting factor was applied to each student record to adjust for probability of selection, non-response, and post-stratification adjustment to population estimates. 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). Frequency tables were developed for the survey questions that are considered key tobacco control indicators from the GYTS. Indicators are in accordance with the WHO FCTC and MPOWER technical package.

The GYTS editing process includes data check edits that identify logical inconsistencies in student responses. For each data set, *seven* logical edits are applied. Responses that conflict in logical terms are both set to missing. For example, if a student responds that he or she has *never smoked*, but then responds that he or she has *smoked 3-5 days* or that he or she has *smoked 12 cigarettes* during the previous 30 days, both responses were set to missing. Data edit is applied, and neither response is assumed to be the correct response.

A table of comparison of results from previous GYTS with percent change from 2011 GYTS to 2015 GYTS was also included for analysis.

3. RESULTS

The following tables present the results of the 2015 GYTS in the Philippines.

3.1 Demographics

Table 1 provides sample size and response rate information. For the 2015, the, 8,789 questionnaires for GYTS were completed in 90 schools. A total of 8,789 students participated in the GYTS of which 5,885 were aged 13 to 15 years (Male: 2,564, Female: 3,321). The school response rate was 98.9%, the class response rate was 100.0%, and the student response rate was 83.6%. The overall response rate was 82.7%. The overall response rate is a major component of assessing the quality and usability of the GYTS data. Each country must develop data collection procedures to achieve a combined response rate of 80% or greater. Thus, the Philippines, was successful in meeting its required response rate.

Table 1: Sample sizes and response rate, by zone – GYTS, Philippines, 2015

	Zones			Total Philippines
	Luzon	Visayas	Mindanao	
<i>School Level</i>				
Number of Sampled Schools	32	32	27	91
Number of Participating Schools	31	32	27	90
School Response Rate (%)	96.9	100.0	100.0	98.9
<i>Class Level</i>				
Number of Sampled Classes	83	90	76	249
Number of Participating Classes	83	90	76	249
Class Response Rate (%)	100.0	100.0	100.0	100.0
<i>Student Level</i>				
Number of Sampled Students	3,477	3,919	3,120	10,516
Number of Participating Students	3,087	3,143	2,559	8,789
Student Response Rate (%)	88.8	80.2	82.0	83.6
Overall Response Rate (%)¹	86.0	80.2	82.0	82.7

¹Overall Response Rate = School Response Rate X Class Response Rate X Student Response Rate

3.2 Tobacco Use

Table 2: Detailed tobacco use status among students 13-15 years old, by sex – GYTS Philippines, 2015

	Overall	Boys	Girls
	Percentage (95% CI)		
Smoked Tobacco			
Current tobacco smokers ¹	14.5 (11.5 - 18.0)	20.5 (16.3 - 25.4)	9.1 (6.2 - 13.3)
Current cigarette smokers ²	12.0 (10.0 - 14.2)	17.6 (14.1 - 21.7)	7.0 (5.1 - 9.6)
Frequent cigarette smokers ³	0.7 (0.5 - 1.1)	1.3 (0.9 - 1.9)	0.3 (0.1 - 0.6)
Current smokers of other tobacco ⁴	3.4 (2.0 - 5.5)	4.3 (2.8 - 6.8)	2.5 (1.3 - 4.6)
Ever tobacco smokers ⁵	31.6 (28.7 - 34.7)	42.1 (37.9 - 46.3)	22.0 (18.7 - 25.8)
Ever cigarette smokers ⁶	28.1 (26.2 - 30.1)	38.4 (34.9 - 42.0)	18.7 (16.2 - 21.5)
Ever smokers of other tobacco ⁷	7.7 (5.2 - 11.3)	10.1 (7.0 - 14.4)	5.5 (3.4 - 8.8)
Smokeless Tobacco			
Current smokeless tobacco users ⁸	2.5 (1.6 - 3.8)	2.9 (1.9 - 4.5)	2.1 (1.3 - 3.4)
Ever smokeless tobacco users ⁹	4.9 (3.3 - 7.3)	5.8 (3.9 - 8.7)	4.1 (2.7 - 6.2)
Tobacco Use			
Current tobacco users ¹⁰	16.0 (12.6 - 20.0)	22.2 (17.5 - 27.7)	10.4 (7.1 - 15.1)
Ever tobacco users ¹¹	34.1 (30.7 - 37.7)	44.6 (39.9 - 49.4)	24.4 (20.6 - 28.6)
Susceptibility to Tobacco Use			
Never tobacco users susceptible to tobacco use in the future ¹²	13.2 (11.7 - 15.0)	15.1 (12.6 - 18.0)	12.0 (10.2 - 14.1)
Never smokers who thought they might enjoy smoking a cigarette ¹³	8.1 (6.0 - 10.9)	11.6 (8.4 - 15.7)	5.8 (3.9 - 8.5)

¹ Smoked tobacco anytime during the past 30 days. ² Smoked cigarettes anytime during the past 30 days. ³ Smoked cigarettes on 20 or more days of the past 30 days. ⁴ Smoked tobacco other than cigarettes anytime during the past 30 days. ⁵ Ever smoked any tobacco, even one or two puffs. ⁶ Ever smoked cigarettes, even one or two puffs. ⁷ Ever smoked tobacco other than cigarettes, even one or two puffs. ⁸ Used smokeless tobacco anytime during the past 30 days. ⁹ Ever used smokeless tobacco. ¹⁰ Smoked tobacco and/or used smokeless tobacco anytime during the past 30 days. ¹¹ Ever smoked tobacco and/or used smokeless tobacco. ¹² Susceptible to future tobacco use includes those who answered "Definitely yes", "Probably yes", or "Probably not" to using tobacco if one of their best friends offered it to them or those who answered "Definitely yes", "Probably yes", or "Probably not" to using tobacco during the next 12 months. ¹³ Those who answered "Agree" or "Strongly agree" to the statement: "I think I might enjoy smoking a cigarette".

In the Philippines, a total of 14.5% of students are current tobacco smokers. Significantly, boys (20.5%) were more likely than girls (9.1%) to have smoked tobacco anytime during the past 30 days before the survey.

About 12.0% of students are current cigarette smokers. Similarly, boys (17.6%) were significantly more likely than girls (7.0%) to have smoked cigarettes anytime during the past 30 days before the survey. From these current cigarette smokers, 0.7% are frequent smokers or have smoked cigarettes on 20 or more days of the past 30 days.

About three out of ten students are ever tobacco smokers (31.6%) and ever cigarette smokers (28.1%). Consistently, boys were significantly more likely than girls to have ever smoked tobacco or cigarettes.

A notable percentage of students reported that they are tobacco users or those who have either smoked tobacco and/or used smokeless tobacco. Almost two out of ten students (16.0%) are current tobacco users and more than three out of ten students (34.1%) are ever tobacco users. From both tobacco use status, boys are significantly twice more likely than girls to have used tobacco. The results reflect that boys are more susceptible to health risks associated to smoking.

However, about 8.1 % of never-smokers thought they might enjoy smoking a cigarette and 13.2% of never tobacco users are susceptible to tobacco use in the future. Results also showed that boys are more susceptible than girls in using tobacco and thus more susceptible to health risk associated to smoking.

Table 3: Cigarettes smoked per day among current cigarette smokers 13-15 years old, by sex – GYTS Philippines, 2015

Number of cigarettes usually smoked ¹	Overall	Boys	Girls
		<i>Percentage (95% CI)</i>	
Less than 1 per day	40.5 (35.0-46.3)	35.4 (30.3-40.8)	51.9 (41.5-62.1)
1 per day	38.2 (33.1-43.6)	38.0 (32.2-44.3)	38.6 (30.5-47.2)
2 to 5 per day	16.0 (12.4-20.4)	20.4 (15.9-25.8)	6.1 (3.3-11.0)
6 to 10 per day	3.2 (1.9-5.3)	3.9 (2.2-6.6)	1.8 (0.6-5.6)
11 to 20 per day	1.0 (0.3-3.1)	1.1 (0.3-4.5)	0.7 (0.1-3.0)
More than 20 per day	1.1 (0.4-2.9)	1.2 (0.4-3.5)	1.0 (0.1-6.7)
Total	100.0	100.0	100.0

¹ On the days that current cigarette smokers smoked cigarettes during the past 30 days.

Table 3 describes the number of cigarettes usually smoked per day by current cigarette smokers. Four out of ten (40.5%) current cigarette smokers reported that they usually consume less than one cigarette stick per day. Boys (35.4%) who smoke less than one cigarette per day is significantly lower than girls (51.9%). Survey results suggest that girls smoke lesser number of cigarettes than boys. The table above indicates a higher percentage for boys than girls for higher number of cigarettes smoke per day.

Table 4: Age at cigarette smoking initiation among ever cigarette smokers 13-15 years old, by sex – GYTS Philippines, 2015

Age when first trying a cigarette ¹	Overall	Boys	Girls
		<i>Percentage (95% CI)</i>	
7 years old or younger	12.0 (7.6-18.5)	10.7 (6.8-16.3)	14.5 (8.4-23.7)
8 or 9 years old	10.5 (8.0-13.5)	9.9 (7.3-13.1)	11.6 (7.8-16.9)
10 or 11 years old	15.9 (13.0-19.3)	16.6 (13.7-19.9)	14.7 (10.3-20.4)
12 or 13 years old	34.3 (30.7-38.2)	35.8 (32.0-39.8)	31.5 (26.3-37.2)
14 or 15 years old	27.3 (23.2-31.9)	27.1 (23.4-31.1)	27.8 (20.4-36.6)
Total	100.0	100.0	100.0

¹ Among those that have ever tried a cigarette.

The age at cigarette smoking initiation varies across sexes. The percentage of respondents on age at cigarette smoking initiation among ever cigarette smokers of 13-15 years old high school students was highest at 12 or 13 years old (34.3%). More boys (35.8%) than girls (31.5%) have their first taste of cigarette at this age.

However, it is then notable that girls specifically those aged 7 years or younger, presents early encounter with cigarette smoking. It is alarming that a certain percentage of students reported that they have tried smoking cigarette at age 7 years old and younger (12.0%), with girls (14.5%) more likely than boys (10.7%) to have ever tried cigarette at an early age.

The survey results gave signal that the values of today's youth differ from those of the older generation. Nowadays, a lot of youngsters are affected by peer pressure, the misguidance of parents, and family crises, leading to their inappropriate behavior. Therefore, there is a need to revisit the foundation of education specifically among primary education which stresses on the Filipino values system, whom women (females) are expected to be become caring and nurtured.

Table 5: Current smokers 13-15 years old who are showing signs of smoking dependence, by sex – GYTS Philippines, 2015

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Signs of smoking dependence ¹	35.9 (28.7-43.8)	36.4 (29.4-44.0)	34.5 (22.1-49.6)

¹ Those who answered: 1) they sometimes or always smoke tobacco or feel like smoking tobacco first thing in the morning, or they start to feel a strong desire to smoke again within one full day after smoking.

Overall, one in three (35.9%) current smokers showed signs of smoking dependence. The rate is apparently similar for boys and girls.

3.3 Cessation

Studies show that few people understand the specific health risks of tobacco use. Among smokers who are aware of the dangers of tobacco, most want to quit. Counselling and medication can more than double the chance that a smoker who tries to quit will succeed.⁸

Table 6: Smoking tobacco cessation indicators among current smokers 13-15 years old, by sex– GYTS Philippines, 2015

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
<i>Current smokers who...</i>			
Tried to stop smoking in the past 12 months	82.0 (76.8 - 86.2)	80.2 (73.7 - 85.4)	86.7 (78.6 - 92.0)
Want to stop smoking now	90.2 (85.8 - 93.3)	90.7 (85.0 - 94.4)	88.6 (81.6 - 93.2)
Thought they would be able to stop smoking if they wanted to	92.2 (89.2 - 94.5)	91.8 (87.7 - 94.6)	93.4 (86.5 - 96.8)
Have ever received help/advice from a program or professional to stop smoking	33.7 (25.0 - 43.6)	31.7 (24.5 - 39.8)	38.2 (23.9 - 54.9)

Generally, current smokers intend to stop smoking for good. Both the boys and girls exhibited interest in withdrawing from cigarette smoking. These results depicted positive implication or linkage on the effectiveness of the implementation of various tobacco control related health programs such as graphical health warnings on cigarette packs.

The different indicators on tobacco smoking cessation among current smokers are generally high, with girls more than boys were willing to stop. More than 4 out of 5 (82.0%) have tried to stop smoking in the past 12 months. About nine out of ten expressed their intention to stop smoking now (90.2%) and thought they would be able to stop smoking if they wanted to (92.2%).

Almost one out of three current smokers (33.7%) have ever received help/advice from a program or professional to stop smoking.

3.4 Secondhand Smoke

Secondhand smoke (SHS) is also called *environmental tobacco smoke* (ETS). It's a mixture of 2 forms of smoke that come from burning tobacco; the smoke exhaled by a smoker (mainstream smoke) and the smoke from the lighted end of a cigarette, pipe, or cigar, or tobacco burning in a hookah (side stream smoke). This type of smoke has higher concentrations of cancer-causing agents (carcinogens) and is more toxic than mainstream smoke. It also has smaller particles than mainstream smoke. These smaller particles make their way into the lungs and the body's cells more easily.⁷

When non-smokers are exposed to SHS it's called *involuntary smoking* or *passive smoking*. Non-smokers who breathe in SHS take in nicotine and toxic chemicals the same way smokers do. The more SHS you breathe, the higher the levels of these harmful chemicals in your body.⁷

SHS has the same harmful chemicals that smokers inhale. There is no safe level of exposure to secondhand smoke (SHS). Any exposure is harmful, secondhand smoke kills. The only way to fully protect non-smokers from exposure to SHS indoors is to prohibit all smoking in that indoor space or building. Separating smokers from non-smokers, cleaning the air, and ventilating buildings cannot keep non-smokers from being exposed to SHS.⁷

Table 7: Students 13-15 years old who were exposed to tobacco smoke during the past 30 days, by sex – GYTS Philippines, 2015

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Exposed to tobacco smoke at home	38.3 (34.9 - 41.8)	36.3 (31.4 - 41.4)	40.2 (37.1 - 43.4)
Exposed to tobacco smoke inside any enclosed public place	54.2 (51.8 - 56.5)	50.4 (46.9 - 53.8)	57.7 (55.1 - 60.2)
Exposed to tobacco smoke at any outdoor public place	66.1 (64.3 - 67.9)	62.2 (59.0 - 65.3)	69.7 (68.0 - 71.4)
Saw anyone smoking inside the school building or outside on school property	72.5 (68.3 - 76.4)	70.5 (64.2 - 76.1)	74.4 (71.2 - 77.3)

Among students who were exposed to tobacco smoke, 38.3% admitted being exposed at home. More than half of the students were exposed inside enclosed public places (54.2%) and outdoor public places (66.1%). The girls were significantly more likely to be exposed to tobacco smoke than boys.

Seven out of ten students (72.5%) reported that they saw anyone smoking inside the school building or outside on school property. This finding may be attributed to the poor implementation of the DepEd and CSC memorandum specific for banning smoking inside schools and inside government offices respectively, as well as sale of tobacco products near the school premises. This may be due to lack of personnel who should be assigned to monitor compliance to the law.

3.5 Access and Availability

Tobacco products remain one of the most deadly consumer products, killing almost half of their users when used as directed. Most smokers become addicted to tobacco products before they are legally able to purchase these products. Stores that sell tobacco products ("tobacco retailers") play an important role in minors' access to tobacco products, and researchers and policymakers have long been interested in reducing the availability of tobacco products to youth.⁸

Table 8: Source for obtaining cigarettes among cigarette smokers 13-15 years old, by sex – GYTS Philippines, 2015

Source ¹	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Purchased from a store or shop	60.4 (52.5-67.7)	63.0 (55.5-70.0)	54.4 (38.9-69.1)
Purchased from a street vendor	16.3 (10.3-24.9)	14.4 (11.2-18.5)	20.5 (7.7-44.5)
Purchased from a kiosk	2.7 (1.3-5.3)	3.2 (1.7-6.0)	1.5 (0.4-6.3)
Purchased from a vending machine	0.7 (0.2-2.1)	0.7 (0.1-3.0)	0.7 (0.2-3.1)
Got them from someone else	16.9 (13.0-21.6)	15.9 (11.3-21.9)	19.1 (12.1-28.7)
Got them some other way	3.1 (1.9-5.0)	2.8 (1.5-5.0)	3.8 (1.6-8.5)
Total	100.0	100.0	100.0

¹ How cigarette smokers obtained the cigarette they last smoked during the past 30 days.

In the Philippines there are several ways where students who are cigarette smokers can access cigarettes. Results showed that three out of five cigarette smokers (60.4%) purchased their cigarette from a store or shop and more than 16.0% purchased cigarette from a street vendor or got them from someone else.

Table 9: Current cigarette smokers 13-15 years old who were not prevented from buying cigarettes because of their age, by sex – GYTS Philippines, 2015

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Current cigarette smokers who were not prevented from buying cigarettes because of their age ¹	47.5 (42.1 - 52.9)	45.2 (39.1 - 51.5)	52.4 (45.0 - 59.8)

¹ Among those who tried to buy cigarettes during the past 30 days.

Almost one in every two (47.5%) students who were current cigarette smokers who tried to buy cigarettes during the past 30 days were not prevented from buying cigarettes despite of their age.

Table 10: Unit of cigarette purchase among current cigarette smokers 13-15 years old, by sex– GYTS Philippines, 2015

Unit of purchase ¹	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Individual sticks	81.0 (74.0 - 86.5)	83.2 (77.8 - 87.5)	75.8 (59.6 - 86.9)
Pack	16.9 (11.7-23.9)	15.1 (11.1-20.1)	21.4 (10.6-38.5)
Carton	1.7 (0.7-4.1)	1.6 (0.5-4.6)	1.8 (0.5-6.7)
Rolls	0.4 (0.1-2.0)	0.1 (0.0-1.1)	1.0 (0.1-7.3)
Loose tobacco for hand-rolled cigarettes	0.0	0.0	0.0
Total	100.0	100.0	100.0

1 Based on the last purchase, among those who bought cigarettes during the past 30 days.

The most common mode of buying cigarette among students who were current smokers who bought cigarettes during the past days was by individual sticks. Based on their last purchase, four out of five current smokers (81.0%) bought cigarettes by individual sticks and only 16.9% bought it by pack.

Table 11: Cost of cigarettes among students 13-15 years old, by sex and smoking status – GYTS Philippines, 2015

Cost of a pack in pesos (20 cigarettes) ¹	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Less than P20.00	15.9 (13.6-18.5)	17.5 (14.9-20.5)	14.3 (11.7-17.3)
P20.00 – P29.00	30.6 (27.5-34.0)	29.1 (25.6-32.8)	32.2 (28.6-36.1)
P30.00 –P39.00	27.8 (25.5-30.2)	26.6 (23.8-29.6)	29.0 (26.3-32.0)
P40.00 – P49.00	16.2 (13.7- 19.1)	16.0 (13.3-19.1)	16.5 (13.6 – 19.9)
P50.00- P59.00	3.7 (2.7-5.2)	4.1 (2.8-6.2)	3.3 (2.2-4.8)
P60.00 or more	5.7 (3.8-8.4)	6.7 (4.5-10.0)	4.7 (3.0 – 7.4)
Total	100.0	100.0	100.0

Majority or 74.6% bought cigarettes at cost amounting P20.00-P49.00 a pack. About 15.9% bought cigarettes at cost less than P20.00 a pack.

3.6 Media

Hard-hitting anti-tobacco advertisements and graphic pack warnings-especially those that include pictures-reduce the number of children who begin smoking and increase the number of smokers who quit.¹

3.6.1 Anti-Tobacco

Table 12: Noticing anti-tobacco information among students 13-15 years old, by sex – GYTS Philippines, 2015

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Noticed anti-tobacco messages in the media ¹ in the past 30 days ²	71.6 (67.7 - 75.2)	68.5 (63.4 - 73.1)	74.6 (71.0 - 77.8)
<i>Noticed anti-tobacco messages at sporting or community events</i>			
Among all students in the past 30 days	32.8 (31.2 - 34.5)	34.9 (32.1 - 37.8)	30.9 (28.8 - 33.1)
Among those who attended sporting or community events in the past 30 days	53.2 (51.0 - 55.4)	53.8 (49.8-57.8)	52.6 (49.5 - 55.6)
Taught in school about the dangers of tobacco use in the past 12 months ²	67.1 (62.1 - 71.7)	63.5 (58.0 - 68.6)	70.4 (65.2 - 75.2)

¹ For example, television, radio, internet, billboards, posters, newspapers, magazines, movies.

² Among all students aged 13-15 years old.

Overall, more than 7 out of 10 students (71.6%) ages 13-15 have noticed anti-tobacco messages in the media (e.g. television, radio, internet, billboards, posters, newspapers, magazines, and movies) in the past 30 days.

More than half (53.2%) of those who attended sporting or community events have noticed anti-tobacco messages. About 67.1% of students reported that they were taught in school about the dangers of tobacco use in the past 12 months.

Table 13: Noticing of health warnings on cigarette packages among current and never smokers 13-15 years old, by sex– GYTS Philippines, 2015

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Current smokers who noticed health warnings on cigarette packages [†]	75.9 (72.7 – 78.8)	75.4 (70.6 – 79.7)	76.9 (71.0 – 81.9)
<i>Thought about quitting smoking because of health warnings on cigarette packages[†]</i>			
Among current smokers	47.5 (44.0 – 51.1)	45.1 (40.4 – 49.8)	52.5 (46.2 – 58.7)
Among current smokers who noticed health warnings	62.6 (57.5 – 67.4)	59.7 (53.8 – 65.4)	68.3 (61.3 – 74.6)
Never smokers who thought about not starting smoking because of health warnings on cigarette packages ^{†,1}	44.0 (40.8 – 47.1)	45.1 (41.1 – 49.1)	43.1 (39.3 – 47.0)

[†] During the past 30 days.

¹ Among never smokers who noticed health warnings on cigarette packages in the past 30 days.

More than three-fourths (75.9%) of current smokers have noticed health warnings on cigarette packages and 62.6% of these current smokers thought about quitting smoking because of the health warnings.

While among those never smokers who noticed health warnings on cigarette packages in the past 30 days, 44.0% thought about not starting to smoke because of these health warnings.

3.6.2 Tobacco Marketing

The ability of tobacco marketing to create new demand by encouraging smoking initiation among youth and adults is a critically important aspect of the role of the media in tobacco use.⁹

The way mass media show tobacco use as a normal activity can promote smoking among young people.¹⁰

Much tobacco advertising targets the psychological needs of adolescents, such as popularity, peer acceptance, and positive self-image. Advertising creates the perception that smoking will satisfy these needs. Adolescents who believe that smoking can satisfy their psychological needs or whose desired image of themselves is similar to their image of smokers are more likely to smoke cigarettes. Experimental studies show that even brief exposure to tobacco advertising influences adolescents' attitudes and perceptions about smoking and smokers, and adolescents' intentions to smoke.⁹

Table 14: Noticing tobacco marketing among students 13-15 years old, by gender – GYTS Philippines, 2015

	Overall	Boys	Girls
	Percentage (95% CI)		
Noticed tobacco advertisements or promotions at points of sale			
Among all students in the past 30 days	37.1 (35.6-38.7)	39.0 (36.8 – 41.3)	35.4 (33.3 – 37.5)
Among those who visited a point of sale in the past 30 days	50.6 (48.6 – 52.6)	51.5 (49.0 – 53.9)	49.7 (47.1 – 52.3)
Noticed anyone using tobacco on television, videos, or movies			
Among all students in the past 30 days	60.0 (57.2 – 62.7)	60.5 (56.4 – 64.5)	59.5 (56.6 -62.4)
Among those who watched television, videos, or movies in the past 30 days	70.1 (67.5 – 72.4)	71.3 (67.6 – 74.7)	68.9 (66.3 – 71.4)
Ever offered a free tobacco product from a tobacco company representative	9.0 (7.2 - 11.2)	11.1 (8.5 - 14.5)	7.0 (5.4 - 9.1)

Two in 5 students (37.1%) noticed tobacco advertisements or promotions at points of sale in the past 30 days. While half of those students who actually visited a point of sale, have noticed tobacco advertisements or promotions.

About 60.0% of students noticed anyone using tobacco on television, videos, or movies. This was further affirmed by 70.0% of those who actually watched television, videos, or movies, that they also noticed the same scenes.

Almost one in ten students (9.0%) were ever offered a free tobacco product from a tobacco company representative, boys (11.1%) more likely than girls (7.0%) to have been offered these products.

Table 15: Ownership and receptivity to tobacco marketing among students 13-15 years old, by sex– GYTS Philippines, 2015

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Students who owned something with a tobacco brand logo on it ¹	8.7 (7.1 - 10.6)	11.2 (9.2 - 13.6)	6.5 (4.8 - 8.8)
Never tobacco users who owned something with a tobacco brand logo on it or might in the future ^{2,3}	21.3 (19.5 – 23.1)	26.7 (24.5 – 28.9)	17.7 (15.4 – 20.2)

¹For example, a t-shirt, pen, backpack.

²Those who might use or wear something that has a tobacco company or product name or picture on it.

³Considered highly receptive to tobacco marketing (at risk for future tobacco use).

Table 15 shows that 8.7% of students owned something with a tobacco brand logo on it. Significantly, more boys (11.2%) owned something with a tobacco brand logo on it than girls (6.5%).

About 21.3% of students who are never tobacco users owned something with a tobacco brand logo on it or might in the future. Significantly, more boys (26.7%) who are never tobacco users owned something with a tobacco brand logo on it or might in the future than girls (17.7%).

3.7 Knowledge and Attitudes

Table 16: Knowledge and attitudes towards smoking cessation and social smoking among students 13-15 years old, by sex – GYTS Philippines, 2015

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Students who...			
Definitely thought it is difficult to quit once someone starts smoking tobacco	24.0 (21.4 - 26.7)	21.2 (18.0 - 24.8)	26.6 (24.0 - 29.2)
Thought smoking tobacco helps people feel more comfortable at celebrations, parties, and social gatherings	10.8 (9.3 - 12.4)	13.6 (11.7 - 15.7)	10.8 (9.3 - 12.4)

Although, almost 1 in every 4 students (24%) definitely thought that it is difficult to quit once someone starts smoking tobacco, still 10.8% of students believed that smoking tobacco helps people feel more comfortable at celebrations, parties, and social gatherings. Significantly, more boys (13.6%) than girls (10.8%) to have thought so.

Table 17: Knowledge and attitudes towards secondhand smoke among students 13-15 years old, by gender – GYTS Philippines, 2015

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Students who...			
Definitely thought other people's tobacco smoking is harmful to them	63.1 (57.1 - 68.8)	59.1 (52.6 - 65.2)	66.9 (60.6 - 72.7)
Favored banning smoking inside enclosed public places	93.1 (89.0 - 95.7)	90.6 (86.0 - 93.8)	95.3 (90.9 - 97.7)
Favored banning smoking at outdoor public places	90.9 (85.3 - 94.5)	88.8 (83.1 - 92.7)	92.9 (86.9 - 96.3)



Majority of the students (63.1%) definitely thought other people's tobacco smoking is harmful to them. Consequently, 93.1% and 90.9% of students favored banning smoking inside enclosed public places and at outdoor public places, respectively. This implies that the massive awareness campaigns on tobacco control program have somehow showed a significant impact on the increased awareness of the secondary students.

4. DISCUSSION

4.1 Discussion of Survey Findings

Tobacco Use

- In the Philippines, a total of 16.0% of the respondents currently use any tobacco product (smoked tobacco and/or smokeless tobacco) and 34.1% of students are ever tobacco users.
- One in ten (12.0%) students are current cigarette smokers and 0.7% of them are frequent cigarette smokers or have smoked cigarettes on 20 or more days of the past 30 days. Boys, significantly more than girls to be current or frequent cigarette smokers.
- Overall, 8.1 % of never-smokers thought they might enjoy smoking a cigarette in the next 12 months, thus making them susceptible to cigarette smoking. Health promotion targeting youth can be strengthened to prevent susceptible youth from initiating smoking cigarettes.

Cessation

- Nine in 10 (90.2%) current smokers expressed their desire to stop smoking and 82.0% tried to stop smoking in the past 12 months. About one- third (33.7%) received help/advice from a program or professional to stop smoking.
- In light of the above, smoking cessation interventions including advise should be scaled up and made accessible to young smokers. Information can also be made available to them on how and where to avail of said services.

Secondhand Smoke

- Among students who were exposed to tobacco smoke:
 - Almost 2 in 5 (38.3%) admitted being exposed at home
 - More than half (54.2%) were exposed inside enclosed public places
 - About 3 in 5 (66.1%) were exposed at outdoor public places,
 - Seven in 10 (72.5%) of them also admitted seeing anyone smoking inside the school building or outside on school property.
- Despite the existence of national law and local ordinances prohibiting smoking in public places, there are apparently issues in their implementation. Smoking in public places still happens; thus, exposing the youth to harmful effects of second hand tobacco smoke. There is; therefore, a need to strengthen enforcement of the said laws.

- Also, smoking continues to happen at home, possibly observed from the parents or adult members of the households. Health promotion targeting adult members of the households in the community should be strengthened to counter smoking at homes and exposure of the youth to second hand cigarettes smoke in their respective homes.
- Despite the inclusion of schools as among public places where tobacco use is prohibited and issuance of anti-smoking policies by the Department of Education (DepEd), which is supposed to add teeth in prohibiting smoking in schools, it is apparent that smoking inside school premises still happen. There is a need for DepEd, schools officials and relevant local authorities to more vigorously monitor smoking in schools and enforce applicable legislations and policies accordingly.

Access and Availability

- Overall, 60.4% of cigarette smokers usually purchase cigarette from a store or shop, 16.3% acquired it from a street vendor and 16.9% got them from someone else.
- Nearly half (47.5%) of those who tried to buy cigarettes during the past 30 days were not prevented from buying cigarettes because of their age.
- Four in 5 (81%) of those who bought cigarettes during the past 30 days bought by individual stick while less than 2 in 10 (16.9%) bought by pack.
- Majority (74.6%) bought cigarettes at cost amounting P20 to P49 a pack and 15.9% bought cigarettes at cost less than P20 per pack.
- Despite prohibition of sale of tobacco to minors, it is apparent that cigarettes continue to be accessed by the youth mainly through stores and shops and street vendors. There is the need for a stricter monitoring especially in these above mentioned sales outlets and enforcement of relevant laws prohibiting sale to minors.
- As young people prefer to buy by stick/s rather than by pack/s, it is suggested to consider mandating via legislations prohibiting the sale by stick/s. Many studies indicate that price is a deterrent to buying cigarette among youth. Also, cigarette packs have graphic health warnings, which can serve as additional deterrents for buying cigarettes among the youth.

Exposure to Anti-Tobacco Information

- A total of 71.6% of students noticed anti-tobacco messages in the media (e.g. television, radio, internet, billboards, posters, newspapers, magazines, and movies) in the past 30 days.
- Among all students, about 32.8% noticed anti-tobacco messages at sporting or community events and among those who attended sporting or community events, more than half (53.2%) noticed anti-tobacco messages.

- Overall, majority of the students (67.1%) reported having been taught in school about the dangers of tobacco use in the past 12 months.
- It is evident that health education in preventing tobacco use in schools is in place, but needs to be sustained and strengthened considering that only about half of respondents appreciated the said interventions in their schools.

Awareness and Receptivity to Tobacco Marketing

- Overall, 37.1% of students noticed tobacco advertisements or promotions at points of sale in the past 30 days. While, more than half (50.6%) of those who visited a point of sale have noticed tobacco advertisements or promotions. From these findings, it seems there is rampant point of sale advertising and minors are exposed to it. Appropriate measures should be considered to regulate point of sale advertising.
- Overall, three in five (60.0%) students noticed anyone using tobacco on television, videos, or movies. This was further affirmed by 70.1% of those who actually watched television, videos, or movies, who noticed anyone using tobacco on television, videos, or movies that they saw recently in the past 30 days.
- A total of 9.0% were ever offered a free tobacco product from a tobacco company representative. Nearly the same proportion (8.7%) of students admitted that they own something with tobacco brand logo like t-shirt, pen or backpack.
- Despite the ban on tobacco advertising, promotion, and sponsorships as per national legislation (RA 9211), there is apparently rampant violation and exposure of the youth to said advertising and promotions in media, and sponsorships in sporting and community events. There is therefore a need to strengthen monitoring and enforcement of relevant provisions against tobacco advertising, promotions, and sponsorships.

Knowledge and Attitude

- Nearly one-fourth (24.0%) of students definitely thought it is difficult to quit once someone starts smoking tobacco.
- One in ten (10.8%) students thought smoking tobacco helps people feel more comfortable at celebrations, parties, and social gatherings. Boys, significantly more than girls, have that kind of thinking.
- Correct information should be disseminated and health education campaigns should be strongly reinforced. Myths and misconceptions should be corrected.
- Majority of students (63.1%) definitely thought other people's tobacco smoking is harmful to them.
- Consequently, almost all students favored banning of smoking inside enclosed public places (93.1%) and at outdoor public places (90.9%).

4.2 Comparison to Previous Tobacco Surveys

In this section, the results of the current GYTS are compared to the results of the previous rounds of GYTS. Percent change is also computed to identify significant changes in the figures.

Table 18: Percent change table among students 13-15 years old – GYTS, Philippines 2000, 2004, 2007, 2011, and 2015

<i>Prevalence</i>	<i>2000</i>	<i>2004</i>	<i>2007</i>	<i>2011</i>	<i>2015</i>	<i>Percent Change (2011, 2015)</i>
TOBACCO USE						
Smoked Tobacco						
Current cigarette smokers	18.2 (15.8 - 20.9)	11.5 (8.7 - 15.0)	17.5 (14.7 - 20.6)	8.9 (7.4 - 10.6)	12.0 (10.0 - 14.2)	34.8
Frequent cigarette smokers	1.5 (1.1 - 2.1)	1.1 (0.7 - 1.7)	1.8 (1.3 - 2.5)	0.5 (0.3 - 0.9)	0.7 (0.5 - 1.1)	40.0
Current smokers of other tobacco	NA	NA	4.6 (3.6 - 5.9)	4.1 (3.3 - 5.0)	3.4 (2.0 - 5.5)	-17.07
Ever cigarette smokers	39.0 (35.7 - 42.4)	35.6 (31.8 - 39.6)	39.5 (36.1 - 43.1)	27.5 (24.5 - 30.7)	28.1 (26.2 - 30.1)	2.2
Smokeless Tobacco						
Current smokeless tobacco users	NA	NA	5.1 (3.9 - 6.5)	4.5 (3.6 - 5.5)	2.5 (1.6 - 3.8)	12.35
Tobacco Use						
Current tobacco users	23.3 (21.0 - 25.8)	15.9 (13.3 - 18.9)	22.7 (19.8 - 25.8)	13.7 (12.1 - 15.6)	16.0 (12.6 - 20.0)	16.8
Susceptibility						
Never tobacco users susceptible to tobacco use	23.9 (20.9 - 27.0)	12.8 (10.8 - 15.2)	12.9 (11.1 - 15.0)	10.5 (8.9 - 12.4)	13.2 (11.7 - 15.0)	25.7
CESSATION						
Tried to stop smoking in the past 12 months	85.2 (81.5 - 88.3)	87.4 (80.2 - 92.3)	86.0 (79.7 - 90.6)	85.8 (77.9 - 91.2)	82.0 (76.8 - 86.2)	-4.4
Want to stop smoking now	38.9 (33.1 - 45.1)	88.0 (82.0 - 92.2)	88.1 (83.0 - 91.7)	88.6 (78.8 - 94.2)	90.2 (85.8 - 93.3)	1.8
Thought they would be able to stop	58.2 (54.9 - 61.4)	90.1 (84.3 - 93.9)	90.9 (86.6 - 93.9)	93.9 (88.8 - 96.7)	92.2 (89.2 - 94.5)	-1.81
SECONDHAND SMOKE						
Exposed to tobacco smoke at home	45.0 (39.8 - 50.2)	56.4 (53.5 - 59.3)	54.5 (51.9 - 57.0)	42.9 (40.3 - 45.4)	38.3 (34.9 - 41.8)	-10.7
Exposed to tobacco smoke inside any enclosed public place	58.2 (56.0 - 60.4)	58.6 (55.8 - 61.4)	64.8 (62.2 - 67.4)	57.9 (56.0 - 59.8)	54.2 (51.8 - 56.5)	-6.4
ACCESS & AVAILABILITY						
Buying them from a store	39.6 (35.4 - 44.0)	52.1 (46.6 - 57.5)	49.3 (43.8 - 54.8)	50.1 (43.2 - 57.0)	79.4 (74.3 - 83.6)	58.5*
Not prevented from buying cigarettes because of their age	47.7 (42.1 - 53.3)	63.6 (54.1 - 72.1)	59.6 (48.9 - 69.4)	37.3 (22.4 - 55.0)	47.5 (42.1 - 52.9)	27.3



MEDIA						
<i>Tobacco Industry Advertising</i>						
Noticed anyone using tobacco on television, videos, or movies	30.1 (27.8 – 32.6)	95.7 (94.4 – 96.7)	93.1 (92.2 – 93.9)	92.6 (91.0 – 94.0)	70.1 (67.5 – 72.4)	0.82*
Ever offered a free tobacco product from a tobacco company ³	17.6 (16.3 – 18.9)	13.9 (11.6 – 16.2)	8.5 (7.3 - 9.8)	6.4 (5.4 - 7.5)	9.0 (7.2 - 11.2)	40.6
Owned something with a tobacco brand logo on it	17.8 (16.4 – 19.2)	16.4 (13.5 – 19.3)	12.6 (11.2 – 14.0)	10.1 (8.5 - 11.9)	8.7 (7.1 - 10.6)	-13.86
<i>Anti-Tobacco Advertising</i>						
Anti-tobacco messages in the media	83.4 (81.5 – 85.3)	90.3 (89.3 – 91.3)	87.3 (85.9 – 88.6)	89.4 (87.4 – 91.1)	71.6 (67.7 – 75.2)	-19.9*
Anti-tobacco messages at sporting or community events	NA	85.6 (83.3 - 87.7)	86.3 (85.0 - 87.5)	88.8 (86.9 - 90.4)	53.2 (51.0 - 55.4)	-40.09*
Taught in school about the dangers of tobacco use	14.0 (12.5 - 15.6)	67.6 (64.3 - 70.7)	71.2 (67.2 - 74.8)	71.1 (68.1 - 73.9)	67.1 (62.1 - 71.7)	-5.63
KNOWLEDGE & ATTITUDES						
Definitely thought other people's tobacco smoking is harmful to them	NA	75.4 (71.9 - 78.6)	70.8 (68.1 - 73.4)	78.3 (75.3 - 81.0)	63.1 (57.1 - 68.8)	-19.41*
Favored banning smoking inside enclosed public places	74.6 (72.3 - 76.7)	90.5 (88.5 - 92.3)	90.9 (89.4 - 92.2)	92.3 (90.8 - 93.6)	93.1 (89.0 - 95.7)	0.86

* Significant change

Tobacco Use

The table above shows the percent change on the different indicators of tobacco use in the Philippines. All prevalence rates of the indicators under the tobacco use except for current smokers of other tobacco, had increased from 2011 to 2015. However, the trend is not a continuous increase, there were changes observed across the five rounds of GYTS.

The general trend in prevalence of tobacco use in the Philippines for the past fifteen years since 2000 to 2015 is still decreasing because the increase in prevalence of current, frequent and ever cigarette smokers and current tobacco users between 2011 and 2015 are ***not significant***.

The instabilities in prevalence change observed across the five rounds of GYTS could be attributable to several factors such as ease of access to cigarettes and may imply weak implementation of policies limiting the sales of cigarettes among populations of legal age.

Overall, the consumption of cigarettes across sex reflects remarkable figures (Table 3). However, the number of cigarettes smoked per day of less than 1, among girls (51.9%) is significantly higher than those with the males (35.4%). Such results may imply existing underlying or predisposing factors that affects the behavior among these girls to engage in cigarette smoking

It can be surmised that despite the Department of Education's school-based policies and interventions, the increase in cigarette use among youth still happens. Thus, there is a need to strengthen efforts to encourage non-smoking behavior among youth by providing physical environment supportive of non-smoking behavior.

Further, there is still a need to step-up implementation or strengthen the enforcement of anti-smoking laws, such as the Sin Tax Law, due to the observed increase in number of young current smokers and an increasing prevalence of female students who smoked cigarettes. These can be correlated to the students' belief on the harmful effect of second hand smoke, wherein, there was a significant decrease from 78.3% in 2011 to 63.1% in 2015. Results also showed decreased number of respondents from 71.1% in 2011 to 67.1% in 2015 who were taught in school about the dangers of tobacco use. Nevertheless, with this data, 90.9% (Table 17) of the respondents favored banning smoking at outdoor public places.

Cessation

Survey results show that there are no significant change in the smoking cessation indicators between 2011 and 2015.

Looking at the comparison of the 2015 GYTS from previous tobacco surveys from 2000 to 2011, there is an increasing trend among students aged 13-15 years old who wanted to stop smoking now. This may be attributed to the generally high level of knowledge of students in this age group on the harmful effects of tobacco (63.1%). This was further amplified by the aggressive advocacy campaigns against tobacco/ cigarette use. In the 2015 GYTS, 71.6% of students aged 13-15 years old have noticed anti-tobacco messages in the media and 53.2 % at sporting or community events. Anti-tobacco information campaigns were also supported by the Department of Education with 67.1% of the students attesting that they were taught in school about the dangers of tobacco use (Table 12).

The imposition and visibility of textual health warnings on cigarette packages also made an impact on the mindset and attitude of high school students who are current or non-smokers. Some 62.6% of current smokers thought about quitting smoking because of the health warnings they have noticed on cigarette packages. It is also interesting to note that the advocacy campaigns being conducted are effective, as 44.0% of students who were never smokers thought about not starting smoking because of health warnings they have noticed in cigarette packages.

Respondents have high awareness on the health risk factors, and they are willing to be provided with health interventions for them to stop smoking. Information like guiding or directing the students and teachers on how and where to avail and access smoking cessation services is necessary. With this, there is a need for the school to establish smoking cessation clinic, thus guidance counselors/teachers should be capacitated on the brief advice on smoking cessation and counseling.

Secondhand Smoke

Tobacco control advocates would be inspired and encouraged to continue their anti-tobacco campaigns because the 2015 GYTS results showed a decrease in exposure to secondhand smoke at home and in any enclosed public place.

The secondhand smoke exposure at home decreased by 10.7% from 42.9% in 2011 to 38.3% in 2015. While the exposure on any enclosed public places decreased by at least 6.4%; from 57.9% in 2011 to 54.2% in 2015. This can be due to the increase number of LGUs participating in Red Orchid Awards (ROA) and in establishments implementing smoke free environment.

Access and Availability

Survey results regarding tobacco access and availability revealed that there is a significant increase in the percentage of students aged 13-15 years who reported buying tobacco products from a store, from 50.1% in 2011 to 79.4% in 2015.

We can probably take into account that the schools randomly selected to participate in the survey belong to municipalities that are not joining ROA; thus, they could be lenient in complying with the law. There could also be an increase in number of retail stores selling tobacco products particularly cigarettes in the communities near schools or households.

The increase in percentage of students who were not prevented from buying of cigarettes despite their age, from 37.3% in 2011 to 47.5% in 2015 could imply weak enforcement of law which should prohibit the sale of any tobacco products to minors as well as sale of cigarettes near schools.

Media

The survey results revealed that there is a significant decrease in the percentage of students aged 13-15 years who noticed anyone using tobacco on television, videos or movies, from 92.6% in 2011 to 70.1% in 2015. This could be due to increased compliance of tobacco industries and the media as well on the prohibition of tobacco advertisement. It can also be linked to the active campaign of the government specifically the health sectors against tobacco use and production.

However, even though there is a percentage decrease in this indicator, there could still be a significant number of tobacco industries not complying to the aforementioned policy due to the report of majority (70.1%) of students that they still noticed anyone using tobacco on television, videos or movies. We, therefore, need to have more anti-tobacco advocates and champions.

On the other hand, there are significant decreases of 19.9% and 40.1% in the number of anti-tobacco messages in media, from 89.4% in 2011 to 71.6% in 2015 and in sporting or community events from 88.8% in 2011 to 53.2% in 2015, respectively. This can be a signal for the Department of Health to innovate anti-tobacco health messages that would capture more the attention of the youth and could influence their decision not to smoke.

Knowledge and Attitudes

The results of the 2015 GYTS regarding knowledge and attitude on tobacco use, unveiled a significant decrease in the percentage of students who definitely thought that other people's smoking is harmful to them from 78.3% in 2011 to 63.1% in 2015. The decrease could be probably due to insufficient exposure of the students, either in school or at home, to information and messages related to the harmful effects of second-hand smoke. Findings from other surveys like the GSHS could be a contributing factor to this premise. Based on the Philippines 2015 GSHS, more than 3 out of 10 students aged 13-15 years old missed classes or school without permission (34.8%). With this in mind, cutting classes obviously decreases their opportunities to learn, thus, they failed to be informed on the ill effects of secondhand smoke.

4.3 Relevance to FCTC

The results of this GYTS are critical in 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) for youth. The GYTS asks students a range of questions that spans many of the remaining elements of MPOWER. The resulting data are critical for gauging 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 prevention policies

The 2015 GYTS revealed that approximately three out of ten students have ever smoked cigarettes (28.1%) or ever smoked tobacco (31.6%). While more than one in ten of students are current cigarette smokers (12.0%) or current tobacco smokers (14.5%).

Moreover, some students reported that they are current smokeless tobacco users (2.5%) or ever smokeless tobacco users (4.9%).

Overall, 16.0% of students are current tobacco users and 34.1% are ever tobacco users. Tobacco users refer to students who use smoked and/or smokeless tobacco.

Protect people from tobacco smoke

The 2015 GYTS data show that almost four out of ten (38.3%) students were exposed to tobacco smoke at home. While, majority are exposed to tobacco smoke inside any enclosed public place (54.2%) and at any outdoor public place (66.1%).

Offer help to quit tobacco use

Results of the 2015 GYTS show that students who currently smoke are interested in quitting. Of students who currently smoke:

- 90.2% want to stop smoking now.
- 82% tried to stop smoking in the past year.
- 92.2% thought they would be able to stop smoking if they wanted to.
- 33.7% have ever received help/advice to stop smoking.

Warn about the dangers of tobacco

During the past year, almost seven out of ten (67.1%) students had been taught in class about the dangers of tobacco use.

Enforce bans on tobacco advertising, promotion and sponsorships

The 2015 GYTS data also show that during the past month, 71.6% of students saw anti-tobacco messages in media and 32.8% at sporting or community events.

Further, 8.7% of students owned something with a tobacco brand logo on it and 9.0% were ever offered free tobacco product from a tobacco company representative.

Raise taxes on tobacco

The 2015 GYTS results show that three out of five cigarette smokers (60.4%) bought their cigarette from store or shop, while, less than two out of ten students (16.0%) bought their cigarette from a street vendor or got them from someone else.

The most common mode of buying cigarette among students who were current smokers who bought cigarettes during the past days was by individual sticks. Based on their last purchase, four out of five current smokers (81.0%) bought by individual sticks and only 16.9% bought cigarette by pack.

Students usually buy cigarette brands that cost P20.00-P29.00 (30.6%) and then followed by cigarette brands that cost P30.00-P39.00 (27.8%)

Almost half (47.5%) of current cigarette smokers 13-15 years old were not prevented from buying cigarettes despite their age.

The 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, will be used to adopt and implement effective legislative measures for preventing and reducing tobacco consumption, nicotine addiction, and exposure to tobacco smoke.

4.4 Relevance to Country

In this section, the 2015 GYTS findings are summarized. More importantly, this section discusses the implication of these results in the Philippine context.

Generally, the current smokers are willing to quit smoking for a number of good and health-related reasons. Data show that both boys and girls exhibited interest in withdrawing cigarette smoking. This could be positively linked on the effectiveness of the implementation of various tobacco control related programs. However, a national comprehensive and effective tobacco cessation mechanism to support these students in their decision to quit smoking is not yet established.

Secondary schools teachers should be capacitated on the brief advice on smoking cessation and counselling. Information on how and where to access smoking cessation services should always be available.

An alarming 35.9% of current smokers are showing signs of smoking dependence. In addition, an intolerable percentage of students who were never tobacco users reported that they are still susceptible to tobacco use in the future (13.2%) and students who were never smokers also thought they might enjoy smoking cigarette (8.1%).

In line with the strengthening of anti-tobacco campaign in the country, policies should be institutionalized and strictly monitored to ensure its significant impact on the increased awareness of secondary school students on ill-effects of tobacco use. The Department of Education's *Guidelines on the Adoption and Implementation of Public Health Policies on Tobacco Control and Protection Against Tobacco Industry Interference* (DO No.6, s.2012) which aims to raise awareness of students on the adverse effects of cigarettes on health, productivity, the cost of health service, and economy needs to be fully implemented and monitored.

Adolescents in the country 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 the Department Memorandum No. 2010-0191 regarding its advisory cautioning the public on the use of electronic nicotine delivery systems (ENDS) or the more popularly known as e-cigarettes. Further, the Food and Drug Administration (FDA) has already issued the Administrative Order No. 2014-0008 or the *Rules and Regulations on Electronic Nicotine Delivery System (ENDS) or Electronic Cigarettes* to ensure the safety, efficacy and quality of electronic cigarette or ENDS as health product or consumer product, and to serve as guidelines for electronic cigarette or ENDS manufacturers and distributors in securing a FDA license to operate and a Certificate of Product Registration (CPR).

Despite the existence of information on tobacco control, a significant information gap exists on tobacco use information in the country. Students are still reporting being exposed to tobacco marketing in media and in points of sale. Controlling this exposure has been shown to reduce and prevent youth tobacco use.



Although, results of the survey showed a decrease in percentage on second hand smoke exposure, still, a number of youth in the country had reported exposure to second hand smoke in multiple venue such as in their own homes, enclosed public place and in any outdoor public place. Given that there is no safe level of exposure to second hand smoke, policies that will protect the youth from possible exposure are needed.

5. RECOMMENDATION

Based on the most pressing 2015 GYTS findings, Philippines should respond accordingly through the implementation of expanded comprehensive tobacco control measures. Such action, in general, shall save lives, reduce occurrence of smoking-related illnesses, and help reduce the economic burden associated with tobacco-related illness and lost productivity. The following are the proposed evidence-based interventions and are also recommended for further studies or enhanced surveillance if needed.

MONITORING:

For Department of Education

- to strengthen efforts to encourage non-smoking behavior among youth by re-integrating values formation in the primary education curriculum; and
- to develop a comprehensive policy on tobacco control and provide a supportive physical environment that instill non-smoking behavior in primary and secondary schools;

For Department of Health

- to develop/strengthen health promotion policies targeting youth that aims to prevent initiation on cigarette smoking;
- to set measures to further protect tobacco control policies from tobacco industry interference in order to sustain their efforts;
- to have an early administrative arrangement of funding support for the surveys is recommended to prevent delay in the administration of the surveys;
- to continue the conduct of GYTS every three to four years to monitor youth tobacco use and other tobacco-related indicators;
- to sub-analyze data by type of school (private or public school) in order to assess the socio-economic factors that may affect the smoking of youth; and
- to 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.

For Local Government Units

- to develop an ordinance prohibiting sale of cigarettes by stick/s among youth;
- to enforce policy and intensify advocacy against fake corporate social responsibility activities of tobacco industry; and

- For the Movie and Television Review and Classification Board (MTRCB) to regulate smoking scenes in television and movies, and to consider giving restricted rating;

PROTECTION:**For Department of Education**

- to strictly implement and monitor compliance to the DepEd memorandum on banning smoking at school premises;
- to develop school rules and policies for the prevention and control of tobacco use; and
- to intensify the enforcement on the ban on selling tobacco products within the 100 meter perimeter of schools and places frequented by minors.

For Department of Health

- to provide stronger commitment and leadership to promote social norms in support of 100% smoke-free indoor environments together with other national government agencies;
- to pursue collaboration with all relevant stakeholders such as, but not limited to the Civil Aviation Authority of the Philippines, Philippine Ports Authority, Philippine Amusement and Gaming Corporation and the Tourism Infrastructure and Enterprise Zone Authority, and for ensuring that the Philippines meets its obligations under the WHO FCTC Article 8 (Guidelines on the protection from exposure to tobacco smoke); and
- to 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;

OFFER TO QUIT:**For Department of Health**

- to increase /strengthen access and availability of smoking cessation services and consider the inclusion of DepEd nurses in training on Smoking Cessation Counseling;
- to scale up and make accessible to young smokers smoking cessation interventions including counselling. Information can also be made available to them on how and where to avail the said services;

- to finalize, endorse and widely promote a standard set of tobacco cessation practice guidelines and operationalization mechanism on how to deliver it to the target population.
- to incorporate into the mandatory curricula and on-going capacity building initiatives of health professionals the Smoking Cessation training;
- to expand through PhilHealth, the insurance coverage 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; and
- to promote cessation with systematic advocacy campaigns and cessation clinic should be available.

For Department of Education

- to intensify smoking cessation services in their school and to send their respective School Nurses to Smoking Cessation Counseling Training; and
- to train teachers or perhaps guidance counselor-designates on the smoking cessation guidelines once formulated;

WARNING:**For Department of Health**

- to develop anti - tobacco media messages that focus on ages 13 – 15 years old;
- to increase and strengthen IEC on tobacco control; and
- to follow-up implementation of the Graphic Health Warning Law not later than 4 November 2016 in close collaboration with enforcement teams of LGUs and regulatory officers of FDA.

For Department of Education

- to reinforce the module on the harmful effects of tobacco use using the GHW templates;
- to disseminate correct information and health education campaigns should be strongly reinforced so that myths and misconceptions will be corrected; and
- to institutionalize tobacco control and prevention in the curriculum of DepEd, in particular, using the templates of Graphic Health Warning as educational materials to reinforce the adverse health effects of smoking; and

ENFORCEMENT:

- For the Bureau of Customs to closely monitor smuggling of class A cigarettes which is much cheaper than those available in the market;

For Department of Health

- to increase advocacy to LGUs to participate in Red Orchid Awards (ROA); and
- to advocate and take the lead in proposing a complete ban on TAPS, without any exceptions, despite the legal cases filed against DOH by the tobacco industry.

For Local Government Units

- to conduct regular monitoring of stores selling cigarettes within 100-meter perimeter radius and places frequented by minors;
- to include in their ordinance “no” to selling of cigarettes to minors;
- to include in the advocacy of the Philippine National Police (PNP) on students not only the harmful effects of drugs but also on tobacco;
- to adopt FCTC-compliant tobacco control ordinances in their cities and municipalities;
- to consider appropriate measures to ban point of sale advertising;
- to participate in the ROA of DOH;
- to police more strictly the existing law banning all forms of advertisement of tobacco products and paraphernalia in the Philippines because many youth were exposed to pro-cigarette advertising specially noted in point-of-sales and were provided free cigarettes by tobacco company representatives;
- to sustain and strictly enforce the ban in tobacco advertisements in all forms of mass media especially within the 100 meter perimeter of schools and places frequented by minors;
- to continue enforcement of smoking bans in public places possibly in close collaboration with Department of Environment and Natural Resources, and heighten the advocacy on smoke-free homes at the level of local government units;
- to reduce exposure of youth to pro-tobacco advertisements through total ban, not partial ban only, as imposed by the existing national law, on tobacco advertisement, promotion and sponsorship (TAPS);
- to strengthen the enforcement mechanism of the current TAPS’ restrictions, through coordinated action at local jurisdictions, under the DOH leadership and coordination; and

RAISE TAXES:

- Monitor implementation of Republic Act No. 10351 in close collaboration with other sectors of the society;
- Exercise vigilance in any attempt to reverse the gains from the sin tax reform law by the tobacco industry and by legislators sympathetic to the industry;
- Document good stories on how different sectors of the society benefited from the sin tax law;
- For Department of Finance (DOF) to continue doing simulation models in support of the unitary tax structure adjusted to inflation starting in 2017 and beyond; and
- For the Bureau of Internal Revenue (BIR) in close collaboration with Department of Justice to continue arresting manufacturers, distributors and sidewalk vendors caught selling cigarettes not bearing the required tax stamp, and continue cigarette products' surveillance at the production and storage facilities, distribution points and retail outlets.

REFERENCES

1. World Health Organization Tobacco Fact Sheet ; June 2016
(www.who.int/mediacentre/factsheets/fs339/en/)
2. WHO report on the global tobacco epidemic, 2011: Warning about the dangers of tobacco. Geneva, World Health Organization, 2011 (http://www.who.int/tobacco/global_report/2011/en/index.html).
3. Preventing tobacco use among youth and young adults: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2012 (<http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html>).
4. 2011 (4th Round) Global Youth Tobacco Survey, Philippines, Country Report: Department of Health
5. Health Effects of Cigarette Smoking ; US Department of Health and Human Services, Centers for Disease Control and Prevention
(http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.html)
6. 2013 Philippine Health Statistics; Department of Health
7. Health Risk of Secondhand Smoke ; November 11, 2015
(<http://www.cancer.org/cancer/cancercauses/tobaccocancer/secondhand-smoke>)
8. "May I Buy a Pack of Marlboros, Please?" A Systematic Review of Evidence to Improve the Validity and Impact of Youth Undercover Buy Inspections"; Lee, Joseph G. ; April 2016
(<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822877/>)
9. Influence of Tobacco Marketing in Smoking Behavior
(www.cancercontrol.cancer.gov/brp/tcrb/monographs/19/m//9_7.pdf)
10. Factors associated with Youth Tobacco Use
(https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco-use/index.html)

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
BIR	Bureau of Internal Revenue
CSC	Civil Service Commission
CSR	Corporate Social Responsibility
DepEd	Department of Education
DOF	Department of Finance
DOH	Department of Health
DOST	Department of Science and Technology
DRDF	Demographic Research and Development Foundation
DTI	Department of Trade and Industry
EB	Epidemiology Bureau
ENDS	Electronic Nicotine Delivery System
ETS	Environmental Tobacco Smoke
FCAP	FCTC Alliance of the Philippines
FCTC	Framework Convention on Tobacco Control
FDA	Food and Drug Administration





FIES	Family Income and Expenditure Survey
FNRI	Food and Nutrition Research Institute
GATS	Global Adult Tobacco Survey
GDP	Gross Domestic Product
GHW	Graphic Health Warning
GNI	Gross National Income
GSHS	Global School-Based Health Survey
GYTS	Global Youth Tobacco Survey
HJ	Health Justice
HPCS	Health Promotion and Communication Service
IACT	Inter- Agency Committee on Tobacco
IEC	Information and Education Campaign
LGU	Local Government Unit
LTFRB	Land Transportation Franchising and Regulatory Board
MTRCB	Movie and Television Review and Classification Board
NGO	Non-Government Organization
NNS	National Nutrition Survey
NTCCO	National Tobacco Control Coordination Office
NTCS	National Tobacco Control Strategy
NTPCP	National Tobacco Prevention and Control Program
OSH	Office on Smoking and Health
PNP	Philippine National Police
PSA	Philippine Statistics Authority
RA	Republic Act
RESU	Regional Epidemiology and Surveillance Unit
RO	Regional Office
ROA	Red Orchid Award
SE	Standard Error
SEATCA	Southeast Asia Tobacco Control Alliance
SHS	Secondhand Smoke
SWAT	Sector-Wide Anti-Tobacco Committee
SWS	Social Weather Station
TAPS	Tobacco Advertising Promotion and Sponsorship
TCT	Tobacco Control Team
TFI	Tobacco Free Initiative
TFP	Tobacco Free Philippines
TQS	Tobacco Questions for Survey
UHC	Universal Health Care
UN	United Nation
UPPI	University of the Philippines Population Institute
US-CDC	United States – Center for Disease Prevention and Control
WHO	World Health Organization
WPRO	Western Pacific Region Office
YAFSS	Young Adult Fertility and Sexuality Study

APPENDIX B: THE 2015 PHILIPPINES GYTS QUESTIONNAIRE

Global Youth Tobacco Survey (GYTS)
5th Round
Philippines
2014 Questionnaire



Instructions

- Please read each question carefully before answering it. (*Basahing mabuti at unawain muna ang bawat katanungan bago sagutin.*)
- Choose the answer that best describes what you believe and feel to be correct. (*Piliin ang sagot ayon sa paniwala mo na tama*)
- Choose only **one** answer for each question. (*Pumili lamang ng isang sagot sa bawat tanong.*)
- On 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, markahan ng itim ang buong bilog na katugma ng iyong sagot.*)
- Correctly fill in the bubbles like this: 
(*Markahan ng tama ang bilog katulad nito*) 
- If you have to change your answer, don't worry, just erase it completely, without leaving marks. (*kung magpapalit ng sagot, burahin ng maayos ang kabuuang marka sa bilog,*)

Example:

24. Do you believe that fish live in water? (*Naniniwala ka ba na ang isda ay nakatira sa tubig?*)

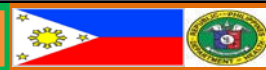
- Definitely yes (*TiyaK na Oo*)
- Probably yes (*Marahil Oo*)
- Probably not (*Marahil hindi*)
- Definitely not (*Tiyak na hindi*)

Introduction

Thank you for participating in this survey. Before you start, please read the following information that will help you to answer the questions. (*Salamat sa iyong pakikiisa sa pag-aaral na ito. Bago magsimula, pakibasa muna ang mga impormasyon sa ibaba na makakatulong sa pagsagot mo sa mga tanong.*)

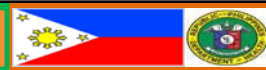
- Some of the questions will ask about smoking **cigarettes**. (*May katanungan ukol sa paninigarilyo.*)
- Other questions may ask about **smoking tobacco** in general that includes cigarettes and other types of smoked tobacco products. (*May mga tanong din sa paninigarilyo ng tobako at iba pang katulad na produkto nito.*)
- Other questions may ask about using **smokeless tobacco**, which is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed. (*May mga tanong naman ukol sa paggamit ng tobako na walang usok.*)
- Finally, other questions may ask about any **tobacco use** or any **tobacco products** – this includes smoking cigarettes, smoking tobacco other than cigarettes, and using smokeless tobacco. (*Ang ibang tanong ay ukol sa paggamit ng kahit na anong produktong tobako, may usok man o wala.*)
- Here is a chart that provides examples of various tobacco products: (*Nakalista sa ibaba ang halimbawa ng mga produktong tobako.*)

Any Tobacco Use	
Smoking Tobacco includes:	Smokeless Tobacco includes:
Cigarettes — Manufactured cigarettes — Hand-rolled cigarettes — Kretek cigarettes Other types of smoked tobacco: — Pipes — Cigars, mini cigars/cigarillos — Waterpipes/ Bidis/Shisha	— Snuff — Chewing tobacco — Dip — Betel quid with tobacco — Gutka



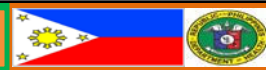
The first few questions ask for some background information about yourself. (*Ang mga sumusunod na tanong ay patungkol sa iyong sarili.*)

1. How old are you? (*Ilang taon ka na?*)
 - a. 11 years old or younger (*11 taong gulang o mas bata pa*)
 - 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 o mas matanda pa*)
2. What is your sex? (*Ano ang iyong kasarian?*)
 - a. Male (*Lalaki*)
 - b. Female (*Babae*)
3. In what grade/year are you? (*Ano ang iyong kasalukuyang antas?*)
 - a. Grade 7 (*ika-pitong baitang*)
 - b. Grade 8 (*ika-walong baitang*)
 - c. Grade 9 (*ika-siyam na baitang*)
 - d. Fourth year (*ika-apat na taon*)
4. During an average week, how much money do you have that you can spend on yourself, however you want? (*Sa loob ng isang linggo, magkano ang iyong pera, na maaring gastusin sa anumang bagay na nais mo?*)
 - a. I usually don't have any spending money (*Wala*)
 - b. Less than P10.00 (*mababa sa P10.00*)
 - c. P10.00 - P100.00 (*P10.00 – P100.00*)
 - d. P101.00 - P300.00 (*P101.00 – P300.00*)
 - e. P301.00 - P500.00 (*P301.00 – P500.00*)
 - f. P501.00 – P1,000.00 (*P501.00 – P1,000.00*)
 - g. More than P1,000.00 (*Mahigit sa P1,000.00*)
5. Are you studying in public or private school? (*Ikaw ba ay nag-aaral sa pampubliko o pribadong paaralan?*)
 - a. Public school (*Pampublikong paaralan*)
 - b. Private school (*Pribadong paaralan*)



The next questions ask about your use of tobacco. (*Ang susunod na mga tanong ay tungkol sa iyong paggamit ng tobako*)

6. Have you ever tried or experimented with cigarette smoking, even one or two puffs?
(*Nasubukan mo na ba ang magsigarilyo, kahit isa o dalawang hithit lang?*)
- a. Yes (*Oo*)
 - b. No (*Hindi*)
7. How old were you when you first tried a cigarette? (*Ilang taon ka noong una kang sumubok manigarilyo?*)
- a. I have never tried smoking a cigarette (*Hindi ako kailanman sumubok manigarilyo*)
 - b. 7 years old or younger (*7 taong gulang o mas bata pa*)
 - c. 8 or 9 years old (*8 o 9 na taong gulang*)
 - d. 10 or 11 years old (*10 o 11 na taong gulang*)
 - e. 12 or 13 years old (*12 o 13 na taong gulang*)
 - f. 14 or 15 years old (*14 o 15 na taong gulang*)
 - g. 16 years old or older (*16 taong gulang o mas matanda pa*)
8. During the past 30 days, on how many days did you smoke cigarettes? (*Sa nakaraang 30 araw, 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 na araw*)
 - d. 6 to 9 days (*6 hanggang 9 na araw*)
 - e. 10 to 19 days (*10 hanggang 19 na araw*)
 - f. 20 to 29 days (*20 hanggang 29 na araw*)
 - g. All 30 days (*Buong 30 araw*)
9. Where do you usually smoke? (*Saan ka madalas manigarilyo?*)
- a. I do not smoke (*Hindi ako naninigarilyo*)
 - 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 centers, street corners) (*Sa pampublikong lugar katulad ng pasyalan, pamilihan, o sa kalsada*)
 - h. Other (*Sa iba pa*)



10. Please think about the days you smoked cigarettes during the past 30 days. How many cigarettes did you usually smoke per day? (*Isipin mo ang mga araw na nanigarilyo ka noong nakaraang 30 araw. Ilang piraso ang karaniwang nasisigarilyo mo sa isang araw?*)
- a. I did not smoke cigarettes during the past 30 days (*Hindi ako nanigarilyo sa nakaraang 30 araw.*)
 - b. Less than 1 cigarette per day (*Kulang sa isang sigarilyo kada araw*)
 - c. 1 cigarette per day (*1 sigarilyo kada 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 (*Mahigit sa 20 sigarilyo kada araw*)
11. Have you ever tried or experimented with any form of smoked tobacco products other than cigarettes (such as cigars, waterpipes, pipes, shisha, bidis)? (*Nasubukan mo na bang gumamit o mag experimentong gumamit ng kahit na anong uri ng tobakong may usok maliban sa sigarilyo, katulad ng cigars, waterpipes, pipes, shisha, bidis?*)
- a. Yes (*Oo*)
 - b. No (*Hindi*)
12. During the past 30 days, did you use any form of smoked tobacco products other than cigarettes (such as cigars, waterpipes, pipes, shisha, bidis)? (*Sa nakaraang 30 araw, gumamit ka ba ng kahit na anong uri ng tobakong may usok maliban sa sigarilyo, katulad ng cigars, waterpipes, pipes, shisha, bidis?*)
- a. Yes (*Oo*)
 - b. No (*Hindi*)
13. Do you ever smoke tobacco or feel like smoking tobacco first thing in the morning? (*Ikaw ba ay nanigarilyo o may pagnanais manigarilyo agad sa umaga pagkagising?*)
- a. I don't smoke tobacco. (*Hindi ako naninigarilyo ng tobako*)
 - b. No, I don't smoke tobacco or feel like smoking tobacco first thing in the morning (*Hindi ako nanigarilyo o wala akong pagnanais manigarilyo agad sa umaga pagkagising*)
 - c. Yes, I sometimes smoke tobacco or feel like smoking tobacco first thing in the morning (*Oo, minsan ay naninigarilyo ako o may pagnanais manigarilyo agad sa umaga pagkagising*)
 - d. Yes, I always smoke tobacco or feel like smoking tobacco first thing in the morning. (*Oo, palagi akong naninigarilyo o may pagnanais manigarilyo agad sa umaga pagkagising.*)



14. How soon after you smoke tobacco do you start to feel a strong desire to smoke again that is hard to ignore? (*Gaano katagal, pagkatapos mong magsigarilyo, na nakakaramdam ka ng matinding pagnanasa na manigarilyo ulit at ito ay napakahirap balewalain?*)
- a. I don't smoke tobacco (*Hindi ako naninigarilyo ng tobako*)
 - b. I never feel a strong desire to smoke again after smoking tobacco (*Hindi ako nakakaramdam ng matinding pagnanasang manigarilyo ulit pagkatapos kong manigarilyo ng tobako.*)
 - c. Within 60 minutes (*Sa loob ng 60 minuto*)
 - d. 1 to 2 hours (*1 hanggang 2 oras*)
 - e. More than 2 hours to 4 hours (*Mahigit sa 2 oras hanggang sa 4 na oras*)
 - f. More than 4 hours but less than one full day (*Mahigit sa 4 na oras ngunit mas maikli sa isang buong araw*)
 - g. 1 to 3 days (*1 hanggang 3 araw*)
 - h. 4 days or more (*4 na araw o higit pa.*)
15. Have you ever tried or experimented with any form of smokeless tobacco products (such as snuff, chewing tobacco, dip, betel quid with tobacco, gutka)? (*Nasubukan mo na bang gumamit o mag experimentong gumamit ng kahit na anong uri ng tobakong walang usok o tobakong hindi hinihithit, katulad ng snuff, chewing tobacco, dip, betel quid with tobacco, gutka?*)
- a. Yes (*Oo*)
 - b. No (*Hindi*)
16. During the past 30 days, did you use any form of smokeless tobacco products (such as snuff, chewing tobacco, dip, betel quid with tobacco, gutka)? (*Sa nakaraang 30 araw, gumamit ka ba ng kahit na anong uri ng tobakong walang usok o tobakong hindi hinihithit, katulad ng snuff, chewing tobacco, dip, betel quid with tobacco, gutka?*)
- a. Yes (*Oo*)
 - b. No (*Hindi*)
- The next questions ask about your feelings toward stopping smoking. (*Ang susunod na mga tanong ay ukol sa iyong saloobin sa paghinto sa paninigarilyo.*)
17. Do you want to stop smoking now? (*Nais mo na bang huminto sa paninigarilyo ngayon?*)
- a. I have never smoked (*Hindi pa ako nanigarilyo kailanman*)
 - b. I don't smoke now (*Hindi ako naninigarilyo ngayon*)
 - c. Yes (*Oo*)
 - d. No (*Hindi*)
18. During the past 12 months, did you ever try to stop smoking? (*Sa nakaraang 12 buwan, sinubukan mo bang huminto sa paninigarilyo?*)
- a. I have never smoked (*Hindi pa ako nanigarilyo kailanman*)
 - b. I don't smoke now (*Hindi ako naninigarilyo ngayon*)
 - c. Yes (*Oo*)
 - d. No (*Hindi*)



19. Do you think you would be able to stop smoking if you wanted to? (*Sa iyong palagay, kaya mo bang humintong manigarilyo kung gugustuhin mo?*)
- I have never smoked (*Hindi pa ako nanigarilyo kailanman*)
 - I don't smoke now (*Hindi ako naninigarilyo ngayon*)
 - Yes (*Oo*)
 - No (*Hindi*)
20. Have you ever received help or advice to help you stop smoking? (*Ikaw ba ay nakatanggap ng tulong o payo upang huminto sa iyong paninigarilyo?*)
- I have never smoked (*Hindi pa ako nanigarilyo kailanman*)
 - Yes, from a program or professional (*Oo, mula sa isang programa o propesyonal*)
 - Yes, from a friend (*Oo, mula sa kaibigan*)
 - Yes, from a family member (*Oo, mula sa pamilya o kamag-anak*)
 - Yes, from both programs or professionals and from friends or family members (*Oo, parehong mula sa isang programa o propesyonal at sa kaibigan o pamilya o kamag-anak*)
 - No (*Hindi*)
21. What was the main reason you decided to stop smoking or the reason would be if you decide to stop smoking? (*Ano ang pangunahing dahilan ng paghinto mo sa paninigarilyo o ang magiging pangunahing dahilan kung ihihinto mo ang iyong paninigarilyo?*)
- I have never smoked (*Hindi ako nanigarilyo kailanman*)
 - I have not stopped smoking or I have no plan to stop smoking (*Hindi pa ako humihinto o wala akong balak huminto sa paninigarilyo*)
 - For my health (*Para sa aking kalusugan*)
 - To save money (*Para makaipon ng pera*)
 - Because my family does not like it (*Dahil ayaw ng aking pamilya*)
 - Because my friends do not like it (*Dahil ayaw ng aking mga kaibigan*)
 - Other (*Iba pa*)

The next questions ask about your exposure to other people's smoking. (*Ang susunod na mga tanong ay ukol sa paninigarilyo ng ibang tao kung saan ay naroroon ka*)

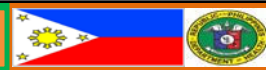
22. During the past 7 days, on how many days has anyone smoked inside your home, in your presence? (*Sa nakaraang 7 araw, ilang araw may nanigarilyo sa loob ng inyong bahay na naroon ka?*)
- 0 days (*Wala*)
 - 1 to 2 days (*1 hanggang 2 araw*)
 - 3 to 4 days (*3 hanggang 4 araw*)
 - 5 to 6 days (*5 hanggang 6 araw*)
 - 7 days (*7 araw*)



23. During the past 7 days, on how many days has anyone smoked in your presence, inside any enclosed public place, other than your home (such as school, shops, restaurants, shopping malls, movie theaters)? (*Sa nakaraang 7 araw, ilang araw may nanigarilyo sa loob ng pampublikong lugar maliban sa inyong tahanan, katulad ng paaralan, pamilihan, kainan, sinehan atbp na naroon ka?*)
- a. 0 days (*Wala*)
 - b. 1 to 2 days (*1 hanggang 2 araw*)
 - c. 3 to 4 days (*3 hanggang 4 araw*)
 - d. 5 to 6 days (*5 hanggang 6 araw*)
 - e. 7 days (*7 araw*)
24. How often do you see any of your family member smoking in your home? (*Gaano mo kadalas nakikita ang sinuman sa iyong kapamilya na naninigarilyo sa inyong bahay?*)
- a. I don't live with them /don't see any of them smoking at home (*Hindi ko sila kasama sa bahay o hindi naninigarilyo ang sinuman sa kanila sa bahay.*)
 - b. About every day (*Araw-araw*)
 - c. Sometimes (*Paminsan-minsan*)
 - d. Never (*Hindi kailanman*)
25. How often do you see other people smoking in your home? (*Gaano mo kadalas nakikita ang ibang tao na naninigarilyo sa inyong bahay?*)
- a. I don't live at home /don't see other people smoking at home (*Hindi ko sila kasama sa bahay o hindi naninigarilyo ang ibang tao sa bahay.*)
 - b. About every day (*Araw-araw*)
 - c. Sometimes (*Paminsan-minsan*)
 - d. Never (*Hindi kailanman*)
26. During the past 7 days, on how many days has anyone smoked in your presence, at any outdoor public place (such as playgrounds, sidewalks, entrances to buildings, parks, beaches)? (*Sa nakaraang 7 araw, ilang araw may nanigarilyo sa pampublikong lugar katulad ng palaruan, sidewalks, parke, pasyalan, beaches atbp na naroon ka*)
- a. 0 days (*Wala*)
 - b. 1 to 2 days (*1 hanggang 2 araw*)
 - c. 3 to 4 days (*3 hanggang 4 araw*)
 - d. 5 to 6 days (*5 hanggang 6 araw*)
 - e. 7 days (*7 araw*)
27. During the past 30 days, did you see anyone smoke inside the school building or outside on school property? (*Sa nakaraang 30 araw, may nakita ka bang nanigarilyo sa loob o labas ng paaralan?*)
- a. Yes (*Oo*)
 - b. No (*Hindi*)



28. During the past 7 days, on how many days has anyone smoked in your presence, inside any public transportation vehicles, such as trains, buses or taxicabs? *(Sa nakaraang 7 araw, ilang araw may nanigarilyo sa pampublikong sasakyan tulad ng tren, bus o taxi na sinasakyan mo?)*
- a. I did not use public transportation during the past 7 days *(Hindi ako sumakay sa anumang pampublikong transportasyon sa nakalipas na 7 araw)*
 - b. I used public transportation but no one smoked in my presence *(Sumakay ako sa pampublikong transportasyon ngunit walang nanigarilyo)*
 - c. 1 to 2 days *(1 hanggang 2 araw)*
 - d. 3 to 4 days *(3 hanggang 4 araw)*
 - e. 5 to 6 day *(5 hanggang 6 araw)*
 - f. 7 days *(7 araw)*
29. Do you think the smoke from other people's tobacco smoking is harmful to you? *(Sa iyong palagay, ang usok mula sa sigarilyo ng iba ay nakasasama sa iyo?)*
- a. Definitely not *(Tiyak na hindi)*
 - b. Probably not *(Marahil hindi)*
 - c. Probably yes *(Marahil oo)*
 - d. Definitely yes *(Tiyak na oo)*
30. Do you know that the chemicals released by cigarette smoke are retained in the environment for years? *(Alam mo ba na ang mga kemikal na galling sa usok ng sigarilyo ay nananatili sa kapaligiran sa mahabang panahon?)*
- a. Yes *(Oo)*
 - b. No *(Hindi)*
31. Are you in favor of banning smoking inside enclosed public places (such as schools, shops, restaurants, shopping malls, movie theaters)? *(Sang-ayon ka ba na ipagbawal ang paninigarilyo sa loob ng pampublikong lugar katulad ng paaralan, pamilihan, kainan, sinehan atbp.)*
- a. Yes *(Oo)*
 - b. No *(Hindi)*
32. Are you in favor of banning smoking at outdoor public places (such as playgrounds, sidewalks, entrances to buildings, parks, beaches)? *(Sang-ayon ka ba na ipagbawal ang paninigarilyo sa pampublikong lugar katulad ng palaruan, sidewalks, parke, pasyalan, beaches atbp.)*
- a. Yes *(Oo)*
 - b. No *(Hindi)*



The next questions ask about getting cigarettes. (*Ang susunod na mga tanong ay ukol sa pagkakaroon o pagkuha mo ng sigarilyo*)

33. The last time you smoked cigarettes during the past 30 days, how did you get them? (*Noong huli kang nanigarilyo, sa nakalipas na 30 araw, paano mo ito nakuha?*)

- a. I did not smoke any cigarettes during the past 30 days (*Hindi ako nanigarilyo sa nakalipas na 30 araw*)
- b. I bought them in a store or shop (*Binili ko sa tindahan*)
- c. I bought them from a street vendor (*Binili ko sa nagtitinda sa daan/kalsada*)
- d. I bought them at a kiosk (*Binili ko sa kiosk o cigarette stall*)
- e. I bought them from a vending machine (*Binili ko sa vending machine*)
- f. I got them from someone else (*Nakuha ko sa ibang tao*)
- g. I got them some other way (*Nakuha ko sa ibang pamamaraan*)

34. Do you see cigarettes being sold near your school? (*Nakakakita ka ba ng sigarilyong binebenta malapit sa iyong paaralan?*)

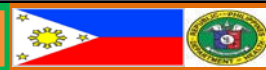
- a. Yes (*Oo*)
- b. No (*Hindi*)

35. During the past 30 days, did anyone refuse to sell you cigarettes because of your age? (*Sa nakaraang 30 araw, mayroon bang tumangging magbenta sa iyo ng sigarilyo dahil sa iyong edad?*)

- a. I did not try to buy cigarettes during the past 30 days (*Hindi ko nasubukang bumili ng sigarilyo sa nakaraang 30 araw*)
- b. Yes, someone refused to sell me cigarettes because of my age (*Oo, may tumangging magbenta sa akin ng sigarilyo dahil sa aking edad.*)
- c. No, my age did not keep me from buying cigarettes (*Walang tumangging magbenta sa akin ng sigarilyo dahil sa aking edad.*)

36. The last time you bought cigarettes during the past 30 days, how did you buy them? (*Sa huli mong pagbili ng sigarilyo, sa nakalipas na 30 araw, paano mo ito binili?*)

- a. I did not buy cigarettes during the past 30 days (*Hindi ako bumili ng sigarilyo sa nakaraang 30 araw.*)
- b. I bought them in a pack (*Binili ko ito ng naka-kaha*)
- c. I bought individual sticks (singles) (*Binili ko ito ng piraso o stick*)
- d. I bought them in a carton (*Binili ko ito ng naka- karton o ng maramihan*)
- e. I bought them in rolls (*Binili ko ito ng nakarolyo*)
- f. I bought tobacco and rolled my own (*Bumili ako ng tobako at nirolyo ko*)



37. On average, how much do you think a pack of 20 cigarettes costs? (*Sa karaniwan, magkano sa tingin mo ang isang kaha ng sigarilyo na may lamang 20 sticks?*)

- a. Less than P20.00 (*Mas mababa sa P20.00*)
- b. P20.00 – P29.00 (*P20.00 hanggang P29.00*)
- c. P30.00 – P39.00 (*P30.00 hanggang P39.00*)
- d. P40.00 – P49.00 (*P40.00 hanggang P49.00*)
- e. P50.00 - P59.00 (*P50.00 hanggang P59.00*)
- f. P60.00 or more than (*P60.00 o higit pa*)
- g. I don't know (*Hindi ko alam*)

The next questions ask about your knowledge of messages that are against using tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco). (*Ang susunod na mga tanong ay ukol sa iyong kaalaman sa mga mensaheng laban o hindi sumasang-ayon sa paggamit ng tobako.*)

38. During the past 30 days, did you see or hear any anti-tobacco media messages on television, radio, internet, billboards, posters, newspapers, magazines, or movies? (*Sa nakaraang 30 araw, nakakita o nakarinig ka ba ng mga mensaheng laban sa tobako, sa telebisyon, radyo, internet, billboard, poster, pahayagan, magasin, o sine?*)

- a. Yes (*Oo*)
- b. No (*Hindi*)

39. During the past 30 days, did you see or hear any anti-tobacco messages at sports events, fairs, concerts, or community events, or social gatherings? (*Sa nakaraang 30 araw, nakakita o nakarinig ka ba ng mga mensaheng laban sa tobako sa mga palaro, perya, pagtatanghal o sa pangkomunidad na pagtitipon?*)

- a. I did not go to sports events, fairs, concerts, or community events, or social gatherings in the past 30 days (*Hindi ako pumunta o dumalo sa mga palaro, perya, pagtatanghal o sa pangkomunidad na pagtitipon*)
- b. Yes (*Oo*)
- c. No (*Hindi*)

40. During the past 30 days, did you see any health warnings on cigarette packages? (*Sa nakaraang 30 araw, may nakita ka bang babalang pangkalusugan sa mga kaha ng sigarilyo?*)

- a. Yes, but I didn't think much of them (*Oo, ngunit hindi ko ito masyadong pinansin.*)
- b. Yes, and they led me to think about quitting smoking or not starting smoking. (*Oo, dahil dito ay naisip kong itigil o hindi magsimulang maninigarilyo.*)
- c. No (*Hindi*)



41. During the past 12 months, were you taught in any of your classes about the dangers of tobacco use? (*Sa nakaraang 12 buwan, tinuruan ba kayo sa inyong klase tungkol sa panganib na dulot ng paninigarilyo?*)

- a. Yes (*Oo*)
- b. No (*Hindi*)
- c. I don't know (*Hindi ko alam*)

The next questions ask about your knowledge of advertisements or promotions for tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco). (*Ang susunod na mga tanong ay ukol sa iyong kaalaman sa mga patalastas at promosyon para sa tobako.*)

42. During the past 30 days, did you see any people using tobacco when you watched TV, videos, or movies? (*Sa nakaraang 30 araw, may napanood ka bang mga tagpo ng paggamit ng tobako sa mga palabas sa telebisyon, video o sinehan?*)

- a. I did not watch TV, videos, or movies in the past 30 days (*Hindi ako nanood ng TV, video o sine sa nakaraang 30 araw.*)
- b. Yes (*Oo*)
- c. No (*Hindi*)

43. During the past 30 days, did you see any advertisements or promotions for tobacco products at points of sale (such as stores, shops, kiosks, stalls etc.)? (*Sa nakaraang 30 araw, may nakita ka bang mga patalastas o promosyon ng produktong tobako sa mga bilihan nito, katulad ng tindahan, kiosk, stalls atbp.*)

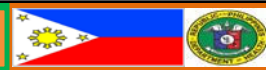
- a. I did not visit any points of sale in the past 30 days (*Hindi ako bumisita sa kahit na anong bilihan ng produktong tobako*)
- b. Yes (*Oo*)
- c. No (*Hindi*)

44. Would you ever use or wear something that has a tobacco company or tobacco product name or picture on it such as a lighter, t-shirt, hat, or sunglasses? (*Gagamit kaba o magsusuot ng kahit na anong may larawan o nakasulat na pangalan ng produktong tobako katulad ng t-shirt, sombrero, pansindi o sunglasses?*)

- a. Yes (*Oo*)
- b. Maybe (*Marahil*)
- c. No (*Hindi*)

45. Do you have something (for example, t-shirt, pen, backpack) with a tobacco product brand logo on it? (*Mayroon ka bang gamit katulad ng t-shirt, panulat, o backpack na may logo ng produktong tobako?*)

- a. Yes (*Oo*)
- b. No (*Hindi*)



46. Has a person working for a tobacco company ever offered you a free tobacco product? (*May mga tao bang nagtratrabaho para sa kumpanya ng tobako ang nag-alok sa iyo ng libreng produktong tobako?*)

- a. Yes (Oo)
- b. No (*Hindi*)

The next questions ask about your attitudes and beliefs about using tobacco. (*Ang susunod na mga tanong ay ukol sa iyong mga gawi at paniniwala sa paggamit ng tobako*)

47. If one of your best friends offered you a tobacco product, would you use it? (*Kung isa sa iyong matalik na kaibigan ay bigyan ka ng produktong tobako, gagamitin mo ba ito?*)

- a. Definitely not (*Tiyak na hindi*)
- b. Probably not (*Marahil hindi*)
- c. Probably yes (*Marahil oo*)
- d. Definitely yes (*Tiyak na oo*)

48. At anytime during the next 12 months do you think you will use any form of tobacco? (*Sa tingin mo ba ay gagamit ka ng kahit na anong uri ng tobako sa susunod na 12 buwan?*)

- a. Definitely not (*Tiyak na hindi*)
- b. Probably not (*Marahil hindi*)
- c. Probably yes (*Marahil oo*)
- d. Definitely yes (*Tiyak na oo*)

49. Once someone has started smoking tobacco, do you think it would be difficult for them to quit? (*Kung sinimulan na ng isang tao ang paninigarilyo, sa tingin mo ba ay mahihirapan na siyang tumigil?*)

- a. Definitely not (*Tiyak na hindi*)
- b. Probably not (*Marahil hindi*)
- c. Probably yes (*Marahil oo*)
- d. Definitely yes (*Tiyak na oo*)

50. Do you think smoking tobacco helps people feel more comfortable or less comfortable at celebrations, parties, or in other social gatherings? (*Sa iyong palagay, ang paninigarilyo ba ay nakakatulong sa tao na maging kumportable o hindi kumportable ang kanyang pakiramdam sa mga pagdiriwang, party o pagtitipon?*)

- a. More comfortable (*Mas kumportable*)
- b. Less comfortable (*Hindi kumportable*)
- c. No difference whether smoking or not (*Walang pagkakaiba, manigarilyo man o hindi*)



51. Do you agree or disagree with the following: “I think I might enjoy smoking a cigarette.”
(*Ikaw ba ay sumasang-ayon o hindi sumasang-ayon dito: “Sa tingin ko ay maaari akong masiyahan sa paninigarilyo?”*)
- a. I currently smoke cigarettes (*Kasalukuyan akong naninigarilyo*)
 - b. Strongly agree (*Lubos na sumasang-ayon*)
 - c. Agree (*Sumasang-ayon*)
 - d. Disagree (*Hindi sumasang-ayon*)
 - e. Strongly disagree (*Lubos na hindi sumasang-ayon*)
52. Do you think young people who smoke tobacco have more or less friends? (*Sa iyong palagay, ang mga kabataang naninigarilyo ay mas marami o mas kaunti ang kaibigan?*)
- a. More friends (*Mas maraming kaibigan*)
 - b. Less friends (*Mas kaunti ang kaibigan*)
 - c. No difference from non-smokers (*Walang kaibahan sa mga hindi naninigarilyo*)
53. Do you think smoking tobacco makes young people look more or less attractive? (*Sa iyong palagay, nagiging mas kaakit-akit o hindi ang mga kabataan kapag sila ay naninigarilyo?*)
- a. More attractive (*Mas kaakit-akit*)
 - b. Less attractive (*Hindi masyadong kaakit-akit*)
 - c. No difference from non-smokers (*Walang kaibahan sa mga hindi naninigarilyo*)
54. Do you think it is safe to smoke tobacco for only a year or two as long as you quit after that?
(*Sa iyong palagay, ligtas ang manigarilyo sa loob lamang ng isa o dalawang taon, basta ihihinto mo ito pagkatapos?*)
- a. Definitely not (*Tiyak na hindi*)
 - b. Probably not (*Marahil hindi*)
 - c. Probably yes (*Marahil oo*)
 - d. Definitely yes (*Tiyak na oo*)
55. Has anyone in your family discussed the harmful effects of smoking tobacco with you?
(*Mayroon ba sa iyong pamilya ang nagpaliwanag tungkol sa masamang epekto ng tobako sa iyo?*)
- a. Yes (*Oo*)
 - b. No (*Hindi*)

The next questions ask about electronic cigarettes. (*Ang susunod na mga tanong ay ukol electronic cigarettes*)

56. Before today, had you ever heard of electronic cigarettes or e-cigarettes? (*Maliban sa araw na ito, narinig mo na ba ang electronic cigarettes o e-cigarettes?*)
- a. Yes (*Oo*)
 - b. No (*Hindi*)



57. Have you ever tried or experimented with electronic cigarette o e-ciagarette, even one or two puffs?(*Nasubukan mo na ba ang electronic cigarette o e-cigarette, kahit isa o dalawang hithit lang?*)

- a. Yes (*Oo*)
- b. No (*Hindi*)

The next questions ask about shisha smoking. (*Ang susunod na mga tanong ay ukol sa paggamit ng shisha*)

58. Before today, had you ever heard of shisha? (*Maliban sa araw na ito, narinig mo na ba ang shisha?*)

- a. Yes (*Oo*)
- b. No (*Hindi*)

59. Have you ever tried or experimented with shisha smoking, even one or two puffs? (*Nasubukan mo na ba ang shisha, kahit isa o dalawang hithit lang?*)

- a. Yes (*Oo*)
- b. No (*Hindi*)

Thank you for participating in the survey! (*Salamat sa iyong pakikiisa sa survey na ito!*)

APPENDIX C: List of Officials and Personnel Involved in the 2015 Philippine GYTS

GYTS Country Coordinating Office - *Epidemiology Bureau - DOH*

2015 GYTS Country Coordinators/Core Management Team

Dr. Agnes Benegas- Segarra
 Ms. Fe A. Sinson
 Ms. Theresa D. Timbang
 Ms. Lea Mylene R. Rebanal

2015 GYTS Regional Coordinators

ZONE 1 - LUZON AREA

Ms. Maria Delia C. Kho	NCR - Metro Manila
Ms. Ellen Ramirez	NCR - Metro Manila
Mr. Gerard Basaca	NCR – Metro Manila
Mr. Francisco De Vera	RO 1 –Ilocos
Dr. Alethea R. De Guzman	RO 2 – Cagayan Valley
Mr. Allan J. Sibal	RO 2 – Cagayan Valley
Ms. Sheena Marie Mayo	RO 2 – Cagayan Valley
Dr. Maila S. Rostrata	RO 3 – Central Luzon
Mr. Romanico Usman	RO 3 – Central Luzon
Dr. Gilbert G. Par	RO 4A – Calabarzon
Ms. Ma. Theresa Y. Malubag	RO 4A – Calabarzon
Dr. Evy R. Sarmiento	RO 5 – Bicol
Ms. Windalyn G. Baluis	RO 5 – Bicol

ZONE 2 - VISAYAS AREA

Dr. Joji G. Jimenez	RO 6 – Western Visayas
Mr. John Richard L. Lapascua	RO 6 – Western Visayas
Ms. Darlene Antonette dela Peña	RO 6 – Western Visayas
Dr. Judita T. Tawatao	RO 7 – Central Visayas
Ms. Ligaya I. Moneva	RO 7 – Central Visayas
Ms. Josette Z. Navarro	RO 7 – Central Visayas



Dr. Ma. Sol Villones
 Ms. Ma. Rosario A. Juntilla
 Ms. Winnie C. Dorego

RO 8 – Eastern Visayas
 RO 8 – Eastern Visayas
 RO 8 – Eastern Visayas

ZONE 3 – MINDANAO AREA

Dr. Ma. Agnes Z. Mabolo
 Ms. Teresita T. Dela Cruz

RO 9 – Zamboanga Peninsula
 RO 9 – Zamboanga Peninsula

Dr. Andresa G. Beñas
 Mr. Kid Taguba
 Ms. Gemma A. Simene

RO 10 – Northern Mindanao
 RO 10 – Northern Mindanao
 RO 10 – Northern Mindanao

Ms. Rosemarie J. Basañes
 Ms. Belle Hyacinth V. Bata

RO 11 – Davao
 RO 11 – Davao

Ms. Jenelyn Ellie P. Ventura
 Ms. Ma. Estela E. Ilagan

RO 12 – SOCCSKSARGEN
 RO 12 – SOCCSKSARGEN

Ms. Sunshine A. Alipayo
 Ms. Delma O. Legaspi
 Ms. Sharon S. Coja

RO Caraga
 RO Caraga
 RO Caraga

Dr. Sadaila K. Raki-In
 Ms. Joery D. Amad

DOH - ARMM
 DOH - ARMM

2015 GYTS Survey Administrators

ZONE 1 - LUZON AREA

NCR – Metro Manila

Ms. Maria Delia C. Kho
 Ms. Ellen Ramirez
 Mr. Gerard Basaca

RO 1 –Ilocos

Mr. Francisco De Vera

RO 2 – Cagayan Valley

Dr. Alethea R. De Guzman
 Mr. Allan J. Sibal
 Ms. Sheena Marie Mayo



RO 3 – Central Luzon

Mr. Romanico Usman

RO 4A – CALABARZON

Dr. Gilbert G. Par

Ms. Ma. Theresa Y. Malubag

Dr. Felices Emerita Perez

Mr. Archie Elchico

Ms. Geneva Calanog

Mr. Noah Dabbay

RO 5 – Bicol

Dr. Evy R. Sarmiento

Ms. Windalyn G. Baluis

ZONE 2 - VISAYAS AREA

RO 6 – Western Visayas

Dr. Joji G. Jimenez

Mr. John Richard L. Lapascua

Ms. Darlene Antonette Dela Peña

RO 7 – Central Visayas

Ms. Ligaya I. Moneva

Ms. Josette Z. Navarro

RO 8 – Eastern Visayas

Dr. Ma. Sol Villones

Ms. Ma. Rosario A. Juntilla

Ms. Winnie C. Dorego

ZONE 3 – MINDANAO AREA

RO 9 – Zamboanga Peninsula

Dr. Ma. Agnes Z. Mabolo

Ms. Teresita T. Dela Cruz

RO 10 – Northern Mindanao

Dr. Andresa G. Beñas

Mr. Kid Taguba

Ms. Gemma A. Simene



RO 11 – Davao

Ms. Rosemarie Basañes
Ms. Belle Hyacinth Bata

RO 12 - SOCCSKSARGEN

Ms. Jenelyn Ellie P. Ventura
Ms. Ma. Estela E. Ilagan
Ma. Visitacion B. Ditanungon

RO CARAGA

Ms. Sunshine A. Alipayo
Ms. Delma O. Legaspi
Ms. Sharon S. Coja
Ms. Nancita O. Urbiztondo
Ms. Johanna Estose
Ms. Prima J. Pagalan
Mr. Dinnes Karl N. Gracia
Ms. Catrina Rose Sibi

2015 GYTS Country Report Contributors

Epidemiology Bureau -DOH

Dr. Agnes B. Segarra
Ms. Fe A. Sinson
Ms. Theresa D. Timbang
Ms. Lea Mylene R. Rebanal
Ms. Krizzell E. Wangiwang

Disease Prevention and Control Bureau -DOH

Dr. Ma. Cristina R. Galang

Health Policy Development and Planning Bureau- DOH

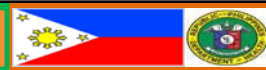
Mr. Pio Justin V. Asuncion

Health Promotion and Communication Service-DOH

Ms. Aurora D. Banda-Alfonso
Mr. Joerem P. Ceria

DOH Regional Offices

Dr. Ma. Agnes Z. Mabolo
Dr. Adimelca C. Gangoso
Ms. Windalyn G. Baluis
Ms. Alma Estember



WHO Country Office

Dr. Florante E. Trinidad

Dr. John Juliard L. Go

Dr. Ronaldo R. Quintana

WHO Western Pacific Regional Office

Ms. Mina Kashiwabara

Ms. Kendra Sy

Final as of March 20, 2017