Executive Summary

Understanding the impact of tobacco control is of great importance because of the large scale damage that smoking causes to health. This study has the following objectives: 1) to explore smoking behavior of smokers in Kanchanburi Province of Thailand; 2) to compare opinions, beliefs and impact of smoking for smokers and non smokers; and 3) to use physical examination to evaluate the health status of smokers and non smokers.

This cohort study is designed in three phases. Phase 1 is the baseline survey and phase 2 will be a follow up of the sample, while phase 3 will be an impact study designed to compare the physical health of smokers and non-smokers in the sample.

Using multistage sampling, 165 smokers and 175 non smokers were recruited. The sample consists of men and women, aged 15 – 70 and living in 2 urban and 4 rural areas of Tha Muang District of Kanchanaburi Province. Two research instruments were employed in the baseline study: 1) interview schedules for smokers and non smokers; and 2) health report from physical check up (blood pressure, chest x-ray, lung capacity and oral cavity examination). Data collection was conducted during July and August 2004.

Findings from the survey reveal a much higher proportion of smokers among males than among females. The average age of smokers was 42.3 and for non smokers was 43.9. Both smokers and non smokers in the sample generally had low levels of education and worked primarily in agriculture, wage labor and as housewives (for female non smokers). The number of smokers in households ranged from 1 to 3.

Current smokers can be classified into three groups of roughly equal numbers based on the type of cigarettes smoked: factory cigarette smokers, roll-your-own cigarette smokers and combined cigarette smokers. About 90 percent of smokers smoked every day and the average number of cigarettes smoked per day was 17. Nearly one half of daily smokers smoked 11-20 cigarettes and the mean number of years of smoking for all smokers was 23.7 years. The earliest age of starting to smoke was 7 years old. However, the average age of commencing to smoke was 18.1 years, which is similar to the estimate obtained from a national survey by the National Statistical Office (NSO). The findings confirm that smoking behavior generally commences in adolescence.

Adolescents were motivated to smoke because their friends were smoking (about 52 percent), they wanted to try smoking (27 percent), and for a variety of other reasons. Some smokers reported that they began smoking during the time they spend in the monkhood (about 5 percent). About a half accepted that they were cigarette addicts and they felt anxious if they did not smoke.

The most popular cigarette brands were those made in Thailand by the Tobacco Monopoly Company and local brands for hand rolled cigarette. The reasons of choosing cigarette brand for both groups were the taste of cigarettes, quality and price of cigarette respectively.

Anti smoking campaigns are now trying to persuade smokers to stop smoking. Data show that two-thirds of the smokers in the sample had tried to quit smoking. The maximum number of attempts to quit was 10, with a mean number of 3 attempts. The mean time spent not smoking at the last attempt of quitting did not exceed 6 months. Respondents did not use nicotine replacement therapy (NRT) products to help them quit, but instead employed ordinary chewing gum, lozenges or candies. Those who had attempted to quit had heard about anti

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smoking campaigns from various sources, but the most frequent source was television and other media such as posters, billboard and printed matter. About 27 percent knew about quitting from government clinics or health centers. However, only one third reported that the information they obtained from these sources motivated them to quit.

A comparison of smokers and non smokers about their opinions and beliefs related to the risks of smoking, found both similarities and differences. For those items related to social norms related to smoking responses were similar for smokers and non smokers. However, for items related to assessment of risks to the individual of smoking, responses differed markedly. Both smokers and non smokers also had negative attitudes towards the tobacco industry.

Both smokers and non smokers had similar patterns of response about the health consequences of smoking in areas such as lung cancer in smokers, lung cancer in nonsmokers, and COPD. However, non smokers had slightly more knowledge about the consequences than did smokers. The percent responding 'not sure' when asked about the affect of smoking on impotence in male smokers was high.

Smokers and non smokers had different opinions about the risk of smoking and risks from others smoke. Non smokers were more likely then smokers to respond that inhaling smoke from others who were smoking was dangerous to their health. Both groups reported similar levels of symptoms or diseases that they perceived as the effect of smoking such as exhaustion, coughing, dizziness, headaches, and breathing difficulties.

Non smokers were asked about intention to smoke. It was encouraging to observe the very high percentage with no intention of smoking (about 98 percent).

Reasons given for not intending to smoke were that they do not like it, cigarettes give s bad smell, and that they were afraid of disease from smoking.

Both smokers and non smokers were asked to assess their health status. An unexpected finding was that a higher proportion of smokers than non smokers perceived that they were healthy. After their physical examinations by physicians and dentists at the district hospital, it was found that the most common disease of these two groups was oral disease, but smokers had more health problems than did nonsmokers. It should be observed that no respondent in the study was found to have very good health status according to the physician's evaluation.

Based on the findings, it is recommended that there should be anti smoking campaign among the youth in schools and in the community. Teachers and community leaders who are non smokers should be used as role models. Children can also help convey tobacco control messages to their parents. Health services and NRT products should be provided for smokers who want to quit. The dissemination of anti-smoking message through television should provide more detailed information and should suggest effective method to quit.

Suggestions for further research are; 1) there should be a longitudinal study of smokers in order to monitor changes in behavior; 2) non smokers should be studied in order to learn why they do not smoke; 3) qualitative research should be undertaken in order to understand the processes involved in attempting to quit smoking; 4) participatory action research should be implemented in order to seek community participation to reduce smoking problems in their communities.