RESEARCH ARTICLE

The Effect of Non-Price Policies on Household Tobacco Consumption Among the Filipino Youth in City of Manila

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Abstract

Tobacco consumption, including cigarette smoking, has a significant and increasing global public health burden. Despite recent declines in incidence, its adverse effects on human health increases the risk of several cancers. This study explained the non-price strategies that directly influence smokers' intake and initiation and the problem of long-term tobacco exposure by second-hand smokers and those affected by the media or their environment. Higher cigarette taxes and tighter regulations and enforcements, restricting who can purchase tobacco products, are prevention examples that equate to the cessation process. The research contributed to the area of study regarding the optimal control on tobacco use since it examined the findings of the performed survey to understand the influence of non-price strategies such as graphic health warnings on the young smoking intention. To substantiate the relationship between non-price policies and tobacco usage, it explores the purposively selected participants for the study, Filipino male or female youth smokers and non-smokers with an age qualification between 15 and 30 years old. The study illustrates that to promulgate awareness regarding the risks of vicious substance intake, the government must implement substantial compliance and aversion through specific indicators from this research model.

Keywords: Youth, tobacco consumption, cessation, risk aversion, illness, health warnings, tobacco policies, smoking

1. Introduction

Tobacco smoking is still considered one of the most significant causes of diseases, deaths, and complications of smokers worldwide. The World Health Organization (WHO, 2015) reported that the Philippines is one of the 15 countries worldwide with a heavy burden of tobacco-related ill health. Almost 87,000 Filipinos die from tobacco-related diseases annually. The adverse health effects of tobacco consumption have stimulated many governments to introduce control policies (Palali & Ours, 2019). An intervention and laws were created in different countries to lessen tobacco use, yet the number of smokers continues to escalate rapidly (Tupas, 2020).

Many countries have achieved declines in smoking and tobacco-related diseases with the help of the implementation of tobacco control programs (Wilson et al., 2012). The use of different population-based approaches, including increased taxes, educational and mass media campaigns, graphic health warnings, marketing

restrictions, and the introduction of smoke-free indoor environments, have effectively reduced smoking prevalence (Flor et al., 2021). Increased cigarette prices are among the most effective tobacco control strategies in reducing tobacco consumption (Chaloupka et al., 2012). On the other hand, the introduction of non-price policies in different countries will be helpful as well in preventing smoking initiation among youth (Tingum et al., 2020). In 2003, the World Health Organization (WHO) developed the Framework Convention on Tobacco Control (FCTC). The first international treaty devoted to public health that the Philippines ratified in 2005.

Anti-smoking messages are said to be effective because this kind of campaign is noticeable by youth and was beneficial to educate the youth on the possible health effects of smoking (Tupas, 2020). However, there are still uncertainties over the impacts of warnings using pictorial versus just text, for how long the impact will persist (Borland et al., 2009). Health warnings on cigarette packages serve as an effective way to provide smokers with access to information on the risks of smoking (Hammond et al., 2007). The type of image printed on the tobacco packages and the smoking status affects the perceived effectiveness of health warnings (Mansour & Bakhsh, 2017). Larger and more comprehensive warnings were compelling, and it is more likely to be cited as a source of health information (Hammond et al., 2006). The effectiveness of the preceding graphic warning packets is also linked to the size of the labels. Compared to text-based warnings, graphic warnings on packages are more informative, stimulating more smoking cessation (Borland et al., 2009). Reinforcement of comprehensive efforts is an essential factor in reducing overall youth tobacco use (Palali & Ours, 2019).

The purpose of this study is to formulate an understanding of the actual effect and influence of non-price policies on the smoking initiation of smokers. Measuring smokers' compliance on the emission results on the rate of smoking probability on youth's access to these non-price policies, whether it is of the use of media or on the marketing strategy of a cigarette production company, were expanded by the researchers. Since the researchers assessed the results from the conducted survey to comprehend the impact of the non-price policies such as the graphic health warnings on the youth smoking intention, it contributed to the field of study regarding the optimal control on tobacco use.

2. Literature

2.1. Smoking Ban and Tobacco Use

The implemented policies can control the intake of cigarettes of youth, especially those in a lower bracket of age. Smoking regulations at home, school, and public areas can impact youth's smoking habits. According to Luo et al. (2015), Educational campaigns and some studies regarding the smoking ban effectively reduce tobacco consumption. Smoking bans, according to Anger et al. (2011), can be an effective tobacco prevention measure because they have the potential to achieve significant health benefits in addition to limiting nonsmokers' exposure to secondhand smoke.

The influence of tobacco control policies such as smoke-free laws, tobacco control programs, and imposing higher taxes on cigarettes had significantly contributed to the decline of youth smoking susceptibility, initiation, and current established smoking (Farrelly et al., 2013). On the other hand, Palali and Ours (2019) stated that non-price tobacco control strategies had no substantial influence on smoking initiation, neither for females nor for males, and that one of the reasons is that young nonsmokers may disagree with the regulations in place and hence do not change their behavior.

The daily cigarette initiation rates for 18-21 years old were higher than 15-17 years old (Cantrell et al., 2018), and one of the factors that could cause a decline in the smoking initiation of this specific age bracket could

be the implementation of the minimum legal age for buying tobacco products. Higher cigarette taxes that were also implemented during the past years were also connected with the decline in youth smoking rates (Farrelly et al., 2013).

Price policies are not the only ones affecting smokers' smoking initiation and cessation. There are also factors such as peer pressure and how social media influences the intake of cigarettes. Peer group pressure is perceived as one of the crucial factors, and it serves as a decisive factor affecting the youth's early experimentation and willingness to continue smoking. It strongly influences smoking initiation among youth (Rozi et al., 2015). Leshargie et al. (2019), also stated that the higher cigarette smoking proportion of students was influenced by peer pressure. In order to resist peer pressure, educational programs are essential to prevent cigarette smoking among students.

The chances of being addicted to smoking are high, and one of the factors that pushed the smoking initiation among youth is peer pressure, and they wanted to try it out of curiosity. Peer pressure is one of the most potent factors for the youth to go for smoking habits (Tupas, 2020). Smoking initiation can be reduced by educating students and families on the possible adverse health consequences of tobacco use should be part of the curriculum in schools (Harvey et al., 2016).

2.2. Health Warnings and Tobacco Use

 The introduction of non-price tobacco-control legislation in society will effectively and significantly reduce the demand for cigarettes in the long run because smokers will now be more aware of the regulations as they are now implemented and enforced (Tingum et al., 2020). According to Noar et al. (2016), strengthened cigarette pack warnings, especially pictorial warnings, are associated with increased knowledge about smoking harms, increased cessation-related behavior, and reductions in smoking behavior.

Health warnings on tobacco packages have become an essential medium for communicating the health risks of consuming tobacco to consumers. It has been considered an essential pillar to fill the gap of knowledge of the consumers regarding the risks of consuming tobacco (Layoun et al., 2017). Educating young people about the harm of smoking and the benefits of not smoking should be continuously done along with the implemented policies. Such efforts will eliminate curiosity about smoking and help youth resist the temptation to start using cigarettes (Hwang & Cho, 2020).

Cigarette warnings have led to higher perceived message effectiveness, believability, fear, and smokers are now considering the possible harms it could bring. These warning labels can potentially lower smoking intentions (Hall et al., 2020). Also, the type of image printed in the tobacco package affects the perceived effectiveness of health warnings. The smoking status also affects the perception of the pictorial health warning labels effectiveness, and the impact of these labels differed among smokers and non-smokers. The image type and smoking status had the most effect on the perceived effectiveness of the pictorial health warnings on cigarette packs. Warnings containing images of illness were more effective than abstract images (Mansour & Bakhsh, 2017).

Warning labels on cigarette packages were easy to understand and enhanced fear-related reactions about the possible health consequences of smoking; therefore, it discouraged them from wanting to smoke. Also, warning labels with images of diseased body parts or suffering people are more likely to impact than labels with art graphics. (Cameron et al., 2013). According to Noar et al. (2015), pictorial warnings were more effective than text warnings in influencing outcomes such as the intention not to start smoking and quit smoking.

## 2.3. Tobacco control policies on Smoking Cessation

Graphic pictorial warnings on cigarettes have been implemented in the Philippines by the law wherein manufacturers must show photographs illustrating the adverse effects of smoking intake. The stimulation of the information would elongate the several empirical surveys that reported that visual pack alerts are superior to text-based warnings in educating the public about the dangers of smoking and stimulating interest in quitting (Fathelrahman et al., 2010). Graphic health alerts are considered more effective in deterring non-smokers from continuing to smoke and convincing smokers to stop. Future research on pictorial health warnings should look at the effects of modifying or refreshing pictorial health warnings on cigarette packets over time (Ratih & Susanna, 2018). The treatment for tobacco dependence and smoking cessation as a part of a non-price tobacco control policy would also cause inequalities in the economic stance. The 2015 Global Adult Tobacco Survey (GATS) states that seven out ten Filipino smokers want to stop. Only 4% of those who smoked in the previous year effectively quit altogether. The gap between the effectiveness of smoking cessation and the implementation of the policies would also yield to the size of the illustration wherein important health alerts were discovered by evidence, when it has been shown that more prominent health warnings that cover most of the front of the pack are more accurate than more minor warnings (Ratih & Susanna, 2018).

2.4. Impact of Media on Tobacco Control Policies

In order to effectively reduce tobacco use initiation among youth, reinforcement of such policies together with comprehensive efforts is very important (Sharapova et al., 2018). Campaigns in the mass media that are part of tobacco intervention programs can help people quit smoking and lower the number of people who smoke (Durkin et al., 2012).

Anti-smoking media literacy influences the consumption of the affiliated political policies to control programs on reducing tobacco use and its vicious effects, yielding to the potential adolescent nicotine consumption to be proven to be reduced by media awareness campaigns. A classroom media literacy curriculum outperforms a traditional instructional program in teaching media literacy and raising perceptions of the true prevalence of smoking among youth (Primack, Douglas, Land, Miller & Fine, 2014). The media affects the information that is obtained on the intervention of smoking tendencies in the market. Media literacy would contribute to the growing awareness of the youth regarding the counter-tobacco interventions to prevent other health issues. By this, advertising awareness is linked to reducing active smoking and susceptibility to potential smoking (Chang et al., 2014). The general and tobacco-specific media literacy provides preliminary evidence of the program's ability to mitigate the detrimental effects of pro-tobacco mass media messages on teen smoking (Bier et al., 2021). The media would reciprocate the ineffectiveness of some tobacco control programs due to its prevalent use as a platform of new knowledge and accountability.

Research Simulacrum
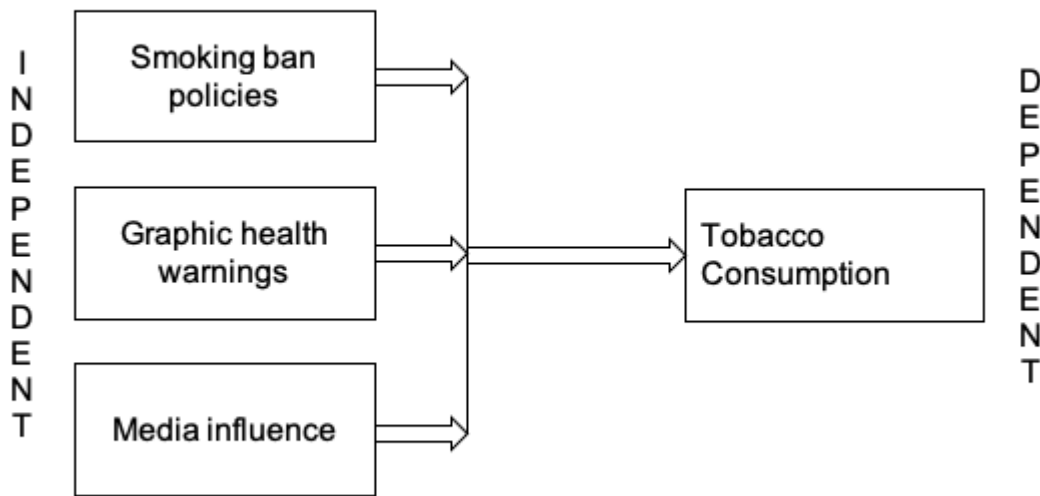
The research significance of the variables from the initiation of smoking is measured through the anti-smoking policies or to reduce the smoking intake of the growing population of smokers. Smoking ban policies were also the basis of tobacco intake. It would be the means of the susceptibility to drastic effects of consumption and how these effects lead to the overall well-being of a smoker and a non-smoker. The impact of media affects the influence on the growing number of tobacco intake as a way of coping with different stressors in the society; thus, the implemented policies that are often used with media such as illustrations of graphic warnings and in-text labels that are stimulating information for the adverse effects of the smoking consumption would be a measurement of smokers and non-smokers being associated with severe health problems whether it will lead to their restriction or reduction of tobacco dissipation. Graphics health warnings dissipate on lowering smoking intentions and are the most cost-effective medium for equally informing smokers and prospective smokers about the dangers of tobacco use. Graphic warnings have a more significant potential impact on quitting intentions, and efforts can be predicted through behavioral and cognitive interventions of the effect of the labels.

Hypothesis

The study is designed to assess the non-price policies interdicted on influencing the consumption of tobacco of Filipino youth smokers. It determines how smoking ban policies, graphic health warnings, and media influence tobacco use, linked to clinically essential outcomes in youth smoking consumption. Thus, how the policies implemented can reduce the substance intake of smokers and non-smokers. The researchers amended the relationship by measuring the negativity or the positivity of the smoking ban policies, graphic health warnings, and media influence through survey results obtained from the respondents.

3. Research Method

A cross-sectional study was administered on time being given on the duration of the research. Hence the researchers observed the variables without influencing the initiation, consumption, and cessation. Research in Indonesia regarding the impact of price and non-price policies on household cigarette consumption where the study

aim is to see how tobacco prices and the smoking climate affect household expense allocation on the use of a cross-sectional study albeit using secondary data the results promulgated a conclusion in order to limit tobacco expenditure share, a price strategy must be supplemented by non-pricing policies (Djutaharta, Nachrowi, Ananta & Martianto, 2021). The aforementioned study stood as foreground on the research design due to its indicated results. Moreover, the primary and secondary outcome measures substantiate the relationship of non-price policies to tobacco usage.

The sampling method that was used in the study was purposive sampling. It is a non-probability sample that is selected based on the population's characteristics and the study's objective (Crossman, 2020). The purposively selected participants for the study are classified as Filipino youth smokers and non-smokers with the following criteria (1) The age qualification of the respondents has to be between 15 to 30 years old (2) Sex (both male and female).

The researchers have chosen Manila since it has been the center of economic, social, and political activity, significantly influencing the study results. The chosen site of the research would suffice the information needed to be obtained since it has both the composition of the student and the working class.

The researchers utilized primary data collection. An online survey questionnaire was created by the researchers using google forms. The questionnaire features are the following: Background information of the respondent, Tobacco use, Cessation, Exposure to secondhand smoke, Tobacco media and advertising, access to and availability of tobacco products, and knowledge about existing non-price tobacco policies.

Surveys are used to measure opinions and experience to explain a phenomenon. The research variables would yield the indicator of influence to the relationship, whether negative or positive. In terms of data collection methods, the study was conducted with the help of an adaptation of a questionnaire that served as a reference for the researcher.

Based on the total population of the chosen city, the researcher projected a total number of 128 respondents. It is represented on the computation below.

CITY	Total Population (based on 2015 census)	Total Population (15-30 years old)	Percentage Derivation	Percentage (%) (A)	Slovin's of municipality	Sample Size (A*B)
Manila	1,780,148	562,425	(562,425/1,780,148)*100	32%	399.91	128

The researchers surveyed google forms. Participants were informed about the objectives of the paper. The survey was designed to protect the participants' privacy by allowing anonymous and voluntary participation. All information provided in the questionnaire will be treated as strictly confidential. The participants were also assured that any of the information given will remain confidential and will not be used for any other purpose aside from the development of the study.

Tobacco Consumption
$$= \beta_0 + \beta_1 \, Smoking \, Ban + \beta_2 \, Graphic \, Health \, Warnings + \beta_3 Media \, Influence + e$$

where Y measures the total consumption of the tobacco influence, is the Smoking Initiation, is the Smoking Cessation, and is the error term used to figure out what the model doesn't completely reflect in terms of the real correlation between the variables.

$$Tobacco\ Consumption = \beta_0 + \beta_1\ Smoking\ Ban + e$$

The equation would determine whether there is a positive or negative correlation between smoking initiation and tobacco consumption and if they are statistically significant.

$$Tobacco\ Consumption = \beta_0 + \beta_2\ Graphic\ Health\ Warnings + e$$

The equation exemplifies whether there is a statistically important positive or negative association between smoking abstinence and tobacco use.

$$Tobacco\ Consumption = \beta_0 + \beta_3\ Media\ Literacy + e$$

The equation will decide whether there is a statistical significance of positivity or negativity between media literacy and tobacco use.

4. Results and Discussion

The model resulted in an R-squared value of 0.066718. This indicates that approximately 6.67% of the variation in the dependent variable (Tobacco Consumption) can be explained by the independent variables. The model has a low R-squared value which means that the independent variables are not explaining much the variation in the dependent variable. The R-squared always increases whenever a new independent variable is added, hence, it can't measure whether the added variable is good or bad. Therefore, focusing on the value of adjusted R-squared is being considered as the measure of the goodness of the model since its value decreases when the added independent variable produces insignificant effect and increases if it has a significant effect on the target variable. The adjusted R-squared value is 0.045507 which states that, approximately, only 4.55% of the variation in the dependent variable can be explained by the independent variables that have significant effect on the dependent variable.

Table 1. Empirical Results

Dependent Variable: TOBACCO CONSUMPTION				
Variable	Coefficient	Std. Error	t-statistics	Prob.
Constant	3.020088	0.332950	9.070693	0.0000
GRAPHIC_HEALTH_WARNINGS	-0.026654	0.257815	-0.103385	0.9179
MEDIA_INFLUENCE	0.640542	0.258391	2.478959	0.0151
R-squared	0.066718	Durbin-Watson stat		2.241411
Adjusted R-squared	0.045507			
F-statistic	3.145449			
Prob(F-statistic)	0.047926			
Jarque-Bera	6.991718			
Probability	0.030323			
Breusch-Godfrey Serial Correlation LM Test:				

Null Hypothesis: No serial correlation at up 1 lag			
F-statistic	1.336654	Prob.F(1,87)	0.2508
Heteroskedasticity Test: Breusch-Pagan-Godfrey			
Null Hypothesis: Homoscedasticity			
F-statistic	3.33522	Prob.F(2,88)	0.0402
Ramsey RESET Test			
	Value	df	Probability
t-statistic	1.188229	87	0.2380

The F-statistic in the model is 3.145449 with a probability value of 0.047926. This indicates a statistically significant result at 0.05 level of significance. The value of 2.241411 for Durbin-Watson statistic indicates that there is no autocorrelation error. To test the normality, the Jarque-Bera test was used as the basis for testing on whether the skewness and kurtosis of the sample data is matching a normal distribution. Since the probability value for the Jarque-Bera test (0.030321) is greater than 0.01 alpha, then it accepts the null hypothesis that there is normality in the regression output. Since the probability of the Breusch-Godfrey Serial Correlation LM Test (0.2406) is greater than 0.05 alpha, then it accepts the null hypothesis that there is no serial correlation in the output. Since the resulting probability value for the F-distribution (0.0402) is greater than 0.01 alpha, then Breusch-Pagan-Godfrey heteroskedasticity test accepts the null hypothesis of homoscedasticity. For testing the specification error, the Ramsey RESET Test was used. It shows that F-statistic is 1.411887 with a probability value of 0.2380. Since the resulting p-value is greater than 0.05 alpha, then accepts the null hypothesis of no specification error.

The findings of the study indicated how the policies implemented can reduce the substance intake of smokers and non-smokers. First, the variable Smoking Ban Policies has a positive effect on the tobacco consumption of Filipino youths based on the data collected. This result supports the claims of Luo et al. and Anger et al. According to Luo et al. (2015), Educational campaigns and some studies regarding the smoking ban were effective in reducing the consumption of tobacco. Smoking bans, according to Anger et al. (2011), can be an effective tobacco prevention measure because they have the potential to achieve significant health benefits in addition to limiting nonsmokers' exposure to secondhand smoke. The primary purpose of smoking ban policies is to protect people who do not smoke from secondhand smoke. However, smoking ban policies can also motivate and help tobacco users quit and prevent initiation of tobacco use. Therefore, Smoking Ban Policies have a significant effect on the tobacco consumption of Filipino youths.

Second, the result stated that Graphic Health Warnings also affect the tobacco consumption of Filipino youths. Combination of written and graphic health warnings on public or tobacco product packaging are more effective than text-only warnings. Images have been shown to raise awareness about the health dangers associated with cigarette use. Clearly, this outcome supports the claimed of Fathelrahman et al. (2010) where they said that the stimulation of the information that would elongate the several empirical surveys which reported that visual pack alerts are superior to text-based warnings in terms of educating the public about the dangers of smoking and stimulating interest in quitting. Therefore, graphic warnings had a statistically significant effect on smoking prevalence and quit attempts. In particular, the warnings decreased the odds of being a smoker and increased the odds of making a quit attempt.

Lastly, the variable Media Influence also affects the tobacco consumption of Filipino youths. The findings on the data collected found a significant effect between media influence and tobacco consumption. According to demographic research, mass media programs aimed at discouraging tobacco use can alter juvenile attitudes, reduce

smoking start, and encourage adult cessation. According to Simms et al. (2015), analyses found that media exposure to smoking increased identification with smokers which was directly related to a higher intention to smoke. The result gathered supports this analysis. Additionally, media exposure was associated with increased endorsement of positive expectancies about smoking which, in turn, was related to smoking susceptibility.

5. Conclusion

The purpose of this study is to gain a better understanding of the underlying effect and influence of non-price policies on smokers' decision to start smoking. The researchers discovered that all indicators, including smoking ban policies, graphic health warnings, and media influence, substantially impact Filipino youths' tobacco consumption in Manila. Tobacco usage was reduced due to educational initiatives and several studies about the smoking ban. Smoking bans have the potential to deliver significant health advantages and decrease nonsmokers' exposure to secondhand smoke, making it an effective tobacco prevention policy. The primary goal of smoking ban legislation is to protect nonsmokers from secondhand smoke; hence, smoking media exposure increases smoker identity, linked to a higher propensity to smoke.

Cigarette smoking is the most common form of tobacco use worldwide and is one of the greatest public health threats the world has ever faced. Tobacco's negative health impacts have prompted numerous governments to enact tobacco control legislation. Tobacco usage has considerable economic costs, including significant healthcare expenses for treating diseases induced by tobacco consumption and lost human capital due to tobacco-related morbidity and mortality. It also adds to neediness by redirecting family spending from essential requirements such as food. With the increase in tobacco consumption, more and more tobacco users' health is likely wrong. Mass-reach health communications campaigns that use multiple-media formats, including graphic images, different smoking ban policies, and media influence, are intended to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use. It also provides tobacco users with information on resources on avoiding and quitting smoking.

6. Recommendations

After a thorough assessment and considering the initial findings and conclusions of the study, the researchers recommend continuing and improving further the smoking ban policies, graphic health warnings, and media influence to reduce the substance intake of smokers and non-smokers. These variables have a positive impact in giving warnings and advice to them. In smoking ban policies, the government should strictly implement the policies they have passed to encourage them to limit and eventually quit smoking. For the graphic health warnings, visual materials that should emphasize the negative effect of smoking should be distributed and posted in the public areas to catch the people's attention and help inform them about its impact on their health. Also, since more people are engaged in online media platforms, intensified campaigns to discourage people in smoking should be endorsed. The Department of Health (DOH) and other health organizations can help address and implement these recommendations.

Additionally, the researchers also recommended conducting webinars that encourage smoking cessation. The topic that can be addressed is the adverse effects of smoking on smokers and secondhand smokers. Webinars on ending smoking and living a healthy lifestyle can also be taught. Health and other concerned organizations should persuade smokers to attend these webinars. People can be knowledgeable on its impact and actions that can help them quit smoking. A massive campaign can reach the people affected by this habit. Their relatives can also be a key to persuading smokers to these valuable webinars.

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Survey Questionnaire and Consent Letter

The effect of non-price policies on household consumption of tobacco to Filipino youth in Metro Manila

Form Description: We are fourth year Business Economics students from the College of Commerce and Business Administration at the University of Santo Tomas. We are asking for the participation of smokers and non-smokers around Metro Manila in conducting research regarding the various non-price policies and how it affects the smoking initiation and first-hand consumption of Filipino smokers. Throughout the survey the respondents' identity will remain anonymous. This survey questionnaire's agenda is to grasp the impact of graphic health warnings on youth smoking intention.

Any information provided will be treated with utmost confidentiality in compliance to the Republic Act RA 10173 or the Data Privacy Act of 2012. Your participation in this study is entirely optional, and you may opt out at any time. There are no known dangers associated with involvement that are not present in ordinary life. Rest assured that responses will be used solely for the purpose of the research. Only the researchers will be aware of your specific responses to this questionnaire.

Data Privacy Act of 2012
Under the Data Privacy Act of 2012, the respondents should be informed of the following rights:

"Section 16. Rights of the Data Subject. – The data subject is entitled to:
(a) Be informed whether personal information pertaining to him or her shall be, are being or have been processed;
(b) Be furnished the information indicated hereunder before the entry of his or her personal information into the processing system of the personal information controller, or at the next practical opportunity:
(1) Description of the personal information to be entered into the system;
(2) Purposes for which they are being or are to be processed;
(3) Scope and method of the personal information processing;
(4) The recipients or classes of recipients to whom they are or may be disclosed;
(5) Methods utilized for automated access, if the same is allowed by the data
subject, and the extent to which such access is authorized;
(6) The identity and contact details of the personal information controller or its
representative;
(7) The period for which the information will be stored; and
(8) The existence of their rights, i.e., to access, correction, as well as the right to
lodge a complaint before the [National Privacy] Commission."

Do you consent to the Data Privacy Act of 2012 before proceeding?

○   Yes, I read and consent to participate in this research.

PARENTAL CONSENT FOR AGES 15-17 RESPONDENTS
 Description:

We are requesting that your child participate in a research project conducted by University of Santo Tomas' Business Economics students.

If you agree to let your child participate in the study, he or she will be asked to fill out a survey. Questions on your child's health and behavioral experience on second-hand smoking will be included in the survey. We're inviting everyone in the Metro Manila District to fill out a survey to help us better understand the intentions of young people who want to smoke.

It will take roughly 10-15 minutes to finish the survey.

Confidentiality: Children's answers will be not be associated with their name. Rather, each child will be given anonymously on the survey sheet.

Do you consent to the age assent before proceeding?
○   Yes, I read and consent for my child to participate in this research.

Background Information

The first few questions will require you to provide some background information. (Ang mga sumusunod na tanong ay tungkol sa iyong sarili at pamumuhay)

1.   What is your age? (Ano ang edad mo?)
○   15 years old (15 taong gulang)
○   16 years old (16 taong gulang)
○   17 years old (17 taong gulang)
○   18 years old (18 taong gulang)
○   19 years old (19 taong gulang)
○   20 years old or above (20 taong gulang o mas matanda pa sa mga nakasaad na edad)

2.   What is your sex? (Ano ang iyong kasarian?)
○   Male (Lalaki)
○   Female (Babae)
○   Prefer not to say (Mas gusto na hindi sabihin)

3.   In what grade/year are you in? (Ano ang iyong kasalukuyang antas?)
○   Junior High School
○   Senior High School
○   Undergraduate
○   College Graduate
○   Other..

4.   Are you enrolled in a public or private school right now?
○   Public School (Pampublikong Paaralan)

○   Private School (Pribadong Paaralan)
○   Other..

5.   **How much money do you have per week that you can spend on yourself however you want? (Sa loob ng isang linggo, magkano ang iyong ekstrang pera na maaaring gastusin sa anumang bagay na nais mo?)**

○   More than P1,000.00 (Mahigit sa P1,000.00)
○   P501.00 – P1,000.00 (P501.00 – P1,000.00)
○   P301.00 - P500.00 (P301.00 – P500.00)
○   P101.00 - P300.00 (P101.00 – P300.00)
○   P10.00 - P100.00 (P10.00 – P100.00)
○   Less than P10.00 (mababa sa P10.00)
○   I usually don't have any spare money for my caprices (Wala akong ekstrang pera na pwede kong gastusin para sa mga bagay na gusto ko)

Tobacco Consumption
The next questions will inquire regarding your use of tobacco. (Ang susunod na mga tanong ay tungkol sa iyong paggamit ng tobako)

1.   **Have you ever attempted or experimented with smoking a cigarette, even if it was just one or two puffs? (Nasubukan mo na ba ang magsigarilyo, kahit isa o dalawang hithit lang?)**

○   Yes (Oo)
○   No (Hindi)

2.   **How many days did you smoke cigarettes in the last 30 days? (Ilang araw kang nanigarilyo sa loob ng nakaraang 30 na araw?)**

○   0 days (Wala)
○   1 to 2 days (1 hanggang 2 araw)
○   3 to 5 days (3 hanggang 5 araw)
○   6 to 9 days (6 hanggang 9 araw)
○   10 to 19 days (10 hanggang 19 araw)
○   20 to 29 days (20 hanggang 29 araw)
○   All 30 days (Buong 30 araw)

3.   **How old were you when you first tried a cigarette? (Ilang taon ka noong una kang sumubok manigarilyo?)**

○   Younger than 15 years old (Mas bata pa sa 15 taong gulang)
○   15 years old (15 taong gulang)
○   16 years old (16 taong gulang)

- 17 years old (17 taong gulang)
- 18 years old (18 taong gulang)
- 19 years old (19 taong gulang)
- 20 years old or above (20 taong gulang o mas matanda pa sa mga nakasaad na edad)
- I haven't tried smoking a cigarette (Di pa ako sumubok manigarilyo)

4.   Where do you usually smoke? (Saan ka madalas manigarilyo?)
- I do not smoke (Hindi ako naninigarilyo)
- At home (Sa bahay)
- At work (Sa trabaho)
- At school (Sa paaralan)
- At friends' houses (Sa bahay ng kaibigan)
- At social events (Sa mga espesyal na pagtitipon)
- In public spaces (Sa mga pampublikong lugar katulad ng pasyalan, pamilihan, o sa kalsada)
- Other places (Sa iba pa)

5.   How many cigarettes did you usually smoke per day within 30 days? (Ilang piraso ang karaniwang nasisigarilyo mo sa isang araw sa loob ng 30 na araw?)

- I did not smoke cigarettes during the past 30 days (Hindi ako nanigarilyo sa nakaraang 30 araw.)
- Less than 1 cigarette per day (Kulang sa isang sigarilyo kada araw)
- 1 cigarette per day (1 sigarilyo kada araw)
- 2 to 5 cigarettes per day (2 hanggang 5 sigarilyo kada araw)
- 6 to 10 cigarettes per day (6 hanggang 10 sigarilyo kada araw)
- 11 to 20 cigarettes per day (11 hanggang 20 sigarilyo kada araw)
- More than 20 cigarettes per day (Mahigit sa 20 sigarilyo kada araw)

Exposure to Secondhand Smoking
The following questions will be asking about your exposure to secondhand smoking. (Ang susunod na mga tanong ay ukol sa paninigarilyo ng ibang tao kung saan ikaw ay maaring namiligro sa secondhand smoking)

1.   How many days in the last week has somebody smoked in your house or in any outdoor locations in your presence? (Ilang araw na pagkatapos mong makakita ng may naninigarilyo sa loob ng inyong bahay o sa isang pampublikong lugar kung saan 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 5 araw)
- 7 days (7 araw)

2.   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 tulad ng paaralan, pamilihan, kainan, sinehan atbp.)

○   Yes (Oo)
○   No (Hindi)

3.   Do you believe that the smoke from other people's cigarettes is hazardous to your health? (Sa iyong palagay, ang usok mula sa sigarilyo ng iba ay nakakasama sa iyo?)

○   Definitely not (Tiyak na hindi)
○   Probably not (Marahil hindi)
○   Probably yes (Marahil oo)
○   Definitely yes (Tiyak na oo)

4.   Do you know that the toxins emitted by cigarette smoke may be found for years in the environment? (Alam mo ba na ang mga kemikal na galing sa usok ng sigarilyo ay nananatili sa kapaligiran sa mahabang panahon?)

○   Yes (Oo)
○   No (Hindi)

Cigarette Accessibility and Availability
The following questions will ask as to how you were able to obtain cigarettes and whether they were available in your area. (Ang sumusunod na mga tanong ay ukol sa pagkakaroon at pagkuha mo ng sigarilyo.)

1.   How were you able to get cigarettes the last time you smoked in the last 30 days? (Noong huli kang nanigarilyo, sa nakalipas na 30 araw, paano mo ito nakuha?)

○   I did not consume any tobacco products during the past 30 days (Hindi ako gumamit at bumili ng sigarilyo sa nakalipas na 30 araw)
○   I bought them in a store (Binili ko sa tindahan)
○   I bought them from a street vendor (Binili ko sa nagtitinda sa daan)
○   I bought them at a cigarette kiosk (Binili ko ito sa cigarette kiosk)
○   I got them from someone else (Nakuha ko ito mula sa ibang tao)

2.   Has someone refused to sell you cigarettes because of your age in the last 30 days? (May tumanggi ba sayo na magbenta ng sigarilyo dahil sa iyong edad sa nakalipas na 30 araw?)

○   I have not attempted to purchase cigarettes in the last 30 days. (Hindi ko sinubukan bumili ng sigarilyo noong nakalipas na 30 araw)
○   Yes (Oo)
○   No (Hindi)

3. How did you buy cigarettes the last time you bought them in the last 30 days? (Noong huli kang nanigarilyo sa nakalipas na 30 na araw, paano mo ito binili?)

○ I did not purchase any tobacco products during the past 30 days (Hindi ako bumili ng sigarilyo sa nakalipas na 30 araw)
○ I bought them in pack (Binili ko ito ng naka kaha)
○ I bought individual sticks (Binili ko ito ng pira-piraso)
○ I bought them in carton (Binili ko ito ng naka karton o ng maramihan)

4. How much do you think a pack of 20 cigarettes costs on average? (Sa iyong palagay, magkano ang isang kaha ng sigarilyo na may lamang 20 sticks?)

○ Less than Php 100.00 (Mas mababa sa Php 100.00)
○ Php 100.00 - Php 109.00 (Php 100.00 hanggang Php 109.00)
○ Php 110.00 - Php 119.00 (Php 110.00 hanggang Php 119.00)
○ Php 120.00 - Php 129.00 (Php 120.00 hanggang Php 129.00)
○ Php 130.00 - Php 139.00 (Php 130.00 hanggang Php 139.00)
○ Php 140.00 - Php 149.00 (Php 140.00 hanggang 149.00)
○ Php 150.00 or more than (Php 150.00 o higit pa)

Tobacco messages in the Media
The following questions will ask about your knowledge and awareness of anti-tobacco and pro-tobacco messages. (Ang sumusunod na mga tanong ay tungkol sa iyong kaalaman sa mga mensaheng hindi sumasang-ayon at mga promosyon para sa tobako)

1. Did you see or hear any anti-tobacco media messages on television, radio, the internet, billboards, posters, newspapers, magazines, or movies over the last 30 days? (Sa nakalipas na 30 araw, nakakita o nakarinig ka ba ng mga mensaheng laban sa tobako, sa telebisyon, radyo, internet, billboard, poster, pahayagan, magasin, o sine?)
○ Yes (Oo)
○ No (Hindi)

2. Have you been taught about the consequences of tobacco smoking in any of your classes in the last 12 months? (Sa nakalipas na 12 buwan, naituro ba sa inyong klase ang panganib na dulot ng paninigarilyo?)

○ Yes (Oo)
○ No (Hindi)

3. Have you seen any health warnings on cigarette packaging in the last 30 days? (Sa nakalipas na 30 araw, may nakita ka bang babalang pangkalusugan sa kaha ng sigarilyo?)

○ Yes (Oo)
○ No (Hindi)

4. **Have you seen any tobacco product advertisements or promotions at points of sale (such as stores, shops, kiosks, stalls, etc.) during the last 30 days? (Sa nakalipas na 30 na araw, may nakita ka bang mga palatastas o promosyon ng produktong tobako sa mga bilihan nito, gaya ng tindahan, stalls atbp.)**

○ Yes (Oo)
○ No (Hindi)

5. **Would you ever use or wear a lighter, t-shirt, or hat that has a tobacco company or tobacco product name or picture on it? (Gagamit ka ba o magsusuot ng kahit anong bagay na may naglalaman na larawan o nakasulat na pangalan ng produkto ng tobako?)**
○ Yes (Oo)
○ No (Hindi)

6. **Have you ever been offered a free tobacco product by a tobacco industry employee? (May tao na bang nag alok na sa iyo ng libreng produkto ng tobako?)**

○ Yes (Oo)
○ No (Hindi)

Knowledge and attitude about Non-price tobacco policies
The following questions will ask about your knowledge and attitudes about the presence of non price-tobacco control policies such as the pictorial health warnings that are printed on tobacco packages. (Ang mga sumusunod na tanong ay tungkol sa iyong kaalaman at saloobin sa pagkakaroon ng mga patakaran patungkol sa pag gamit ng tobako kagaya na lamang ng paglalagay ng "pictorial health warnings" sa kaha ng sigarilyo.

1. **To alert people about the harmful effects of cigarette smoking, there should be graphic health warnings on cigarette packages. (Dapat magkaroon ng babalang pangkalusugan sa kaha ng sigarilyo upang maging alerto ang mga tao tungkol sa panganib na dulot ng paggamit ng sigarilyo)**

○ Strongly agree (Lubos na sumasang-ayon)
○ Agree (Sumasang-ayon)
○ Strongly disagree (Lubos na hindi sumasang-ayon)
○ Disagree (Hindi sumasang-ayon)

2. **Graphic health warnings on cigarette packages are useful in raising public awareness about the dangers of smoking. (Ang mga babalang pangkalusugan sa kaha ng sigarilyo ay kapaki-pakinabang sa pagkalat ng kaalaman tungkol sa panganib na dulot ng paggamit ng sigarilyo)**

○ Strongly agree (Lubos na sumasang-ayon)
○ Agree (Sumasang-ayon)
○ Strongly disagree (Lubos na hindi sumasang-ayon)
○ Disagree (Hindi sumasang-ayon)

3.   The use of pictorial health warnings on cigarette packaging is an effective way to discourage nonsmokers from trying cigarette products. (Ang paggamit ng mga babalang pangkalusugan sa kaha ng sigarilyo ay epektibong paraan upang madismaya ang mga taong hindi naninigarilyo sa pag subok na gumamit ng produktong tobako)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

4.   The use of pictorial health warnings on cigarette packaging is an effective way of reducing smokers' tobacco consumption. (Ang paggamit ng mga babalang pangkalusugan sa kaha ng sigarilyo ay isang epektibong paraan upang mapababa ang paggamit ng produktong tobako ng mga naninigarilyo)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

5.   The use of pictorial health warnings in cigarette packaging is an effective way of encouraging smokers to quit smoking. (Ang paggamit ng mga babalang pangkalusugan sa mga kaha ng sigarilyo ay isang epektibong paraan sa paghimok sa mga naninigarilyo upang tumigil sa paninigarilyo)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

6.   The presence of graphical warnings on cigarette packaging is important to me. (Ang pagkakaroon ng mga babalang pangkalusugan sa kaha ng sigarilyo ay mahalaga sa akin)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

7.   It makes no difference to me whether or not cigarette packages have graphical warnings. (Walang pinagkaiba kung ang kaha ng sigarilyo ay naglalaman ng mga babalang pangkalusugan)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

8.   Graphic health warnings on cigarette packages are ineffective in raising public awareness about the dangers of smoking. (Ang mga babalang pangkalusugan sa kaha ng sigarilyo ay hindi epektibo na paraan sa pagkalat ng kaalaman tungkol sa panganib na dulot ng paggamit ng sigarilyo)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

9.   Graphic health warnings on cigarette packages is not an effective way to discourage nonsmokers from trying cigarette products. (Ang mga babalang pangkalusugan sa kaha ng sigarilyo ay hindi epektibo na paraan upang madismaya ang mga taong hindi naninigarilyo sa pag subok na gumamit ng produktong tobako)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

10.   The use of pictorial health warnings on cigarette packaging is not an effective way of encouraging smokers to quit smoking. (Ang mga babalang pangkalusugan sa kaha ng sigarilyo ay hindi epektibo na paraan sa paghimok sa mga naninigarilyo upang tumigil sa paninigarilyo)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

 Please answer the following questions if you have tried or still continue to smoke. (Sagutin lamang ang sumusunod na mga tanong kung sinubukan mo o patuloy ka pa ring naninigarilyo)

1.   I am aware of the negative consequences of cigarette smoking because of the graphic warnings which is why I stopped smoking. (Alam ko ang mga negatibong bunga ng paggamit ng sigarilyo dahil sa mga babalang pangkalusugan kaya ako tumigil manigarilyo)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

2.   Because of the graphical warnings on cigarette packages, I'm more likely to smoke more cigarettes. (Dahil sa mga babalang pangkalusugan na nakalagay sa kaha ng sigarilyo, mas lalo akong maninigarilyo)

○   Strongly agree (Lubos na sumasang-ayon)

○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

3.   Because of the graphical warnings on cigarette packets, I'm likely to quit smoking. (Dahil sa mga babalang pangkalusugan na nakalagay sa kaha ng sigarilyo, ako ay titigil sa paninigarilyo)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

Please answer the following questions if you haven't tried smoking: (Mangyaring sagutin ang sumusunod na mga tanong kung hindi mo pa sinubukan ang paninigarilyo)

1.   I am aware of the negative consequences of cigarette smoking because of the graphic warnings which is why I didn't start smoking. (Alam ko ang mga negatibong bunga ng paggamit ng sigarilyo dahil sa mga babalang pangkalusugan kaya ko hindi sinubukan manigarilyo)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

2.   Because of the graphic warnings on cigarette packages, I am less willing to start smoking. (Dahil sa mga babalang pangkalusugan na nakalagay sa kaha ng sigarilyo, mas mababa ang pagkakataon na ako ay magsimulang manigarilyo)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)

3.   After seeing the graphical warnings on cigarette packages, I am more willing to start smoking. (Matapos makita ang mga babalang pangkalusugan na nakalagay sa kaha ng sigarilyo, mas handa akong magsimulang manigarilyo.)

○   Strongly agree (Lubos na sumasang-ayon)
○   Agree (Sumasang-ayon)
○   Strongly disagree (Lubos na hindi sumasang-ayon)
○   Disagree (Hindi sumasang-ayon)