



SEATCA
SOUTHEAST ASIA TOBACCO CONTROL ALLIANCE

**The Collaborative Funding Program for
Southeast Asia Tobacco Control Research**

**Analysis of the
Role of Health Professionals
in Advancing
Tobacco Control Policy
in Cambodia**

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**Financial support from
Research for International Tobacco Control (RITC)
of the International Development
Research Centre (IDRC)**

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OF HEALTH PROFESSIONALS
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IN CAMBODIA**

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ABSTRACT

Tobacco use could cause serious harm to the health of smokers and secondhand smokers and pose a heavy burden to public health and the economy of the country. Health professionals, especially medical doctors have the greatest potential among all groups in society to promote a reduction in tobacco use and to advocate tobacco control policy.

The main objective of the study was to get information on tobacco-related issues among health professionals for developing an appropriate tobacco intervention program to advance tobacco control policy at the health facilities. It was a cross-sectional study design, and the target population of this survey was medical doctors, medical assistants, midwives, nurses and dentists. The sample size for this survey was 1,427.

The smoking prevalence among the health professionals surveyed was about 10%, and most of the smokers were willing to quit smoking. The majority of the non-smoker health professionals were exposed to secondhand smoke during the past seven days. Almost all of the health professionals were aware of the adverse effects of tobacco use. The majority (78%) of the health professionals supported the comprehensive ban on advertising, promotion, and sponsorship of tobacco products. However, there were limitations in the enforcement of the smoke-free policy of the Ministry of Health. Under the smoke-free policy, smoking is banned in hospitals, Buddhist temples and 8 government ministries, including the Ministry of Health.

The health professionals were willing to act as role models in advancing tobacco control policy in Cambodia, in particular in giving advice to their patients to quit smoking, and ensuring the implementation of smoke-free health facilities. The majority of the health professionals had ever given advice to their patients to quit using tobacco products. However, only about one in very five of them had received training on quit smoking approach. There were no statistically significant difference in terms of attitudes and opinions to advance tobacco control in Cambodia between smokers and non-smokers, but it was found that non-health professional smokers were statistically more likely to give advice to their patients to quit smoking.

The health professions are highly regarded and can play great potential roles in tobacco control in Cambodia, but significant efforts are needed to make sure that all health professionals lead smoke-free lives, and that they actively participate in tobacco control programs by promoting smoke-free lifestyles, advocating tobacco control policy and introducing the smoking cessation approach into the health professional's pre-service training and on the job training.

It is important to integrate a patient's record of tobacco use as part of his/her general medical history. Such information would be useful in future in providing local evidence on the morbidity, mortality and health care cost expenditure caused by tobacco use in the country.

There is a need to protect the health of non-smokers from secondhand smoke exposure through the enforcement of the smoke-free policy of the Ministry of Health.

EXECUTIVE SUMMARY

Introduction

Tobacco use is seriously harmful to the health of smokers and secondhand smokers and can pose a heavy burden on public health and the economy of the country. Health professionals, especially medical doctors have the greatest potential among all groups in society to promote a reduction in tobacco use and to advocate tobacco control policy.

The main objective of this study was to obtain information on tobacco-related tobacco use, environmental tobacco smoke, knowledge and attitudes toward tobacco control, and current and intended tobacco control activities among health professionals. The ultimate objective of this study was to find out the opportunities for involving health professionals to take action in tobacco intervention programs for advancing tobacco control policy in Cambodia, in particular at the health facilities.

Methodology

The study was a health facility-based survey conducted in 2007 of health professionals working in the health centers, referral and national hospitals. The target population of this survey was medical doctors, medical assistants, midwives, nurses and dentists. A two-stage sample design was used. In the first stage, a separate selection of national, referral hospitals and health centers was made through a simple random sampling. In the second stage, in each of the surveyed health facility, all target groups defined as above were eligible to be selected for participating in this survey. The survey response rate was 85.24%. A total of 1,427 health professionals participated in this survey.

Key Findings

The smoking prevalence among the health professionals selected for the study was about 10%, and most of the smokers were willing to quit smoking. The majority (66%) of the non-smoker health professionals had been exposed to secondhand smoke during the past seven days. Almost all of the health professionals were aware of the adverse effects of tobacco use. There was a limitation in enforcing the implementation of the smoke-free circulation of the Ministry of Health.

Most (83%) of the health professionals thought that a patient's chances of quitting smoking would increase if a health professional advised them to do so. Nearly half of the health professionals were aware of the World No Tobacco Day.

The health professionals were willing to act as role models in advancing tobacco control policy in Cambodia. Almost all (98.4%) of them thought that they should not use tobacco products. The majority (78%) of the health professionals supported the comprehensive ban on advertising, promotion, and sponsorship of tobacco products.

Almost all (94.8%) of the health professionals agreed to incorporate the record of tobacco use as part of a patient's general medical history and in the prescription sheets.

The majority (73.7%) of health professionals have ever given advice to their patients to quit smoking. However, only about one in every five of the health professionals had received training on quit smoking counseling. There were no statistically significant difference in terms of attitudes and opinions to advance tobacco control in Cambodia between smokers and non-smokers, but it was found that non-health professional smokers were statistically more likely to advise their patients to quit smoking.

Conclusions and Recommendations

The health professions are highly regarded by society and therefore they have great potential in playing an active role in tobacco control in Cambodia. However, significant efforts are needed to make sure that all health professionals lead smoke-free lives, and that an enabling environment is created to enable them to actively participate in the tobacco control program by promoting smoke-free lifestyles, advocating tobacco control policy and introducing the smoking cessation approach into the health professional's pre-service training and on the job training.

It is important to integrate the record of tobacco use as part of a patient's general medical history. This is useful for producing local evidence on the morbidity, mortality and health care cost expenditure caused by tobacco use in the future. There is a need to protect the health of non-smokers from secondhand smoke exposure by enforcing the implementation of the smoke-free policy of the Ministry of Health.

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LIST OF ABBREVIATIONS

SEATCA : Southeast Asia Alliance for Tobacco Control
RITC : Research for International Tobacco Control of the International
Development Research Centre (IDRC), Canada

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INTRODUCTION

Background

Tobacco use is seriously harmful to the health of smokers and secondhand smokers and can pose a heavy burden on public health and the economy of the country. Tobacco kills 5 million people annually (WHO, 2005), and it kills more than AIDS, legal and illegal drugs, road accidents, murder, and suicide combined (The Tobacco Atlas, WHO, 2002).

In Cambodia, the prevalence of smoking among adults is very high, about 54%, (NIS, 2004). This indicates that Cambodia will encounter serious public health issues related to the use of tobacco in the near future. Realising this, Cambodia joined the WHO's Framework Convention Alliance for Tobacco Control (FCTC) and has been a member since 15 November 2005, and is currently developing a law on tobacco control in order to curb the tobacco epidemic of Cambodia.

At this stage, there is a need for all relevant stakeholders to push for the ratification of the tobacco control law of Cambodia and to strengthen the implementation of this law in the future. According to David Simpson (2000) health professionals, especially medical doctors have the greatest potential among all groups in society to promote the reduction of tobacco use and to advocate for tobacco control.

In Cambodia, medical doctors represent the most respectful group in community in terms of delivering health advice. We do believe that the involvement of medical doctors and other types of health professionals in Cambodia will significantly contribute to the advancement of the tobacco control policy in the country. As such, we need to have comprehensive information related to their smoking behavior and their attitudes toward tobacco control, which is currently not available. Therefore, there is a need to conduct a survey to obtain such information so that we are able to develop an appropriate intervention program among health professionals.

The results of this study will be used as the first local evident for developing and expanding smoke-free health facilities throughout the country and for advocating the ratification of the National Tobacco Control Law, as well as integrating tobacco control into pre-service training program for health professionals and also to build the knowledge and skills of health professionals in providing advice to their patients to quit smoking.

Objectives

General objective

To obtain information on tobacco-related issues among health professionals in order to develop an appropriate tobacco program intervention to advance tobacco control policy at the health facilities and advocate for the ratification of the tobacco control law.

Specific objectives

The objectives of this research are as follows:

1. To assess the smoking behavior of health professionals.
2. To assess the knowledge of health professionals on effects of tobacco use.
3. To assess attitudes of health professionals toward cigarette advertising, promotion and sponsorship, smoke-free areas, health warning and cigarette tax.
4. To assess the current practices of health professionals in tobacco control (individual's practices).
5. To assess the current status of smoke-free hospital implementation (institutional practices).
6. To explore the opportunity for tobacco control intervention in the future among of health professionals.

METHODOLOGY

Research Questions

1. What is the smoking behavior of the health professional?
2. What is the knowledge of the health professional on tobacco use?
3. What does the health professional think about cigarette advertising, promotion and sponsorship, smoke-free areas, health warning and cigarette tax?
4. What are the current practices of the health professional in tobacco control?
5. What is the current status of the implementation of smoke-free hospital?
6. What is the intention of the health professional in participating in tobacco control in the future?

Study Population and Sampling

The study was cross-sectional in design, and the target groups for this survey were medical doctors, medical assistants, midwives, nurses and dentists who were working at the National, referral hospitals and health centers. In this study, we assumed that the desired precision was 4%, the expected smoking prevalence for this group was 50% (since there have been no previous studies on smoking behavior among health professionals), design effect was equal to 2, and confidence interval at 95%. The sample size for this survey was 1,154. We did not calculate the sample size of each target group in the study as we had no intention to measure the smoking prevalence rate of each group.

The sampling was conducted in 2 stages. In the first stage, a selection of National Hospitals, Referral Hospitals and Health Centers was made separately through a Simple Random Sampling. In the second stage, all target groups as defined above in each surveyed health facility, were eligible to be selected for participating in this survey. As a result, 1472 samples were selected for the study. Data entry was done using epi-data and the data was analyzed using SPSS.

Data Collection

The National Center for Health Promotion (NCHP) of the Ministry of Health worked closely with the Khmer-Soviet Friendship Hospital and the Health Promotion Unit of the Provincial Health Department in conducting a field data collection which was held in July 2007. It was a self-administered questionnaire and checklist observation.

Research Tool

The research tool used was adapted from the tools of the Global Health Professional Survey and National Prevalence survey on tobacco use in accordance to the objectives of this study.

The tool focused on six components:

1. Smoking behavior
2. Knowledge on tobacco use
3. Opinion on tobacco policy including cigarette advertising, promotion and sponsorship, smoke-free areas, health warning and cigarette tax
4. Current practices of individual health professional in tobacco control
5. Current implementation of smoke-free hospitals
6. Intention to participate in tobacco control in the future

Term definitions

A smoker in this study refers to someone who, at the time of the survey, smokes cigarettes either daily or occasionally. [q11= (1) daily or (2) occasionally]

A non-smoker in this study refers to someone who, at the time of the survey, does not smoke at all. The non-smoker can either be an ex-smoker or never smoker. [q11= (3) not at all and q8= (2) no]

DISSEMINATION

The findings of this survey will be disseminated and the main channels for research dissemination will be through the congresses of the Cambodian Medical Association, and the meeting of the Inter-Ministerial Committee for Education and Reduction of Tobacco Use (which is the highest level of the government structure and plays a major role in formulating the National Strategic Plan on tobacco control, law and legislation for tobacco control) and through other national and international conferences in and outside the country.

The results of this research will also be disseminated through the electronic media and website of the National Center for Health Promotion, as well as the print media, such as fact sheets, newsletters, newspapers, the Cambodian Medical Association Bulletin, and the Society Health Science Bulletin. Specifically, the research findings will be made available at all health facilities, the resource center and departments of the Ministry of Health, the University of Health Science, the National Assembly and the Senate.

RESEARCH TEAM

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RESULTS

Socio-demographic characteristics

The survey received a response rate of 85.24%. More than half of the respondents (51.7%) were males. Nearly one out of every 5 respondents (18.7%) was a medical doctor, and more than half of the respondents (53.1%) were nurses. The average age of the respondents was about 40.62 years old. (Table 1)

Tobacco use

Although many target groups as indicated in the methodology above are eligible for this study, this survey did not aim to measure the smoking prevalent rates of each group of the health professionals, so the smoking prevalence rate presented in the section below reflected the overall smoking prevalent rate of all health professionals.

Smoking behavior

About 10% of the respondents were smokers. Of the current smokers, 55.78% were daily smokers and 44.22% were occasional smokers. The majority smoked only manufactured cigarettes (93.9%) while more than one third of the smokers were light smokers who smoked between 2 to 5 cigarettes a day. Among the smokers, 62.6% smoked light cigarettes. The three most popular cigarette brands used were ARA (26%), L & M (26%) and Nice (19.2%). (Table 2)

Secondhand smoke exposure

The majority (66.0%) of the non-smokers were exposed to cigarette smoke during the past seven days. (Table 3)

Quit smoking

Most of the smokers (85.3%) reported that they wanted to quit smoking now and more than three quarters of the smokers received help or advice on quit smoking. The main reasons for wanting to quit smoking were family disapproval (32.2%), health education program (22.4%) and seeing illness develop in other smokers (17.1%). (Table 4)

Knowledge About and Attitudes Toward Tobacco Use

This section presents the knowledge and attitudes of the respondents toward tobacco use.

Attitudes

Nearly half of the respondents were aware of the World No Tobacco Day and about a quarter of the respondents ever heard of the World Health Organization (WHO)'s new code of practice of health professionals. (Table 5)

Most of the respondents strongly agreed that tobacco use was physically addictive, could cause serious illnesses to both smokers and passive smokers, and had negative impact on the country's economy and environment. Nearly all of the respondents strongly believed that health professionals should set a good example by not using tobacco, and that the health professionals should get specific training to help their patients quit smoking. (Table 6 and Table 7)

More importantly, a large number of respondents thought that it was important to incorporate the record of the history of tobacco use as part of a patient's general medical history. There were no statistically significant difference between smokers and non-smokers in regard to their attitudes toward tobacco control advocacy and smoke-free lifestyle model among health professionals ($p>0.05$). (Table 6)

Training on Anti- tobacco

About one third of the respondents (33.7%) had ever got training on the quit smoking approach to use with patients during their school training (medical, dental, nursing and midwife) (Table 7) and about one in every five respondents had ever received in service training on quit smoking counseling (Table 8). Stratified by professions, it showed that the midwife represented more than half of the respondents who ever got training on quit smoking and taught in class about dangers of smoking and medical doctors and medical assistant ranked second at about one quarter of the respondents. (Table 8a)

Opinion on Tobacco Control Policy

The majority of the respondents reported that cigarette prices should be increased as a means to reduce cigarette consumption, and that there should be a comprehensive ban of the advertising, promotion and sponsorship of tobacco products. Most of the respondents supported the development and printing of graphic health warnings on cigarette packs. There were no statistically significant differences in the attitudes of the smokers and non-smokers with regard to increasing cigarette prices and banning advertising, promotion and sponsorship of tobacco products, and health warnings ($p>0.05$). (Table 9)

With regard to smoke-free public policy, most of the respondents supported the establishment of smoke-free public places especially in health facilities, schools, universities, public transport, restaurants, and government and private workplaces. There were no statistically significant differences in supporting the establishment of smoke-free public policy between smokers and non-smokers ($p>0.05$). (Table 9)

Current Practices of Individual Health Professional in Tobacco Control

In this section, the respondents were asked about their current practices in tobacco control in the past 30 days before the interview was held.

Most of the respondents (87.3%) had never received cigarettes offered and nearly three quarters of the respondents (73.7%) reported that they had ever given advice to their clients or someone to quit smoking. Non-smokers were statistically more likely than smokers to give advice to their clients or someone to quit smoking ($p < 0.05$). (Table 10)

Among the various occupations, nurses represented the highest group (53.1%) who received cigarettes offered by their clients, followed by midwife (20.7%), and medical doctor (18.7%). (Table 10a)

More than 60% of the respondents had asked their clients about their smoking status, and more than one in every five respondents had appeared in the media or participated in a meeting to talk about problems related to tobacco use. (Table 10)

Implementation of Smoke-free Hospital Policy

Nearly 60% of the respondents had ever heard or seen the smoke-free circulation of the Ministry of Health, and most of the respondents (83.1%) reported that the smoke-free policy was implemented and enforced in their workplace. (Table 11)

In respect to the sale of cigarettes, more than three quarters of respondents (85.7%) believed that selling of cigarettes in hospitals/health centers should not be allowed. (Table 11)

Through observations during field work, it was found that there was no display of the smoke-free circulation of the Ministry of Health in hospital/health centers but a variety of the anti-tobacco Information, Education and Communication (IEC) materials were displayed in the surveyed sites. Stickers and posters were frequently found in most of the hospitals/health centers (79.6% and 44.9% respectively). (Table 13)

Smoking practices in the health facilities were frequently found. Of the smokers, more than half (54.1%) reported that they smoked cigarettes on the grounds of hospitals/health centers and nearly one third (30.4%) reported that they smoked in the buildings of the hospital/health center during the past one year. (Table 12)

The self report of smoking practices in health facilities was confirmed through observations during field work. The health staff smoked outside the buildings in nearly one third (32.7%) of the surveyed health facilities, and the patients/visitors smoked outside the buildings in nearly half (46.9%) of the surveyed health facilities. (Table 13)

Intention to Participate in Tobacco Control in the Future

The health professionals were very passionate about participating in the tobacco control program in the future. Almost all (94.7%) of the respondents supported the integration of tobacco control training into the training curriculum for pre-service training of health professionals, and they believed that health professionals' advice would increase the chances of patients quitting smoking. Furthermore, almost all respondents thought that the health professionals should routinely advise their patients who smoked cigarettes to quit smoking and serve as a role model in participating in the implementation of smoke-free health facilities and in advocating the policy makers in advancing tobacco control policy in Cambodia. There were no statistically significant differences between smokers and non-smokers in terms of the intention of health professionals to participate in tobacco control programs in the future. (Table 14)

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Tobacco Use

About 10% of the health professionals were smokers with many preferring “light” cigarettes. The majority of non-smokers were exposed to secondhand smoke during the previous seven days.

Most of the smokers wanted to quit smoking, and the main reasons were family disapproval, health education program, and seeing illnesses developed in other smokers.

Knowledge and Attitudes

Health professionals were not commonly aware of the World No Tobacco Day and the new code of practice of health professionals.

Most of the health professionals, regardless of whether they were smokers or non-smokers, were aware of the adverse effects of smoking on health, the economy of the country and the environment. Health professionals acknowledged the importance of integrating the record of tobacco use as part of a patient’s general medical history.

Training on Anti-tobacco

While most health professionals believed that they should routinely give advice to their patients to quit smoking, only a small number of health professionals received training on approaches to quitting smoking (about one third during pre-service training and about one in every five during in-service training)

Opinion on Tobacco Use

Most health professionals, regardless of whether they were smokers or non-smokers, supported the idea of increasing tobacco tax, imposing comprehensive bans on cigarette advertising, promotion and sponsorship, printing graphic health warnings on cigarette packs, and establishing smoke-free public places.

Current Practices of Individual Health Professional

The majority of the respondents (73.7%) had ever given advice to their clients or someone to quit smoking. More than 60% of the respondents had asked their clients about their smoking status. Non-smokers were statistically more likely than smokers to give advice to their clients or someone on quitting smoking ($p < 0.05$). In addition, some

health professionals were involved with the media or gave talks about tobacco problems in meetings.

Implementation of Smoke-free Hospital Policy

Nearly 60% of the respondents had ever heard or seen the smoke-free policy of the Ministry of Health. More than three quarters of respondents (85.7%) supported the ban on selling cigarettes in the hospitals/health centers.

The implementations of the smoke-free circulation of the Ministry of Health were weak and not enforced. Many health professionals have never heard or seen the smoke-free circulations of the Ministry. Many health facilities still allowed people to smoke cigarettes inside or outside the buildings.

Intention to Participate in the Tobacco Control in the Future

The health professionals could potentially play a pivotal role in advancing tobacco control policy in Cambodia. Almost all (94.7%) of the respondents supported integrating tobacco control training into the training curriculum for pre-service training of health professionals, and they highly valued themselves as role models in promoting smoke-free lifestyles, and in advancing tobacco control policy, in particular, in giving advice to patients to quit smoking and in implementing smoke-free health facilities and advocacy. There were no statistically significant differences in terms of the intention of health professionals to participate in tobacco control programs in the future between smokers and non-smokers ($p>0.05$).

Recommendations

The findings of this study suggested that:

1. More efforts are needed to make sure that all health professionals lead a smoke-free life, which is one of the critical elements for the health professionals to play a role model in tobacco control in Cambodia.
2. The health professions are highly regarded and therefore, can potentially play important roles in tobacco control efforts in Cambodia; but there is a need to enable them to actively participate in the tobacco control program such as in promoting smoke-free lifestyles, advocating tobacco control policy and introducing the smoking cessation approach into the health professional's pre-service training and on-the-job training. This will help them to properly perform their role in assisting their patients to quit smoking and in advocacy. In addition, increasing the awareness of health professionals on the World No Tobacco Day, the new code of practice of health professionals and the smoke-free policy of the Ministry of Health should also be considered.

3. It is important to integrate the record of tobacco use as part of a patient's general medical history. This is useful for producing local evidence on the morbidity, mortality and health care cost expenditure caused by tobacco use in the future.
4. There was a need to protect the health of non-smokers from secondhand smoke exposure through enforcing the implementation of the smoke-free policy of the Ministry of Health, to continuously disseminate the contents of the smoke-free policy through technical meetings, display of the policy, and anti-smoking IEC materials on the information boards, and establishing a committee to monitor the implementation of the policy.

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ANNEX A: TABLES

Socio-demographic Characteristics

Table 1: Socio-demographic characteristics

Description	Frequency	Percent
q5:Age		
Younger than 19 y	2	.1
20-24 y	48	3.4
25-29 y	117	8.3
30-34 y	166	11.8
35-39 y	338	24.0
40-44 y	249	17.7
45-49 y	219	15.6
50-54 y	168	11.9
Older than 55 y	99	7.0
Total	1406	100.0
(Mn=19, Mx=65, Mean=40.62)		
q4:Sex		
Male	738	51.7
Female	689	48.3
Total	1427	100.0
q6:Marital status		
Single	176	12.3
Married	1168	81.9
Live together as married couple	7	.5
Widower	56	3.9
Separated	17	1.2
Missing	3	.2
Total	1427	100.0
q3:Types of surveyed health facility		
National Hospital	416	29.2
Referral Hospital	872	61.1
Health Center	139	9.7
Total	1427	100.0
q7:Main occupation		
Medical doctor	267	18.7
Medical assistant	89	6.2
Dentist	13	.9
Dental assistant	5	.4
Midwife	295	20.7
Nurse	758	53.1
Total	1427	100.0
q8: Have you ever smoked cigarettes?		
Yes	269	18.9

Description	Frequency	Percent
No	1158	81.1
Total	1427	100.0

Tobacco use

Table 2: Smoking behavior

Description	Frequency	Percent
q9: Have you ever smoked at least 100 cigarettes in your lifetime?		
Yes	217	80.7
No	47	17.5
Missing	5	1.9
Total	269	100.0
q11: Do you now smoke daily, occasionally, or not at all?		
Every day	82	30.5
Occasionally	65	24.2
Never smoke	121	45.0
Missing	1	.4
Total	269	100.0
q11a:Smoking prevalence		
non-smokers	1279	89.6
smokers	147	10.3
Total	1427	100.0
q78: Do your parents use tobacco now?		
Yes	371	26.0
No	1049	73.5
Missing	7	.5
Total	1427	100.0
q12: What type of cigarettes do you usually smoke?		
Manufactured cigarette	139	93.9
Hand roll cigarette	3	2.0
Both	6	4.1
Total	148	100.0
q73:-Are a patient's chances of quitting smoking increased, if a health professional advises him or her to quit?		
Yes	1184	83.0
No	241	16.9
Missing	2	.1
Total	1427	100.0
q13: On the day or days that you smoked cigarettes during the past 30 days, how many cigarettes did you smoke per day, on average?		
Less than 1 cigarette per day	17	11.6
1 cigarette per day	16	10.9

Description	Frequency	Percent
2 to 5 cigarettes per day	52	35.4
6 to 15 cigarettes per day	32	21.8
16 to 25 cigarettes per day	19	12.9
26 to 35 cigarettes per day	2	1.4
More than 35 cigarettes per day	6	4.1
Don't know	3	2.0
Total	147	100.0
q14: On the day or days that you smoked a commercial brand (i.e. packaged) during the past 30 days, what TYPE of cigarette did you use?		
Light	92	62.6
Strong flavor	31	21.1
Menthol	14	9.5
Don't know	10	6.8
Total	147	100.0
q15: Cigarette brand used		
Ara	38	26.0
L & M	38	26.0
Nice	28	19.2
Dunhill	17	11.6
Luxury	8	5.5
Angkor	5	3.4
Crown	2	1.4
Mercedes	2	1.4
Royal	2	1.4
Hanuman	1	.7
Victory	1	.7
Cambo	1	.7
West	1	.7
Other	2	1.4
Total	146	100.0

Secondhand Smoke Exposure

Table 3: Secondhand smoke exposure

Description	Frequency	Percent
28a: Secondhand smoke exposure during past 7 days among non-smokers		
No exposure	430	33.6
Exposure	844	66.0
Missing	5	.4
Total	1279	100.0

Quit Smoking

Table 4: Quit smoking

Description	Frequency	Percent
q31: Do you want to stop smoking cigarettes now?		
Yes	128	85.3
No	14	9.3
Missing	8	5.3
Total	150	100.0
q34: Have you ever received help or advice to help you stop smoking cigarettes?		
Yes	94	75.8
No	28	22.6
Missing	2	1.6
Total	124	100.0
q35: What was your primary reason for quitting tobacco use? (n=152)		
Family disapproval	49	32.2
Health education program	34	22.4
Seeing illness develop in other smokers	26	17.1
Disapproval from friends/co-workers	20	13.2
Contract diseases during or before time of quitting	19	12.5
Healthy (during or before time of quitting) but wanted to prevent illness	14	9.2
Not enough money to buy tobacco	7	4.6
Don't know/refuse to answer	2	1.3

Knowledge and Attitudes

Table 5: Knowledge about World No Tobacco Day and Health Professional Code

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
q50: Are you aware of the World No Tobacco Day? (p=0.02)						
Yes	582	45.5%	73	49.7%	655	45.9%
No	688	53.8%	70	47.6%	758	53.2%
Missing	9	.7%	4	2.7%	13	.9%
Total	1279	100.0%	147	100.0%	1426	100.0%
q54: Have you ever heard about the new code of practice of health professionals (p>0.05)						
Yes	329	25.7%	38	25.9%	367	25.7%
No	945	73.9%	107	72.8%	1052	73.8%
Missing	5	.4%	2	1.4%	7	.5%
Total	1279	100.0%	147	100.0%	1426	100.0%

Table 6: Knowledge on the adverse effects of tobacco use

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
q36: Tobacco use is physically addictive (p>0.05)						
Strongly agree	1031	80.6%	115	78.2%	1146	80.4%
Agree somewhat	121	9.5%	15	10.2%	136	9.5%
Disagree somewhat	31	2.4%	6	4.1%	37	2.6%
Disagree	57	4.5%	7	4.8%	64	4.5%
Don't know	38	3.0%	3	2.0%	41	2.9%
Missing	1	.1%	1	.7%	2	.1%
Total	1279		147		1426	
q37: Tobacco use causes serious illnesses like cancer, respiratory diseases, etc (p>0.05)						
Strongly agree	1161	90.8%	136	92.5%	1297	91.0%
Agree somewhat	77	6.0%	7	4.8%	84	5.9%
Disagree somewhat	8	.6%	1	.7%	9	.6%
Disagree	15	1.2%	3	2.0%	18	1.3%
Don't know	8	.6%	0	.0%	8	.6%
Missing	10	.8%	0	.0%	10	.7%
Total	1279	100.0%	147	100.0%	1426	100.0%
q38: Smoke from cigarettes is harmful to people who are repeatedly exposed to it, not just to the smoker (p>0.05)						
Strongly agree	1198	93.7%	139	94.6%	1337	93.8%
Agree somewhat	58	4.5%	7	4.8%	65	4.6%
Disagree somewhat	5	.4%	0	.0%	5	.4%
Disagree	10	.8%	1	.7%	11	.8%
Don't know	6	.5%	0	.0%	6	.4%
Missing	2	.2%	0	.0%	2	.1%
Total	1279	100.0%	147	100.0%	1426	100.0%
q39: Tobacco use has negative impact on the economy of the country (p>0.05)						
Strongly agree	1078	84.3%	130	88.4%	1208	84.7%
Agree somewhat	123	9.6%	14	9.5%	137	9.6%
Disagree somewhat	20	1.6%	1	.7%	21	1.5%
Disagree	27	2.1%	2	1.4%	29	2.0%
Don't know	24	1.9%	0	.0%	24	1.7%
Missing	7	.5%	0	.0%	7	.5%
Total	1279	100.0%	147	100.0%	1426	100.0%
q40: Tobacco use has negative impact on the economy of the family						

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
of the smokers (p>0.05)						
Strongly agree	1219	95.3%	143	97.3%	1362	95.5%
Agree somewhat	39	3.0%	4	2.7%	43	3.0%
Disagree somewhat	7	.5%	0	.0%	7	.5%
Disagree	6	.5%	0	.0%	6	.4%
Don't know	7	.5%	0	.0%	7	.5%
Missing	1	.1%	0	.0%	1	.1%
Total	1279	100.0%	147	100.0%	1426	100.0%
q41: Tobacco use has negative impact on the environment of the country like fire, deforestation (p>0.05)						
Strongly agree	958	74.9%	106	72.1%	1064	74.6%
Agree somewhat	221	17.3%	33	22.4%	254	17.8%
Disagree somewhat	40	3.1%	6	4.1%	46	3.2%
Disagree	32	2.5%	1	.7%	33	2.3%
Don't know	20	1.6%	0	.0%	20	1.4%
Missing	8	.6%	1	.7%	9	.6%
Total	1279	100.0%	147	100.0%	1426	100.0%

Role Model

Table 7: Role model

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
q42: Health professionals should set a good example by not using tobacco (p>0.05)						
Strongly agree	1232	96.3%	139	94.6%	1371	96.1%
Agree somewhat	25	2.0%	8	5.4%	33	2.3%
Disagree somewhat	4	.3%	0	.0%	4	.3%
Disagree	10	.8%	0	.0%	10	.7%
Don't know	5	.4%	0	.0%	5	.4%
Missing	3	.2%	0	.0%	3	.2%
Total	1279	100.0%	147	100.0%	1426	100.0%
q43: Health professionals who use tobacco are less likely to advise their patients to stop using tobacco(p>0.05)						
Strongly agree	772	60.4%	79	53.7%	851	59.7%
Agree somewhat	240	18.8%	30	20.4%	270	18.9%
Disagree somewhat	99	7.7%	12	8.2%	111	7.8%
Disagree	146	11.4%	26	17.7%	172	12.1%

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
Don't know	19	1.5%	0	.0%	19	1.3%
Missing	3	.2%	0	.0%	3	.2%
Total	1279	100.0%	147	100.0%	1426	100.0%
q44: Health professionals should get specific training to be able to educate their patients on how to avoid or stop using tobacco (p>0.05)						
Strongly agree	1194	93.4%	140	95.2%	1334	93.5%
Agree somewhat	59	4.6%	4	2.7%	63	4.4%
Disagree somewhat	7	.5%	1	.7%	8	.6%
Disagree	12	.9%	0	.0%	12	.8%
Don't know	7	.5%	2	1.4%	9	.6%
Total	1279	100.0%	147	100.0%	1426	100.0%
q45: It is important to incorporate the record of tobacco use as part of a patient's general medical history and in the prescription sheets? (p>0.05)						
Strongly agree	1128	88.2%	121	82.3%	1249	87.6%
Agree somewhat	85	6.6%	18	12.2%	103	7.2%
Disagree somewhat	12	.9%	1	.7%	13	.9%
Disagree	33	2.6%	3	2.0%	36	2.5%
Don't know	19	1.5%	3	2.0%	22	1.5%
Missing	2	.2%	1	.7%	3	.2%
Total	1279	100.0%	147	100.0%	1426	100.0%
q46: Tobacco use causes a serious health problem that concern me the most in comparison to other issues such as HIV/AIDS, Malaria, Tuberculosis, road accident, etc? (p>0.05)						
Strongly agree	970	75.8%	114	77.6%	1084	76.0%
Agree somewhat	214	16.7%	23	15.6%	237	16.6%
Disagree somewhat	36	2.8%	3	2.0%	39	2.7%
Disagree	45	3.5%	7	4.8%	52	3.6%
Don't know	12	.9%	0	.0%	12	.8%
Missing	2	.2%	0	.0%	2	.1%
Total	1279	100.0%	147	100.0%	1426	100.0%
q47: During your (medical, dental, nursing, or pharmacy) school training, have you ever received any formal training in smoking cessation approaches to						

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
use with patients? (p>0.05)						
Yes	428	33.5%	52	35.4%	480	33.7%
No	844	66.0%	93	63.3%	937	65.8%
Missing	6	.5%	2	1.4%	8	.6%
Total	1278	100.0%	147	100.0%	1425	100.0%

Training on Anti-tobacco

Table 8: Training on anti-tobacco (48-49)

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
q48: Have you ever got training on quit smoking counseling? (p>0.05)						
Yes	279	21.8%	28	19.0%	307	21.5%
No	982	76.8%	118	80.3%	1100	77.1%
Missing	18	1.4%	1	.7%	19	1.3%
Total	1279	100.0%	147	100.0%	1426	100.0%
q49: During your (medical, dental, nursing, or pharmacy) school training, were you taught in any of your classes about the dangers of smoking? (p>0.05)						
Yes	558	43.6%	61	41.5%	619	43.4%
No	704	55.0%	86	58.5%	790	55.4%
Missing	17	1.3%	0	.0%	17	1.2%
Total	1279	100.0%	147	100.0%	1426	100.0%

Table 8a: Training on anti-tobacco by professions

	Yes		No		Missing		Total	
	Freq	%	Freq	%	Freq	%	Freq	%
q48: Have you ever got training on quit smoking counseling?								
Medical Assistant and Doctor	55	17.9%	297	27.0%	4	21.1%	356	24.9%
Dentist and Assistant	8	2.6%	10	.9%	0	.0%	18	1.3%
Nurse	58	18.9%	235	21.3%	2	10.5%	295	20.7%
Midwife	186	60.6%	559	50.8%	13	68.4%	758	53.1%
Total	307	100.0%	1101	100.0%	19	100.0%	1427	100.0%
q49: During your (medical, dental, nursing, or pharmacy) school training, were you taught in any of your classes about the dangers of smoking?								
Medical Assistant and Doctor	150	24.2%	199	25.2%	7	41.2%	356	24.9%
Dentist and Assistant	9	1.5%	9	1.1%	0	.0%	18	1.3%
Nurse	110	17.8%	182	23.0%	3	17.6%	295	20.7%
Midwife	350	56.5%	401	50.7%	7	41.2%	758	53.1%
Total	619	100.0%	791	100.0%	17	100.0%	1427	100.0%

Opinion on Tobacco Use

Table 9: Opinion on tobacco use

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
q56: Should cigarette prices be increased as a means to reduce cigarette consumption? (p>0.05)						
Yes	903	70.7%	98	66.7%	1001	70.2%
No	360	28.2%	45	30.6%	405	28.4%
Missing	15	1.2%	4	2.7%	19	1.3%
Total	1278	100.0%	147	100.0%	1425	100.0%
q57: Should there be a comprehensive ban on advertising, promotion and sponsorship of tobacco products? (p>0.05)						
Yes	997	78.0%	115	78.2%	1112	78.0%
No	273	21.4%	30	20.4%	303	21.3%
Missing	8	.6%	2	1.4%	10	.7%
Total	1278	100.0%	147	100.0%	1425	100.0%
q58: Should the graphic health warnings be developed and printed on cigarette packs? (p>0.05)						
Yes	1137	89.0%	139	94.6%	1276	89.5%
No	123	9.6%	6	4.1%	129	9.1%
Missing	18	1.4%	2	1.4%	20	1.4%
Total	1278	100.0%	147	100.0%	1425	100.0%
q59.1: Prohibit smoking in health facilities (p=0.027)						
Prohibit smoking in all places	1141	90.4%	120	82.8%	1261	89.6%
Allow smoking in some places	118	9.4%	25	17.2%	143	10.2%
Allow smoking	1	.1%	0	.0%	1	.1%
Missing	2	.2%	0	.0%	2	.1%
Total	1262	100.0%	145	100.0%	1407	100.0%
q59.2: Prohibit smoking in schools (p=0.006)						
Prohibit smoking in all places	1200	94.1%	132	89.8%	1332	93.7%
Allow smoking in some places	73	5.7%	14	9.5%	87	6.1%
Allow smoking	0	.0%	1	.7%	1	.1%

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
Missing	2	.2%	0	.0%	2	.1%
Total	1275	100.0%	147	100.0%	1422	100.0%
q59.3: Prohibit smoking in university (p=0.001)						
Prohibit smoking in all places	1197	94.2%	127	86.4%	1324	93.4%
Allow smoking in some places	71	5.6%	19	12.9%	90	6.3%
Allow smoking	1	.1%	1	.7%	2	.1%
Missing	2	.2%	0	.0%	2	.1%
Total	1271	100.0%	147	100.0%	1418	100.0%
q59.4: Prohibit smoking in public transportations (p>0.05)						
Prohibit smoking in all places	888	70.7%	96	68.1%	984	70.4%
Allow smoking in some places	343	27.3%	40	28.4%	383	27.4%
Allow smoking	23	1.8%	5	3.5%	28	2.0%
Missing	2	.2%	0	.0%	2	.1%
Total	1256	100.0%	141	100.0%	1397	100.0%
q59.5: Prohibit smoking in closed-door transportation places (p>0.05)						
Prohibit smoking in all places	1138	90.5%	121	85.8%	1259	90.1%
Allow smoking in some places	101	8.0%	17	12.1%	118	8.4%
Allow smoking	16	1.3%	3	2.1%	19	1.4%
Missing	2	.2%	0	.0%	2	.1%
Total	1257	100.0%	141	100.0%	1398	100.0%
q59.6: Prohibit smoking in government workplaces (p>0.05)						
Prohibit smoking in all places	1052	82.7%	111	77.1%	1163	82.1%
Allow smoking in some places	212	16.7%	32	22.2%	244	17.2%
Allow smoking	6	.5%	1	.7%	7	.5%
Missing	2	.2%	0	.0%	2	.1%
Total	1272	100.0%	144	100.0%	1416	100.0%
q59.7: Prohibit smoking in private workplaces (p>0.05)						
Prohibit smoking in all places	806	64.3%	83	58.5%	889	63.7%

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
Allow smoking in some places	415	33.1%	52	36.6%	467	33.5%
Allow smoking	31	2.5%	7	4.9%	38	2.7%
Missing	2	.2%	0	.0%	2	.1%
Total	1254	100.0%	142	100.0%	1396	100.0%
q59.8: Prohibit smoking in air conditioned restaurants (p>0.05)						
Prohibit smoking in all places	1201	94.8%	135	93.1%	1336	94.6%
Allow smoking in some places	60	4.7%	8	5.5%	68	4.8%
Allow smoking	4	.3%	2	1.4%	6	.4%
Missing	2	.2%	0	.0%	2	.1%
Total	1267	100.0%	145	100.0%	1412	100.0%
q59.9: Prohibit smoking in non-air conditioned restaurants (p>0.05)						
Prohibit smoking in all places	788	62.7%	77	55.0%	865	61.9%
Allow smoking in some places	438	34.8%	55	39.3%	493	35.3%
Allow smoking	29	2.3%	8	5.7%	37	2.6%
Missing	2	.2%	0	.0%	2	.1%
Total	1257	100.0%	140	100.0%	1397	100.0%
q59.10: Prohibit smoking in bars, discotheques, karaoke (p>0.05)						
Prohibit smoking in all places	686	54.6%	70	49.6%	756	54.1%
Allow smoking in some places	421	33.5%	47	33.3%	468	33.5%
Allow smoking	148	11.8%	24	17.0%	172	12.3%
Missing	2	.2%	0	.0%	2	.1%
Total	1257	100.0%	141	100.0%	1398	100.0%

Current Practices of Individuals

Table 10: Current practices of individuals (q60-64)

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
q60: In the past 30 days, have you ever received cigarettes offered by your clients? (p>0.05)						
Yes	151	11.8%	25	17.0%	176	12.3%
No	1124	87.9%	121	82.3%	1245	87.3%
Missing	4	.3%	1	.7%	5	.4%
Total	1279	100.0%	147	100.0%	1426	100.0%
q61: In the 30 days, have you ever given advice to your clients or someone to quit smoking?(p=0.007)						
Yes	958	74.9%	93	63.3%	1051	73.7%
No	318	24.9%	54	36.7%	372	26.1%
Missing	3	.2%	0	.0%	3	.2%
Total	1279	100.0%	147	100.0%	1426	100.0%
q62: In the past 30 days, have you ever asked to your clients about their smoking status? (p>0.05)						
Yes	825	64.5%	83	56.5%	908	63.7%
No	443	34.6%	62	42.2%	505	35.4%
Missing	11	.9%	2	1.4%	13	.9%
Total	1279	100.0%	147	100.0%	1426	100.0%
q63: In the past 30 days, have you ever provided advice to your clients or someone about the adverse effects of tobacco use on health? (p>0.05)						
Yes	971	75.9%	99	67.3%	1070	75.0%
No	305	23.8%	47	32.0%	352	24.7%
Missing	3	.2%	1	.7%	4	.3%
Total	1279	100.0%	147	100.0%	1426	100.0%
q64: Have you ever been in the media or attended any meetings or forums to give talks on the health problems related to tobacco use? (p>0.05)						
Yes	288	22.5%	30	20.4%	318	22.3%
No	986	77.1%	116	78.9%	1102	77.3%
Missing	5	.4%	1	.7%	6	.4%
Total	1279	100.0%	147	100.0%	1426	100.0%

Table 10a: q60: In the past 30 days, have you ever received cigarettes offered by your clients?

	Yes		No		Missing		Total	
	Freq	%	Freq	%	Freq	%	Freq	%
Medical Doctor	25	14.2%	242	19.4%	0	.0%	267	18.7%
Medical Assistant	11	6.3%	78	6.3%	0	.0%	89	6.2%
Dentist	1	.6%	12	1.0%	0	.0%	13	.9%
Dentist Assistant	0	.0%	5	.4%	0	.0%	5	.4%
Midwife	33	18.8%	262	21.0%	0	.0%	295	20.7%
Nurse	106	60.2%	647	51.9%	5	100.0%	758	53.1%
Total	176	100.0%	1246	100.0%	5	100.0%	1427	100.0%

Implementation of Smoke-free Public Policy

Table 11: Implementation of smoke-free public policy (q18-19; 65-68)

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
q65: Have you ever heard or seen the smoke-free policy (smoke-free hospitals) of the Ministry of Health? (p>0.05)						
Yes	744	58.2%	87	59.2%	831	58.3%
No	529	41.4%	60	40.8%	589	41.3%
Missing	6	.5%	0	.0%	6	.4%
Total	1279	100.0%	147	100%	1426	100.0%
q66: Is the smoke-free policy enforced or implemented in your hospital/ health center? (p>0.05)						
Yes	624	83.3%	71	81.6%	695	83.1%
No	90	12.0%	15	17.2%	105	12.6%
Missing	35	4.7%	1	1.1%	36	4.3%
Total	749	100.0%	87	100.0%	836	100.0%
q67: Selling cigarettes in the hospital/ health center should be banned? (p>0.05)						
Yes	1094	85.5%	128	87.1%	1222	85.7%
No	180	14.1%	19	12.9%	199	14.0%
Missing	5	.4%	0	.0%	5	.4%
Total	1279	100.0%	147	100.0%	1426	100.0%
q68: Selling cigarettes nearby						

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
hospitals/health centers should be banned? (p>0.05)						
Yes	771	60.3%	82	55.8%	853	59.8%
No	506	39.6%	65	44.2%	571	40.0%
Missing	2	.2%	0	.0%	2	.1%
Total	1279	100.0%	147	100.0%	1426	100.0%

Table 12: Smoking in health facilities self report

Description	Frequency	Percent
q18: Have you smoked cigarettes on the grounds of the hospital/health center during the past year?		
Yes	80	54.1
No	65	43.9
Missing	3	2.0
Total	148	100.0
q19: Have you smoked cigarettes in hospital/health center buildings during the past year?		
Yes	45	30.4
No	101	68.2
Missing	2	1.4
Total	148	100.0

Table 13: Implementation of smoke-free health facilities through field work observation checklist

Description	Frequency	Percent
Q2.1A: Display anti-tobacco IEC materials, Sticker		
Yes	39	79.6
No	10	20.4
Total	49	100.0
Q2.2A: Poster		
Yes	22	44.9
No	27	55.1
Total	49	100.0
Q2.3A: Small billboard		
Yes	9	18.4
No	40	81.6
Total	49	100.0
Q2.4A: Big billboard		

Description	Frequency	Percent
Yes	11	22.4
No	38	77.6
Total	49	100.0
Q3.1A: People smoking in building		
Yes	6	12.2
No	40	81.6
Missing	3	6.1
Total	49	100.0
Q3.2A: People (patient/visitor) smoke in health facility but outside the building		
Yes	23	46.9
No	25	51.0
Missing	1	2.0
Total	49	100.0
Q4.2A: Health staff smoke in the health facility but outside building		
Yes	16	32.7
No	33	67.3
Total	49	100.0
Q5A: Cigarette butts or cigarette thrown in the hospital/health center		
Yes	44	89.8
No	3	6.1
Missing	2	4.1
Total	49	100.0
Q6.1A: Selling cigarette inside the hospital		
Yes	6	12.2
No	41	83.7
Missing	2	4.1
Total	49	100.0
Q6.2A: Selling cigarette nearby hospital		
Yes	22	44.9
No	25	51.0
Missing	2	4.1
Total	49	100.0

Intention to Participate in Tobacco Control in the Future

Table 14: Intention to participate in tobacco control in the future (q69-76)

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
q69: Should tobacco control training be integrated into training curriculum for pre-service training of health professionals? (p>0.05)						
Yes	1212	94.8%	138	93.9%	1350	94.7%
No	67	5.2%	9	6.1%	76	5.3%
Total	1279	100.0%	147	100.0%	1426	100.0%
q70: Should health professionals get specific training on cessation techniques? (p>0.05)						
Yes	1214	94.9%	138	93.9%	1352	94.8%
No	54	4.2%	8	5.4%	62	4.3%
Missing	11	.9%	1	.7%	12	.8%
Total	1279	100.0%	147	100.0%	1426	100.0%
q71: Should health professionals routinely advise their patients who smoke to quit smoking? (p>0.05)						
Yes	1250	97.7%	144	98.0%	1394	97.8%
No	27	2.1%	2	1.4%	29	2.0%
Missing	2	.2%	1	.7%	3	.2%
Total	1279	100.0%	147	100.0%	1426	100.0%
q73: Are a patient's chances of quitting smoking increased, if a health professional advises him or her to quit? (p>0.05)						
Yes	1065	83.3%	118	80.3%	1183	83.0%
No	212	16.6%	29	19.7%	241	16.9%
Missing	2	.2%	0	.0%	2	.1%
Total	1279	100.0%	147	100.0%	1426	100.0%
q74: Should health professionals serve as "role models in participating and implementing the smoke-free hospitals/health centers? (p>0.05)						
Yes	1248	97.6%	142	96.6%	1390	97.5%
No	27	2.1%	4	2.7%	31	2.2%
Missing	4	.3%	1	.7%	5	.4%
Total	1279	100.0%	147	100.0%	1426	100.0%
q75: Should health professionals serve as "smoke-free life role models" (p>0.05)						
Yes	1237	96.7%	140	95.2%	1377	96.6%

Description	Non-smokers		Smokers		Total	
	Freq	%	Freq	%	Freq	%
No	38	3.0%	5	3.4%	43	3.0%
Missing	4	.3%	2	1.4%	6	.4%
Total	1279	100.0%	147	100.0%	1426	100.0%
q76: Should health professionals serve as “role models” to advocate the policy maker in advancing tobacco control policy? (p=0.005)						
Yes	1203	94.1%	128	87.1%	1331	93.3%
No	70	5.5%	17	11.6%	87	6.1%
Missing	6	.5%	2	1.4%	8	.6%
Total	1279	100.0%	147	100.0%	1426	100.0%

ANNEX B: QUESTIONNAIRE

ANALYSIS OF THE ROLE OF HEALTH PROFESSIONALS IN ADVANCING TOBACCO CONTROL POLICY IN CAMBODIA, FEBRUARY 2007

Date of interview:...../...../2007

Name of supervisor.....

Name of interviewers.....

Name of survey health facility.....

Provincial code.....

Code of health center/referral hospital/National Hospital.....

Type of surveyed health facility: (one answer)

National Hospital

Referral Hospital

Health Center

PART I: SOCIO-DEMOGRAPHIC CHARACTERISTICS

Sex:

1. male
2. female

5. How old are you?.....years old

What is your current marital status? (circle only one answer)

1. Single
2. Married
3. Living with someone as married
4. Widowed
5. Divorced/separated

7- What is your main occupation? (circle only one answer)

1. Medical Doctor
2. Medical Assistant
3. Dentist
4. Dentist Assistant
5. Nurse
6. Midwife

PART IV: TOBACCO USE

A-Tobacco Use Prevalence among Health Professionals

8-Have you ever smoked cigarettes?

1. Yes
2. No (go to question 20)

9-Have you ever smoked at least 100 cigarettes in your lifetime?

1. Yes
2. No

10- Have you ever smoked daily?

1. Yes
2. No

11-Do you now smoke daily, occasionally, or not at all?

1. Daily
2. Occasionally
3. Not at all

12-What kind of cigarette do you usually smoke?

1. Manufactured cigarette
2. Handrolled cigarette
3. Both
4. Other

13-On the day or days that you smoked cigarettes during the past 30 days, how many cigarettes did you smoke per day, on average

1. Less than one cigarette per day,
2. 1 cigarette per day,
3. 2 to 5 cigarettes per day,
4. 6 to 15 cigarettes per day (about ½ pack),
5. 16 to 25 cigarettes per day (about 1 pack),
6. 26 to 35 cigarettes per day (about 1 ½ packs),
7. More than 35 cigarettes per day (about 2 packs or more),
8. don't know/refuse to answer

14-On the day or days that you smoked a commercial brand (i.e. packaged) in the past 30 days, what TYPE of cigarette did you use?

1. Light
2. Full Flavored
3. Menthol
4. don't know/refuse to answer

15- What brand of commercial (i.e. packaged) cigarette do you most often smoke?

1. Angkor,	9.Elephant	17.Century	27.Hero	35.Alain Delon
2. Ara,	10. Luxury	18.Crown	28.Naga	36.London
3. Haknuman	11.Romdoh,	19.Liberty	29.Mild Seven	37.Royal
4.Bareycheat	12.Bayon	20.Cambo	30.Marlboro	38.L&M
5.PhnomMeas	13.Pich	23.Fine	31.Gold Seal	39.Wes
6. Wat Phnom	14.Prasatmeas	24.555	32.Fortune	40.Eagle
7. Victory	15.Olympic,	25.Dunhill	33.5A	41.Enter '999'
8.Tonle Sap	16.OKI	26.Nise	34.Marchedes	if don't know/ refuse to answer

16-How do you purchase commercial cigarettes? (More than one answer is possible)

1. as single cigarette
2. in a pack
3. both
4. don't know/refuse to answer

17-How much did you spend on cigarettes in the past week?.....Enter price in Riels

18-Have you smoked cigarettes on the hospital/health center grounds during the past year?

1. I have never smoked cigarettes
2. Yes
3. No

19-Have you smoked cigarettes in the hospital/health center buildings during the past year?

1. I have never smoked cigarettes
2. Yes
3. No

20-Have you ever used chewing tobacco, snuff, bidis, cigars, or pipes?

1. Yes
2. No (go to question 26)

21-Have you ever used chewing tobacco, snuff, bidis, cigars, or pipes at least 100 times in your lifetime?

1. Yes
2. No

22- Have you ever used chewing tobacco, snuff, bidis, cigars, or pipes daily?

1. Yes
2. No

23-Do you now use chewing tobacco, snuff, bidis, cigars, or pipes daily, occasionally, or not at all? (Select only one answer)

1. Daily
2. Occasionally
3. Not at all

24-Have you used chewing tobacco, snuff, bidis, cigars, or pipes on the hospital/health grounds during the past year?

1. Yes
2. No

25-Have you used chewing tobacco, snuff, bidis, cigars, or pipes in the of the hospital/health center during the past year?

1. Yes
2. No

26-At what age did you start using tobacco?.....years old

(99 = never started, and go to question 28)

27-Indicate your reasons for STARTING to use any tobacco (cigarette, chewing tobacco, pipe), (more than one answer is possible)

1. Experimenting
2. Fashionable
3. Social pressure
4. Get rid of fatigue
5. To keep insects (example: mosquitoes) away
6. Warmth during agricultural work during the rainy season
7. Influence of older relatives
8. Sorrow/depression
9. To appear more attractive
10. To help with "morning sickness"
11. Due to being given "free cigarettes" while in the army
12. Stress
13. Easier to meet new people
14. Decreases hunger for food (decrease appetite)
15. Other, please specify.....

B-Exposure to environmental tobacco smoke

28-During the past 7 days, how many days have people smoked in your presence, in places other than where you live or work?

1. 0 days
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. All 7 days

C-Behavior/Cessation

29-How soon after you wake up do you smoke your first cigarette?

1. I have never smoked cigarettes
2. I do not currently smoke cigarettes
3. Less than 10 minutes
4. 10-30 minutes
5. 31-60 minutes
6. After 60 minutes

30- During the past year, have you ever tried to stop smoking cigarettes?

1. I have never smoked cigarettes
2. I did not smoke during the past year
3. Yes
4. No

31-Do you want to stop smoking cigarettes now?

1. Yes (go to question 33)
2. No

32-Do you plan to stop using tobacco in the future?

1. Yes
2. No
3. Don't know/refuse to answer

33-How long ago did you stop smoking cigarettes?

1. I have never smoked cigarettes
2. I have not stopped smoking cigarettes
3. Less than 1 month
4. 1-5 months
5. 6 – 11 months
6. 1 year
7. 2 years
8. 3 years or longer

34-Have you ever received help or advice to help you stop smoking cigarettes?

1. I have never smoked cigarettes
2. Yes
3. No

42-Do you want to stop using chewing tobacco, snuff, bidis, cigars or pipes now?

1. I have never used chewing tobacco, snuff, bidis, cigars or pipes
2. I do not use chewing tobacco, snuff, bidis, cigars or pipes now
3. Yes
4. No

35-What was your primary reason for quitting tobacco use? (quitting during the time described in ...) (Select only one answer)

1. Illness (at or before time of quitting),
2. Healthy (at or before time of quitting) but wanted to prevent illness,
3. Seeing illness develop in other smokers,
4. Family disapproval,
5. Health education program,
6. Not enough money to buy tobacco,
7. Disapproval of friends and co-workers,
8. don't know/refuse to answer

PART V- KNOWLEDGE AND ATTITUDES

HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING STATEMENTS?

36-Tobacco use is physically addictive.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

37-Tobacco use causes serious diseases like cancer.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

38-Smoke from cigarettes is harmful to people who are repeatedly exposed to it, not just to the smoker.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

39-Tobacco use has negative impact on the economy of the country.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

40-Tobacco use has negative impact on the economy of the family of the smokers.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

41-Tobacco use has negative impact on the environment of the country like fire, deforestation.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

42-Health professionals should set a good example by not using tobacco.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

43-Health professionals who use tobacco are less likely to advise their patients to stop using tobacco. (Appear in next question)

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

44-Health professionals should get specific training to be able to educate their patients how to avoid or stop using tobacco.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

45-It is important to incorporate the record of tobacco use as part of a patient's general medical history and in the prescription sheets.

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

46-Tobacco use causes serious health problem that concern me the most compared to other issues such as HIV/AIDS, Malaria, Tuberculosis, road accident, etc?

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

47-During your (medical, dental, nursing, or pharmacy) school training, have you ever received any formal training in smoking cessation approaches to use with patients

1. Yes
2. No

48-Have you ever got training on quit smoking counseling?

1. Yes
2. No

49-During your (medical, dental, nursing, or pharmacy) school training, were you taught in any of your classes about the dangers of smoking?

1. Yes
2. No

50- Are you aware of the World No Tobacco Day?

1. Yes
2. No (go to question 52)

51-If yes, what is the correct date of the World No Tobacco Day? (Select one answer)

1. 01 May
2. 31May
3. 15 May

52-Have you ever heard of the Framework Convention on Tobacco Control?

1. Yes
2. No (go to question 54)

53- If yes, what does the Framework Convention on Tobacco Control talks about? (Select one answer)

1. Raise awareness about effects of tobacco use
2. Prohibit selling cigarettes
3. Comprehensive measure for global tobacco control

54- Have you ever heard about the new code of practice of health professionals (adopted during WHO informal meeting of health professionals)?

1. Yes
2. No (go to question 56)

55- If yes, what is the new code of practice of health professionals talk about? (Select one answer)

1. Role of the health professional in educating the impact of tobacco use
2. Role of the health professional in quit smoking
3. Role model of health professional in tobacco control

PART VI-OPINION ON TOBACCO POLICY

56-Should cigarette price be increased as a means to reduce cigarette consumption?

1. Yes
2. No

57- Should there be a comprehensive ban on the advertising, promotion and sponsorship of tobacco products?

1. Yes
2. No

58-Should the graphic health warnings be developed and printed on cigarette packs?

1. Yes
2. No

59- Should smoking be banned in these places?

	smoking should not be allowed at all	Smoking should be allowed in some area	No, should allow smoking
Health facilities			
Schools			
University			
Public transportation			
Closed door transportation			
Government workplaces			
Private workplaces			
Air-conditioned restaurants			
Non air-conditioned restaurants			
Bar, discotheque, karaoke			

PART VII- CURRENT PRACTICES OF INDIVIDUAL HEALTH PROFESSIONAL IN TOBACCO CONTROL

60-In the past 30 days, have you ever received cigarettes offered by your clients?

1. Yes
2. No

61-In the past 30 days, have you ever given advice to your clients or someone to quit smoking?

1. Yes
2. No

62- In the past 30 days, have you ever asked your clients about their smoking status?

1. Yes
2. No

63-In the past 30 days, have you ever provided advice to your clients or someone about the adverse effects of tobacco use on health?

1. Yes
2. No

64-Have you ever been in media or given talks in any meetings or forums about the problems of tobacco use on health?

1. Yes
2. No

PART VIII- CURRENT SMOKE-FREE HOSPITAL IMPLEMENTATION

65-Have you ever heard about or seen the smoke-free policy (smoke-free hospitals) of the Ministry of Health?

1. Yes
2. No (go to 67)

66-Is the smoke-free policy of the Ministry of Health enforced or implemented in your hospital/ health center?

1. Yes, policy is enforced
2. No, policy is not enforced

67-Selling cigarette in the hospital/health center should be banned?

1. Yes
2. No

68-Selling cigarette nearby (near) the hospital/health center should be banned?

1. Yes
2. No

PART VIII- INTENTION TO PARTICIPATE IN TOBACCO CONTROL IN THE FUTURE

69-Should tobacco control training be integrated into training curriculum for pre-service training of health professionals?

1. Yes
2. No

70-Should health professionals get specific training on cessation techniques?

1. Yes
2. No

71-Should health professionals routinely advise their patients who smoke to quit smoking?

1. Yes
2. No

72- Should health professionals routinely advise their patients who use other tobacco products to quit using these products?

1. Yes
2. No

73-Are a patient's chances of quitting smoking increased if a health professional advises him or her to quit?

1. Yes
2. No

74-Should health professionals serve as "role models" in participating in the implementation of smoke-free hospitals/health centers?

1. Yes
2. No

75-Should health professionals serve as "smoke-free life role models" to their patients and the public?

1. Yes
2. No

76-Should health professionals serve as "role models" to advocate the policy maker in advancing tobacco control policy?

1. Yes
2. No

77-Do your father or mother smoke cigarettes?

1. Yes
2. No

**OBSERVATION CHECK LIST
CURRENT SMOKE-FREE HOSPITAL IMPLEMENTATION, FEBRUARY 2007**

N	Description	Yes	No
1	Display the Smoke-free Policy of the Ministry of Health in the hospital/health center		
2	Display anti-tobacco IEC materials		
2.1	Stickers		
2.2	Posters		
2.3	Small billboard		
2.4	Big billboard		
3	People (patient or visitors) smoke in the hospital/health center		
3.1	Smoke in the building		
3.2	Smoke outside the building		
4	Health staff smoke in the hospital/health center		
4.1	Smoke in the building		
4.2	Smoke outside the building		
5	Cigarette butts or cigarette thrown in the hospital/health center		
6	Selling cigarette in hospital/health center		
6.1	Inside the hospital/health center		
6.2	Outside the premises of the hospital/health center		
7	Smoke-free hospital/health center declaration		



About SEATCA

The Southeast Asia Tobacco Control Alliance (SEATCA) works closely with key partners in ASEAN member countries to generate local evidence through research programs, to enhance local capacity through advocacy fellowship program, and to be catalyst in policy development through regional forums and in-country networking. By adopting a regional policy advocacy mission, it has supported member countries to ratify and implement the WHO Framework Convention on Tobacco Control (FCTC)

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