

# **Research Report: Cambodian Religious Leaders’ Opinion on Tobacco Control 2006**

For Strengthening of Tobacco Control Policy

by

Adventist Development and Relief Agency  
(ADRA) Cambodia

In Partnership with the  
Ministry of Cults and Religion

Research Period: October 2006 to April 2007

This work was carried out with the aid of a grant from the International Development Research Center, Ottawa, Canada.

under

the South East Asian Tobacco Control Alliance (SEATCA) Research Program to Support the Implementation of the WHO FCTC in Cambodia

May 2007



## **ACKNOWLEDGEMENTS**

This project and report is successfully completed thanks to the perseverance, coordination and contributions from coordinators and with the financial support from The Research Initiative on Tobacco Control (RITC/IDRC) and Southeast Asia Tobacco Control Alliance (SEATCA).

Particular appreciation is due to the Ministry of Cults and Religion for their partnership at all stages of the study.

Generous support was also received from the World Health Organisation in the formative stages of this research as well as in reviewing.

Significant contribution in the methodological design, data processing and analysis has been made by Mr. Ung Sophal, Mr. Ros Ravann, Mr. Dy Vanly, Ms. Yoeu Phallin, Dr. Mom Kong, and Mr. Som Yen. Lastly we express appreciation for Mr. Phauk Samrech and Ms. Sharyn Davis for helping with writing up the report and Dr. Yel Daravuth (WHO) for technical assistance at all stages.

## **ACRONYMS**

<b>ADRA</b>	Adventist Development and Relief Agency
<b>FCTC</b>	Framework Convention on Tobacco Control
<b>IDRC</b>	International Development Research Center
<b>MOCR</b>	Ministry of Cult and Religion
<b>NIS</b>	National Institute of Statistics
<b>RITC</b>	Research for International Tobacco Control
<b>SEATCA</b>	South East Asian Tobacco Control Alliance
<b>TC</b>	Tobacco Control
<b>TOH</b>	Tobacco or Health

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## EXECUTIVE SUMMARY

### Research Rationale

The tobacco control community in Cambodia has been actively working to protect the health of the Cambodian population by implementing programs to reduce smoking and to advocate for smoke-free areas. Today new tasks are laid on public health advocates to lobby for the ratification of the national law on tobacco control and to urge for implementation of effective national action leading to a comprehensive ban on tobacco advertising, increased taxation, broader Smoke-Free Areas and other key Tobacco Control measures according to the spirit of the Framework Convention on Tobacco Control (FCTC). The success of these new tasks depends critically on support from Cambodian civil society, governmental institutions and also on the Buddhist religious institution.

Buddhist monks and religious leaders are an influential social group in Cambodia. About 90% of Cambodia's population of 13 million adhere to Buddhism by custom and tradition. This study provides evidence for policy makers on the current stance of Buddhist Leaders and Buddhist doctrine regarding tobacco usage, sales and promotion. It also demonstrates the potential role and influence that Buddhist leaders can have on the policy makers as they are considering ratification and enforcement of the National Law on Tobacco Control. It is through a clear understanding of these issues that policy makers can be accurately informed about how the Buddhist religion regards tobacco usage in order to formulate and take action on a National Law on Tobacco Control.

### Major Findings

The current study, including both qualitative and quantitative survey and key informant interview methods, represents the opinions of the top 138 Buddhist religious leaders from all provinces and at the national level. It also provides a formal justification for the engagement of the Buddhist institution as a whole in the fight against smoking and for the protection of the Cambodian people's health.



### **Buddhist doctrine and practices are fully supportive to Anti-Tobacco promotion**

The Five Precepts and the Noble Path of the Buddhist teaching advises one to refrain from using intoxicating drugs and to be mindful not to cause harm to oneself or others by one's actions. The terminology, *intoxicating drugs* is accurately applied to tobacco products as they are addictive. Tobacco also is damaging to one's health and that of others therefore smoking is a direct violation of Buddhist teachings. Ninety-nine point two percent of all monks and religious leaders interviewed agreed that smoking is both bad for health and is addictive and 100% believed that smoking is harmful to other people who are near by those who smoke.

It was observed that monks and religious leaders do hold to these beliefs with 85% of monks and religious leaders stating that "Buddhist teachings specifically prohibit smoking" in response to the question of "What do you think the teaching of Buddha has to say about smoking?". Beyond this 99% of leading monks and religious leaders also stated that people should not offer cigarettes to monks and 96% of them agreed that monks themselves should not smoke. Samdech Preah Pauthivong Non Gnet said in an interview with the research team

that “Buddhism teaches us to strive for good hygiene and to maintain good health. We should avoid the consumption of tobacco products, because they are not beneficial to health, as well they damage the health of smokers as well as those around them.” Samdech Preah Sangarach Bou Kry during his interview stated that “Buddhism teaches about several types of harms related to consumption of addictive products such as tobacco. Monks at all levels have been involved in extensive education of lay Buddhist followers teaching them not to offer cigarettes to monks because it is not a beneficial act as well as a destructive one....”

### **Buddhist Monks, religious leaders and the Buddhist Institution can play a major role in advocacy for Smoke-free Areas, a comprehensive advertising ban and ratification of national laws on Tobacco-Control**

Monks and religious leaders strongly support tobacco control measures such as bans on tobacco advertising in all forms of media, placement and increased size of text and pictorial health warnings on tobacco packaging and cigarette tax increases, as shown by the positive response to each of the questions about supporting the following measures:

- ❖ 93.1% support increased health warning size.
- ❖ 93.8% support increased tobacco sales tax.
- ❖ 96.8% support pictorial warnings on tobacco products.
- ❖ 96.8% support banning all forms of media tobacco advertising.
- ❖ 100% will comply with future laws on smoking at Wats

These understandings and attitudes show clearly monks/religious leaders’ support of these measures and can have great impact in anti-tobacco advocacy.

Buddhist leaders can have a great influence at two levels. Firstly, with political leaders who look upon monks as sources of advice and can therefore duly advise leaders to initiate laws that are supportive of good health practices which follow Buddhist teachings. Secondly, with the general public generating stronger public support of anti-tobacco measures and reducing demand for tobacco products by the general population.

The research shows that when Buddhist monks explain to the public about refraining from consumption of tobacco products in accordance with Buddhist teaching during preaching sessions to lay Buddhist followers, they subsequently pass this information to friends and family members. The multiplier effect of this communication can be tremendous. This has already been seen in the case of the historical tradition of offering of cigarettes during wedding ceremonies to monks and to guests. Now as more people are aware of the negative effects of tobacco and the strong stance of their religious leaders, cigarettes are almost never seen being offered at these occasions anymore.

### **Buddhist Monks, Religious Leaders and the Buddhist Institution are in compliance with Buddhist Teachings in regard to smoking**

The 20.7% smoking rate for respondents of this study with key monks and religious leaders comprising exclusively male respondents is significantly lower than that of the general male population of 48% (2005 NIS/LLU/ADRA). Consequently, the prevalence of smoking seen in this survey group is relatively low. The Ministry of Cult and Religion issued an official letter in 2000 to ban smoking in Wats and this was followed by active enforcement in several Wats through declarations of the Wats as smoke-free areas and the formulation of internal regulations to effectively institute the ban. The results of the survey have reflected this influence. Eighty-nine percent of the monks and religious leaders surveyed said that smoking was banned in their Wat and 80% of them said No Smoking signs were placed in their Wat.

These findings indicate that in general, the Buddhist institution is making serious efforts to comply with Buddhist teachings against smoking and the use of tobacco products. Continued efforts can be made to result in 100% compliance which will act as a powerful model to Cambodian communities.

## 1. INTRODUCTION

### 1.1 Background

With scientifically proven evidence of the damage caused to health by all forms of tobacco products, the health advocacy community worldwide has set up an active tobacco control network and forum with the goal to limit the tobacco epidemic and to enhance population health and socio-economic well-being. As a whole, this network of people from different backgrounds have been working successfully to establish a tobacco-free world as promoted at the World Conference on Tobacco or Health held in July 2006 in Washington.

However, at the moment the efforts to reduce the tobacco pandemic have not reached the same level of achievement for all countries, including those countries that have ratified the Framework Convention on Tobacco Control (FCTC) where there is much variance in success. While the achievements of the anti-tobacco community are not homogeneous, the tobacco industry both nationally and internationally has been enjoying remarkable success in seeking ways to exploit political and social settings prevailing in each particular country to promote their products and boost sales regardless of the existing evidence showing tobacco's dangers to health.

Specifically within Cambodia, a member of the signatory states of the FCTC in ASEAN, a new trend of tobacco advertising, promotion and sponsorship has emerged. Tobacco companies are introducing new cigarette package designs as well as broadening product variety within brands to provide a wider choice of cigarettes. They are also introducing newly imported brands of cigarettes to Cambodia and actively advertising new products on billboards and TV channels. Indirect tobacco product marketing has also invaded the life of Cambodian consumers, especially the youth. Companies provide retail sellers with strong colorful plastic bag with themes that suggest joy and happiness deriving from the consumption of their cigarettes. These plastic bags are used by retail sellers and later will be used to carry various things by youth such as their text-books to school. Companies have organized live concerts with generous prize drawings for their products' consumers and retailers during Cambodia's Water Festival to boost sales and to claim a larger share of the nearly seventy million Dollar tobacco sales in Cambodia (2004 tobacco research done by LIDEE Khmer with Rockefeller funding and SEATCA's administration and assistance). Consequently continuing efforts should be maintained to keep an on-going surveillance of tobacco promotion and sponsorship.



While the tobacco industry is intensifying its marketing activities using new marketing and promotion strategies, a number of key players have been firmly established and are operating to promote health and enhance economic status of the population through programs leading to significant reduction of tobacco. ADRA Cambodia has been actively engaged in anti-tobacco programs along local and international partners since the mid nineteen nineties. Major national tobacco control programs have comprised both education and prevention working with the Ministry of Health, Ministry of Education, Ministry of Cult and Religion, Ministry of Defense, the World Health Organization and other NGOs. Key components of the tobacco-control program have been major awareness campaigns, personal advocacy with key stakeholders, and conducting Quit-Now programs that have worked through several channels including the Buddhist religious structure. Also many programs have promoted Smoke-Free Areas including declarations at



many Wats (pagodas) and other key government and community institutions. Both ADRA and others have conducted research in tobacco control in Cambodia along with educating the public about the harms brought by tobacco using public and media campaigns.

What now remains high on the agenda of the anti-tobacco community is to mobilize wider support of the public and highly influential social groups such as key governmental policy makers and influential civil society groups, including religious leaders. These can advocate for national law and enforcement of comprehensive tobacco advertising bans, smoke free area regulation, increased taxation, effective health warning on packaging and other strict policy measures to effectively reduce smoking. Realizing the potential of Buddhist monks and Buddhist religious leaders in contributing to the reduction of tobacco pandemic, this research with Religious Leaders was conducted in order to identify the stance of Buddhist leadership related to the promotion, use and government measures to control tobacco products in protection of the health of its people. The project was supported by the Research for International Tobacco Control of the International Development Research Center IDRC through the South East Asia Tobacco Control Alliance (SEATCA) along with three additional complementary research efforts on Public Opinion (ADRA); Tobacco Advertising and Health Professionals as they relate to Tobacco Issues (both through National Center for Health Promotions, NCHP). Both organizations have been playing important roles in supporting tobacco control research and fostering the efforts to curb the tobacco epidemic, to enhance population health and economic well-being.

## **1.2 Objectives**

The research proposed contributes in an effective and timely manner to meeting the needs of the tobacco control advocates in Cambodia to lobby for the passing and enforcement of the current draft of the national tobacco control laws and regulations currently being considered at the Council of Ministers. This law has been prepared in accordance with the government ratification of the WHO Framework Convention on Tobacco Control on November 15, 2005. The research provides valuable input for future strengthening of law implementation and enforcement. Research efforts focused on gathering convincing evidence from national religious leaders including head monks and key leaders from Buddhist religious institutions as well as the officials of the Ministry of Cult and Religion. Evidence includes their unified will to empower the Cambodian people to avoid the dangers of tobacco and make a clear statement condemning the damaging practices of the tobacco industry.

Specific Research Objectives are:

1. To investigate relevant opinions on policy of key Cambodian religious leaders that support advocacy for smoking bans throughout community religious sites.
2. To study how enhanced usage of relevant religious teachings can impact tobacco consumption and prevalence as well as to assist in behavior change and control.

## **1.3 Research Questions**

The religious leaders in Cambodia, a predominantly Buddhist country, constitute an influential social group in Cambodian society and have proven to be a strong partner for the tobacco control community thus far.

Important research questions addressed in the study included:

- What is the level of awareness of the harms caused by tobacco among Buddhist religious leaders?

- What does Buddhist religious teaching say about tobacco consumption?
- What level of contribution to advocacy for promotion of smoke-free areas has been made within the Buddhist religious institution?
- What level of commitment do Buddhist religious leaders have to the fight against tobacco consumption?
- What is the current status of tobacco use among monks and in Wats?

## 2. METHODOLOGY

This study has taken both a qualitative and quantitative approach to investigate the research issues of interest. In-depth interviews were held with key informants as well as a quantitative survey conducted with monks and officials from all the provinces. Due to postponing of the Annual Buddhist Conference, where the original survey data collection was planned to be held, the survey was conducted on location in 24 provinces and municipalities. A targeted *purposive* sampling methodology was used to select samples for interviews based on the positions of monks/religious leaders in each selected provincial location. The quantitative study population was comprised of monks and religious leaders in 24 provinces with the sample size of 130 monks/religious leaders selected from the defined study population. The questionnaire design was prepared by ADRA/TOH staff together with the Deputy Director of the Department of Cult of the Ministry of Cult and Religion. Advocacy for the needs of the survey and consultation regarding the survey topics themselves was also made with three Chief Monks (Supreme Patriarchs) at the national level. Data processing and analysis was carried by ADRA in collaboration with local consultants.

### 2.1. Study Population, Sampling and Sample Size

The quantitative study population was designed to be all monks/religious leaders attending the Annual Buddhist Conference in Phnom Penh with the sampling size of 100 interviewees selected from conference delegates comprising top monks, Ministry of Cult and Religion (MOCR) departmental chiefs and other Buddhist religious leaders coming from all 24 provinces/municipalities of Cambodia. Due to the delay of the conference, the survey was postponed and an alternative solution was chosen. The modification comprised of a change in study population, the location of the interviews and the sample size. Consequently all top provincial monks, MOCR departmental chiefs and other religious leaders in the 24 provinces/municipalities made up the sample population with the actual sample size of 130 interviewees selected from the defined population using a purposive sampling method. The respondents interviewed by province/municipality is shown in Table 1. The occupation/rank of the respondents is shown in Table 2 and Table 3 shows the particular sect of Buddhism/Government staff status of each of the respondents.

**Table 1. Number of Respondents**

Sample by Province / Municipality	n	%	Total n
Pursat, Battambang, Pailin, Banteay Meanchey, Oddar Meanchey, Siem Reap, Kampong Thom, Kampong Cham, Kratie, Kampong Chhnang, Kampong Speu, Phnom Penh, Kandal, Prey Veng, Takeo, Kampot, Koh Kong (17 provinces/ municipalities)	6 surveys each	4.6% of survey population for each area	102
Preah Vihear, Mondulhiri, Stung Treng, Rattanakiri, Svay Rieng, Kep, Sihanoukville (7 provinces and municipalities)	4 surveys each	3.1% of survey population for each area	68
<b>Total:</b>			<b>130</b>

**Table 2. Occupation/ Rank of Respondents**

Occupation/Rank of respondent	n	%
Preas Mae Khun, equivalent to Provincial Governor	36	27.69
Preas Anu Khun, equivalent to District Governor	19	14.62
Prease Viney To/Anu Khun Rong, equivalent to Deputy District Governor in	3	2.31

charge of Buddhist rule and discipline		
Preah Sar Mu, equivalent to Deputy District Governor in charge of Secretarial Work	24	18.46
Head of Provincial Department of Religion	22	16.92
Deputy Head of Provincial Department Religion	17	13.08
Chief of Bureau	7	5.38
Vice Chief of Bureau	2	1.54
<b>Total</b>	<b>130</b>	<b>100.00</b>

**Table 3. Respondents by Religious Sect / Department of Cult and Religion**

Religious Sect / Department of Cult and Religion	n	%	N
Morhanikay (monks)	56	43.08	130
Thormmayut (monks)	26	20.00	130
Department of Cult and Religious (civil servants)	48	36.92	130

The interviewees selected for the qualitative interviews were selected based on both rank and influence within their institution. The three chief national monks (known as Supreme Patriarchs), two additional nationally influential monks, along with two Secretaries of State and one Undersecretary of State from the Ministry of Cult and Religion were selected.

## 2.2. Survey Questionnaire

The survey questionnaire and qualitative interview questions were formulated by ADRA/TOH team and the Ministry of Cult and Religion, then submitted for comments from stakeholders in the project including SEATCA and WHO. Upon finalization the questions were structurally grouped and appropriately arranged in a questionnaire format to ensure a smooth interview process. The English version of the questionnaire was then translated into Khmer and thoroughly pre-tested. Great care was taken in wording of the questions in the Khmer version to ensure good communication between the interviewer and interviewee during field data collection and to obtain accurate information as intended by the questionnaire design. As a whole, the questions evolved around the themes of the status of smoking by monks and in pagodas, awareness by the Buddhist monks and religious leaders of the dangers of tobacco product consumption, the relationship of Buddhist teachings to the consumption of tobacco, the achievements contributed to the establishment of smoke-free areas and the potential role of Buddhist monks and religious leaders in the fight to reduce consumption of tobacco products. (See questionnaires and interview questions in appendix 2 and 3)



## 2.3. Data Collection

Data collection was conducted in 24 provinces/municipalities of Cambodia by three teams of two surveyors from ADRA and the Ministry of Cult and Religion. Key skills that were provided during the pre-survey training and mentoring session included: record taking using the existing questionnaire, behavior required to maintain a smooth non-biased interview process, effective collection of information and other operational logistical instructions required for successful field work. Each survey was conducted one at a time with a two person interviewer-observer team. A SEATCA representative monitored the survey quality to ensure compliance by field surveyors with instructions provided during training and according to protocol. Qualitative research was conducted on an individual basis with a two or three person

team from ADRA and Ministry of Cult and Religion counterparts. Each in-depth interview was digitally recorded and later transcribed for accurate information tracking. Qualitative data collection took place in June 2006 and the quantitative field work was conducted in October 2006.

#### **2.4. Data Processing**

The completed questionnaires were reviewed and data entered at the ADRA/TOH office. Data verification and cleaning was conducted to ensure completeness, consistency and validity of the collected data. The cleaned database was then used for tabulation and further statistical analysis. Computer data management and analysis was done in Epi Info, Stata, SPSS, Microsoft Access and Microsoft Excel.

### 3. QUANITATIVE SURVEY RESULTS

#### 3.1 Level of Awareness about Smoking Among Monks/Religious Leaders

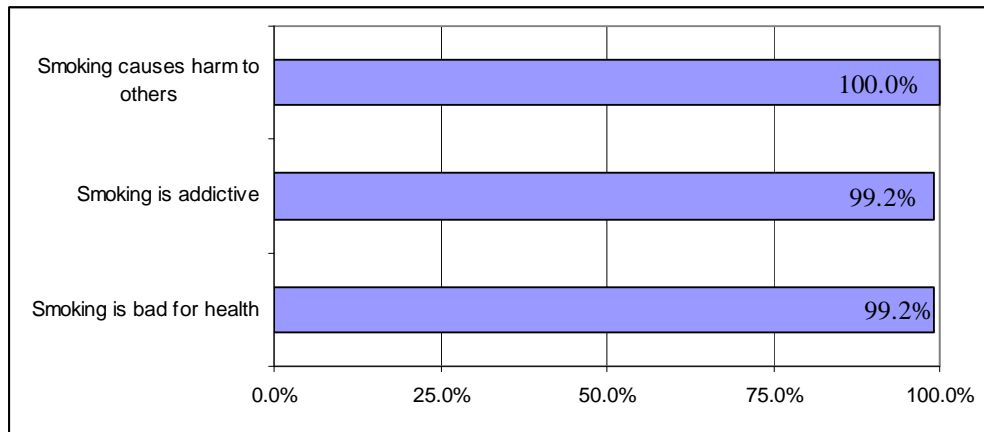
##### a. *Smoking and harmful health impact.*

Ninety-nine point two percent of Buddhist monks and religious leaders agreed that smoking is bad for people’s health. Ninety-nine point two percent also agreed that it is an addictive habit. All of those surveyed recognized that second hand smoke causes harm to others.

Table 4. Opinion on Cigarette Smoking and Harm to Health

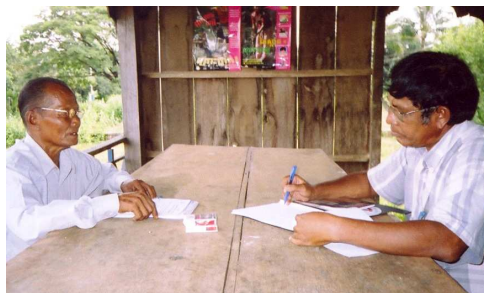
	%	(n)	(N)
Smoking is bad for health	99.23%	129	130
Smoking is addictive	99.23%	129	130
Smoking causes harm to others	100.00%	130	130

Figure 1. Opinion on Cigarette Smoking and Harm to Health



##### b. *Knowledge about smoking related diseases*

Through a free-listed question, it was found that all the monks/religious leaders interviewed said they knew several diseases related to smoking. Responses about known diseases have been grouped into four categories: 1) Blood circulation and heart disease; 2) Breathing and respiratory problems; 3) Other body parts/organs; and 4) General health (see Figure 1 below).

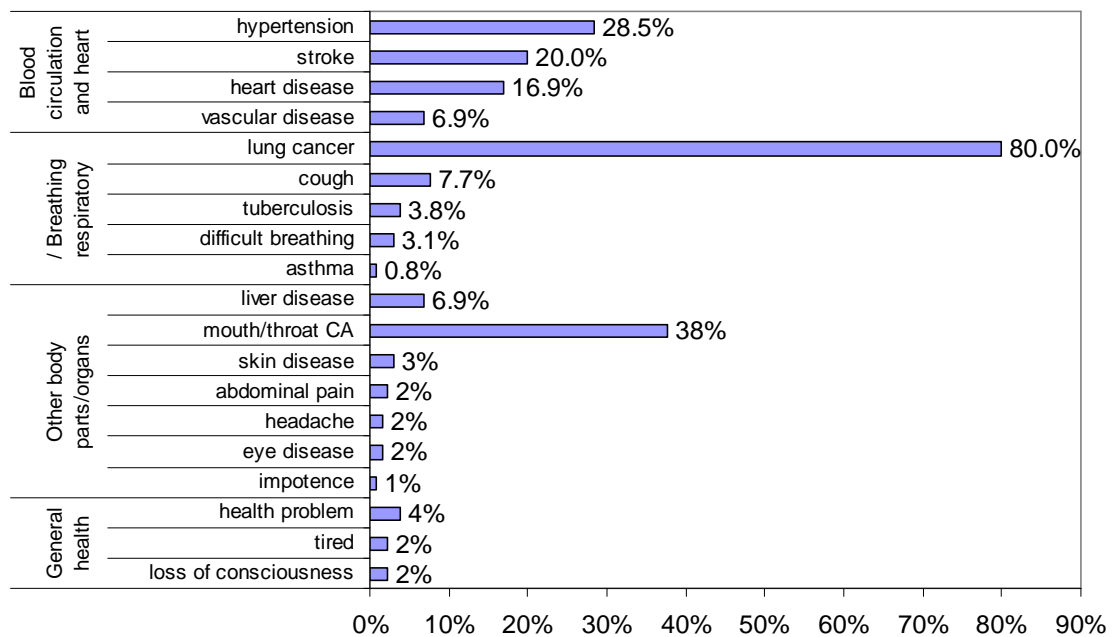


Of the first group, hypertension was the most well known health issue identified by 28.5% of respondents, followed by stroke, heart disease and vascular disease with 20%, 18.9% and 6.9% respectively. Of the second group of diseases, lung cancer was identified by 80% of respondents, with other diseases and illnesses identified including coughing, tuberculosis and difficulty in breathing.

Of the third group, mouth/throat cancer were the most highly identified health issues related to smoking with 37.7% rate of recognition. Other diseases/illnesses in this group also identified by monks/religious leaders to be related to smoking were skin disease, abdominal pain, eye disease, headache and impotence by less than 4% of those surveyed. Illnesses in the fourth group reported by monks/religious leaders were general health problems, loss of consciousness and being tired.

These statistics show that the religious community is aware of the health issues related to smoking and all surveyed are able to identify common problems related to smoking. Therefore lack of awareness of the problem is not a big issue among the survey respondents.

**Figure 2. Knowledge about smoking related diseases (as free listed by interviewees)**



### 3.2 Buddhist Teachings and Smoking

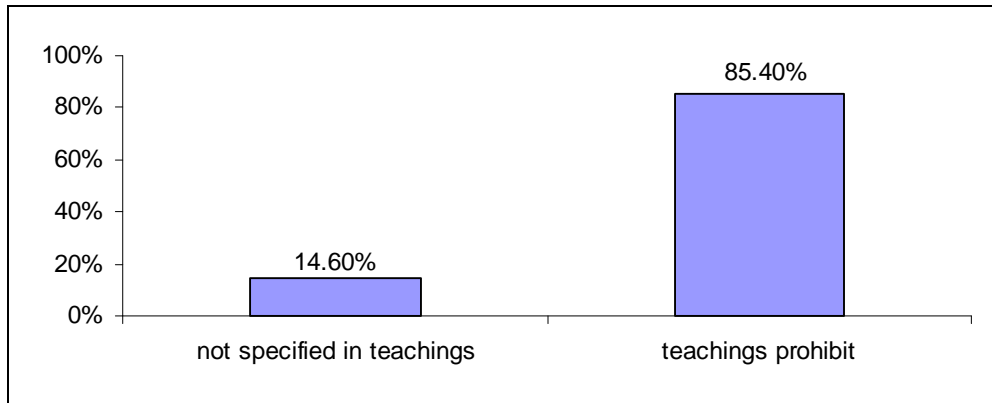
Of monks/religious leaders interviewed, 85.4% said that the teaching of Buddha prohibits smoking as compared to only 14.6% saying that “smoking is not specified in the teaching”. Ninety-six point nine percent of respondents stated that people should not offer cigarettes to monks. Similarly 99.2% of the respondents said that monks should not smoke.

These statistics clearly show that there is prevailing thought – at least among the religious leaders, that smoking and use of tobacco products are contrary to their practice of Buddhism. Such high rates of belief that monks should not smoke and that they should not be offered cigarettes, either due to health reasons or the fact that they believe their religion prohibits

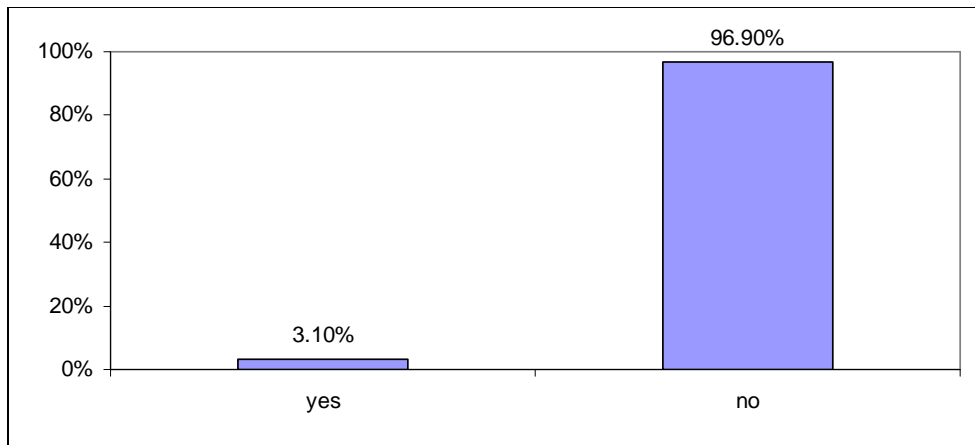


smoking, is an indicator that this sector of the community leaders can be a very powerful advocate for non-smoking in the wider Buddhist community of Cambodia.

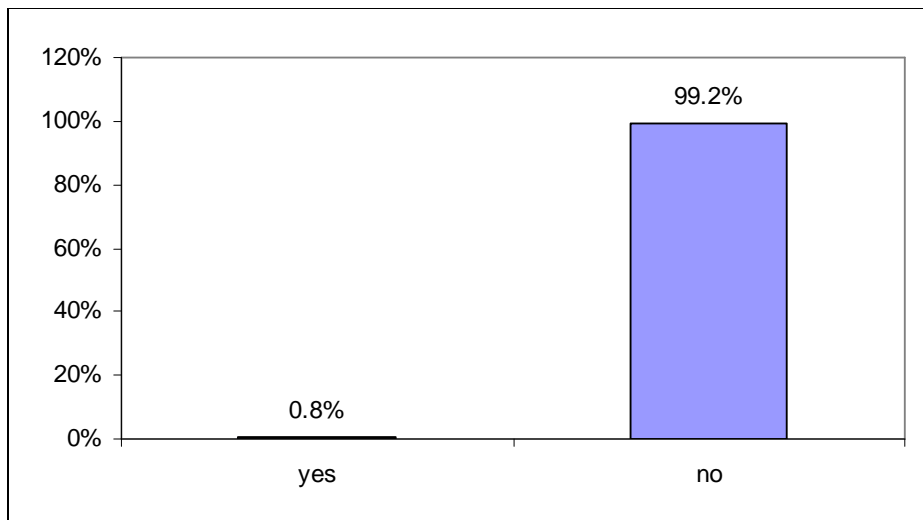
**Figure 3. Buddhist teachings about smoking**



**Figure 4. Should people offer cigarette to monks?**



**Figure 5. Should monks smoke?**



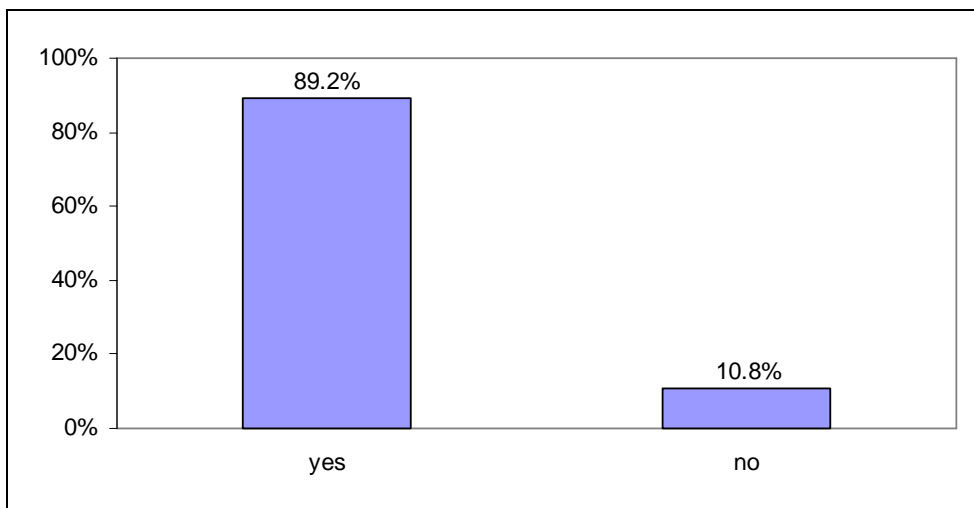


### 3.2 Level of Contribution to Advocacy of Smoke-Free Areas Made Within Religious Institution

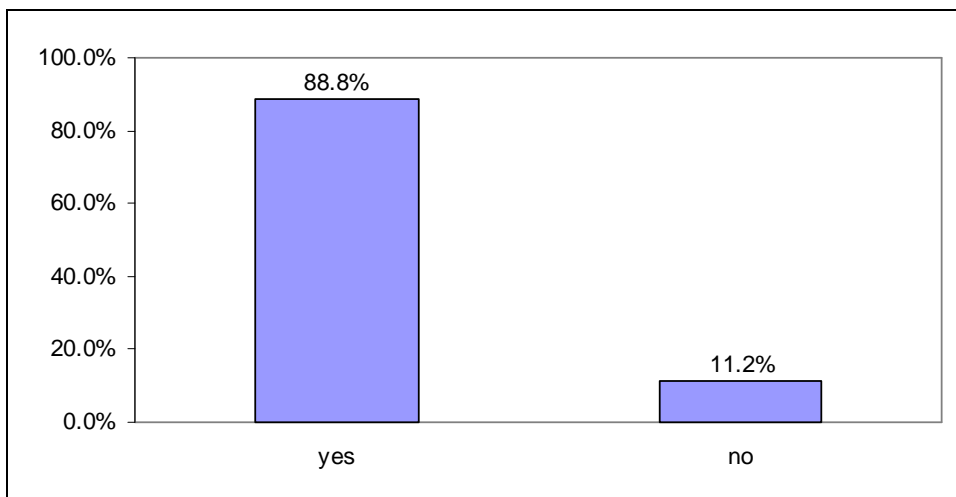
Eighty-nine point two percent of the monks/religious leaders interviewed said that smoking was banned in their Wats with only 10.8% saying it was not. Among those respondents in smoking banned Wats, 88.8% reported that there were signs banning smoking. From this, we can see that the Ministry of Cult and Religion ban of smoking in Wats in the year 2000 has had a high rate of compliance with 89.2% of monks/religious leaders residing in Wats that follow this requirement. We can therefore see a commitment to Smoke Free Areas by Monks/religious leaders. The Buddhist institution has taken initiative in this area of Smoke-Free zones and the successful implementation of bans is an example to other areas of society thus making the religious leaders play a key role in advocacy for more smoke free areas within Wats as well as in other community locations.



**Figure 6. Existing Smoking Bans in Wats.**



**Figure 7. No Smoking Signage in Wat**



### 3.3 Buddhist Monks/Religious Leaders as Role Models in the Fight Against Smoking?

**a) Support extension of ban to places other than Wats**

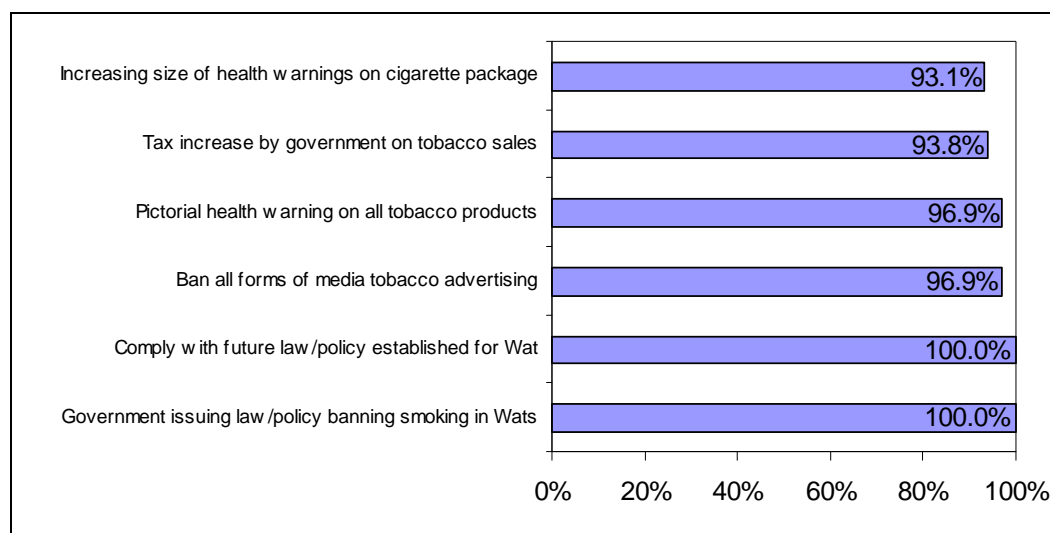
Monks and religious leaders stated they want to ban smoking in other places beside Wats. “Downtown”, meaning populated places where people gather, is ranked as the first place where a smoking ban should be established with 71.8% of respondents’ suggesting this. Other places of high priority for smoking bans are: in the home (39.7%), workplace (36.2%), schools (31%), social gatherings, entertainment places/restaurants (both 28.4%), public transportation (20.7%) and hospitals (11.2%).



**b) Support other tobacco control measures**

Monks/religious leaders have expressed very strong support for the government to take additional measures that can reduce smoking. The survey respondents supported the following measures: issuing of national law/policy banning smoking in Wats, complying with future established laws, banning of all forms of media tobacco advertising, increasing taxes on tobacco products and increasing the size and placing large pictorial health warnings on tobacco product packaging. These measures to reduce smoking were supported by well over 90% of respondents as seen in Figure 9. Support for government’s issuance of law/policy banning smoking in Wats and willingness to comply with future law both received 100% of support among monks/religious leaders.

**Figure 8. Support measures to reduce smoking**



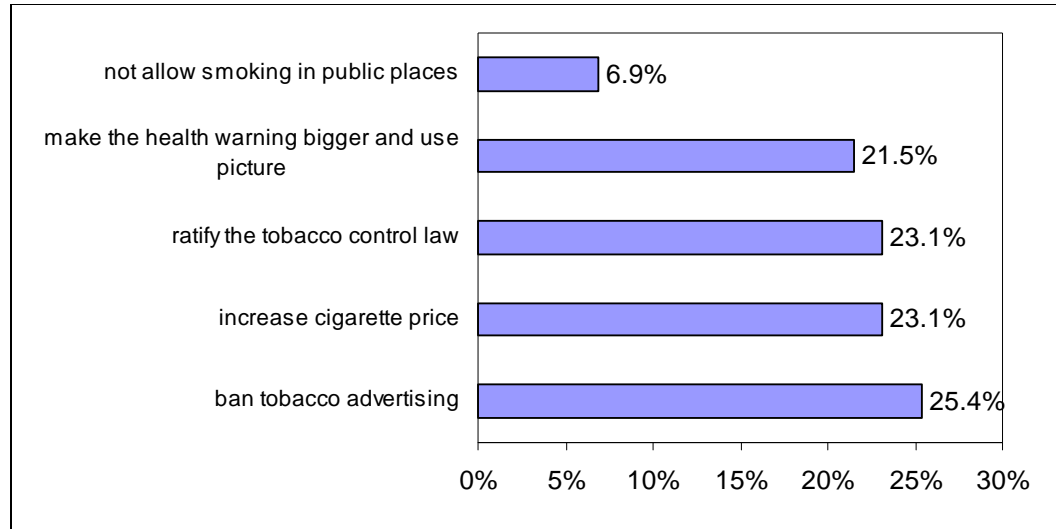
**c) Suggested priority government actions to reduce smoking**

When asked to identify which action of the government should be done first to reduce smoking, there was a fairly even distribution between responses. The highest response was to ban tobacco advertising



closely followed by increasing tobacco prices, ratifying the tobacco control law and making health warnings bigger. As all these actions are covered in the current draft National Tobacco Control Law, it appears that rapid ratification of this Law is clearly in alignment with the wishes of religious leaders.

**Figure 9. What the government should do first to decrease tobacco consumption**



The type of packages for tobacco products to alert consumers about health damage by tobacco industry in Cambodia and Thailand was shown to respondents during the relevant survey questions.

**Figure 10. Types of packages for tobacco products**



**Cambodian Cigarette Packages**

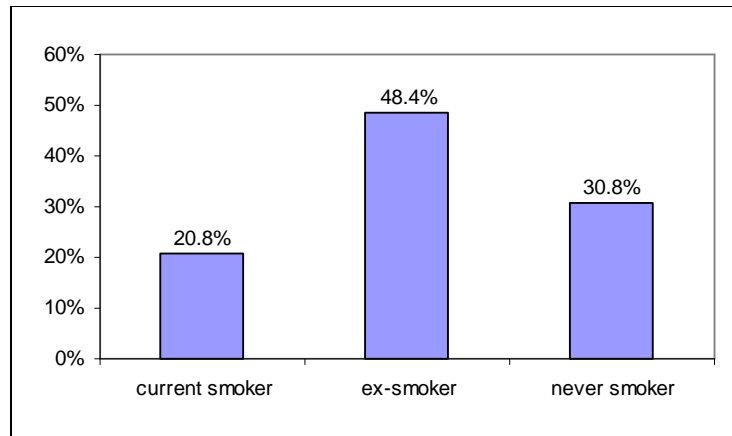
**Thai Cigarette Packages**

### 3.4 Status of Smoking among Monks/Religious Leader

#### a) *Smoking status general*

Twenty point eight percent of the monks/religious leaders interviewed were current smokers, 48.4% were former smokers and the remaining respondents (30.8%) interviewed had never smoked. This shows a high commitment by monks to give up smoking.

**Figure 11. Smoking status of respondents interviewed**

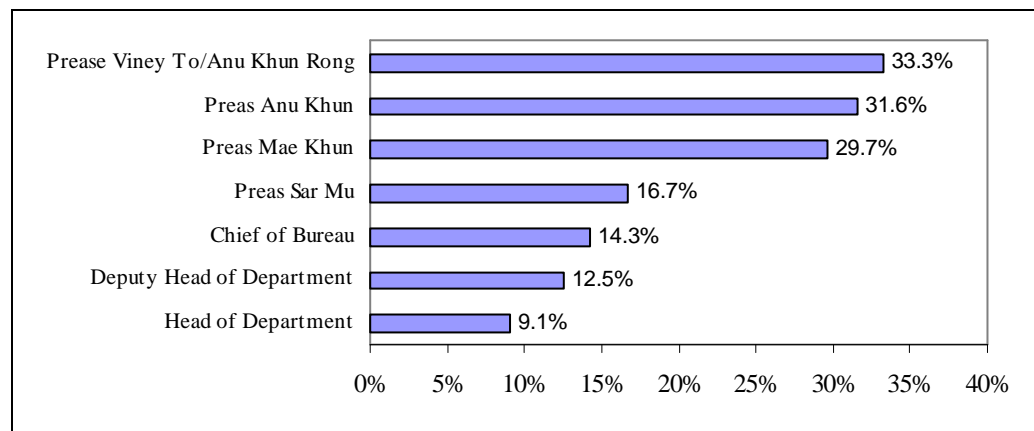


**b) Smoking rates by position**

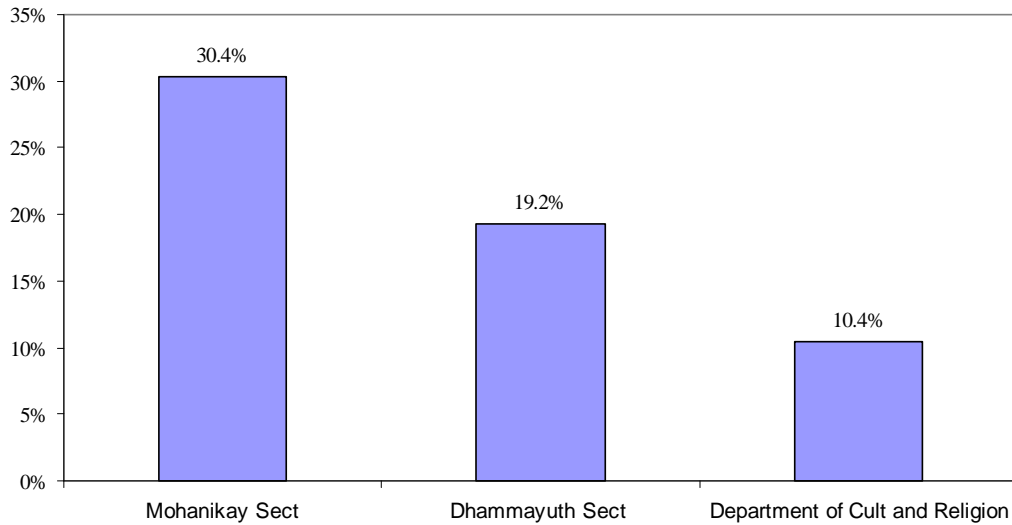
Of the Buddhist Monks and religious leaders interviewed the overall smoking rate was 20.8%. By position or rank the smoking rate is the highest among Prease Viney To/Anu Khun Rong (33.3%) though comparable to the Preas Mae Khun (29.7%) and Preas Anu Khun (31.6%). These three positions are the highest positions within a province. It is observed that the smoking rates for these positions is higher with the main reason for this being that the ages of these higher ranking persons are older who make up the larger proportion of smokers over the whole group (reflected in the fact that the majority of smokers have been smoking for over 31 years – see Table 3). Those working for the Department of Cult and Religion had generally a lower rate of smoking ranging from nil to 14%. Taken individually, as subgroups and as a whole, these rates are all lower than the national average for males of 48% (2005 NIS/LLU/ADRA).

Table 5 shows smoking rates according to the particular sect of Buddhism to which respondents belong. The Mohanikay sect is the largest and oldest of the two main sects in Cambodia with the Dhammayuth being the other. It is interesting to note that the Dhammayuth sect has a significantly lower rate of smoking (19.2%) than the Mohanikay sect (30.4%) and that those working for the Department of Cult and Religion has an even lower rate (10.4%).

**Figure 12. Smoker by position/rank**



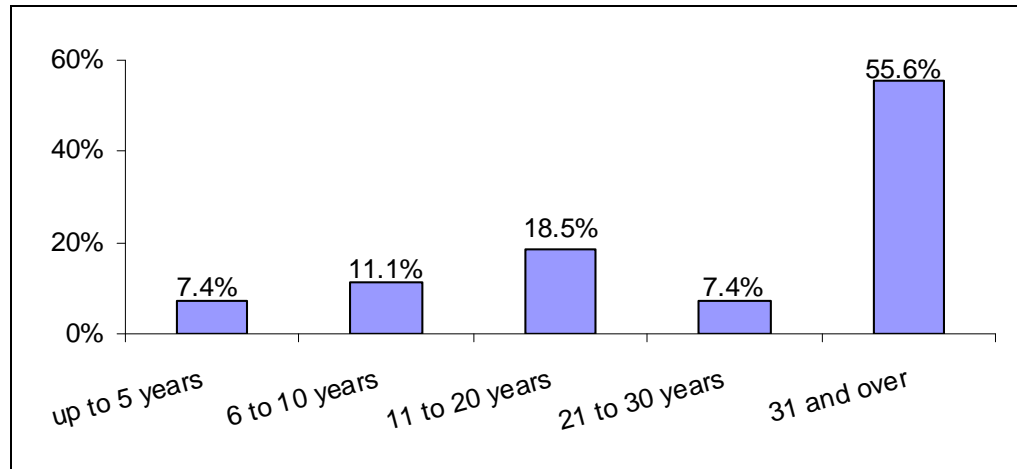
**Figure 13. Current Smokers by Sect / Department of Cult and Religion**



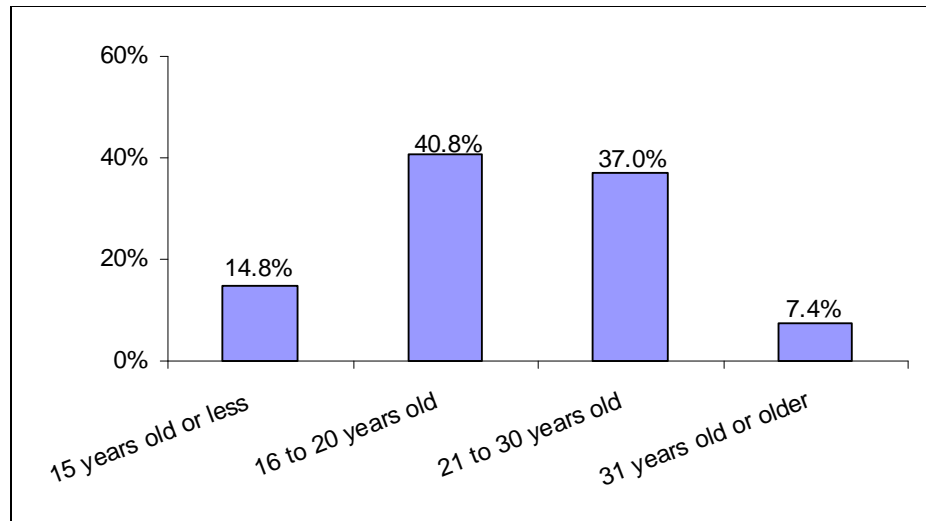
**c) Length of time of smoking and smoking initiation age**

Fifty-five point six percent of monk/ religious leader smokers have been smoking for a very long time: 31 years or over. A significant number of smokers (14.8%) started smoking very young when they were 15 years old or less. The other 40.8% started smoking when they were between 16 to 20 years old.

**Figure 14. Years to have smoked**



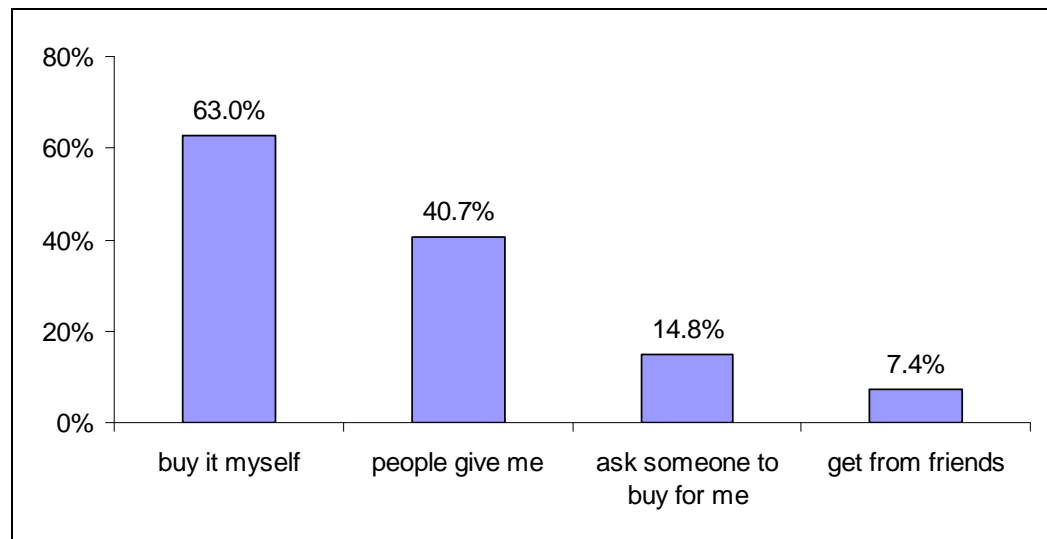
**Figure 15. Smoking initiation**



**d) Smoking behavior**

The most frequent way that monks/religious leaders obtain cigarettes is self-purchasing and receiving cigarettes as gifts from people (62.9% and 40.7% respectively). Nearly half of the current smokers smoke one to five cigarettes daily. One third smoke from six to 10 cigarettes. About one tenth smoke the highest number of cigarettes: 16 to 20 cigarettes per day.

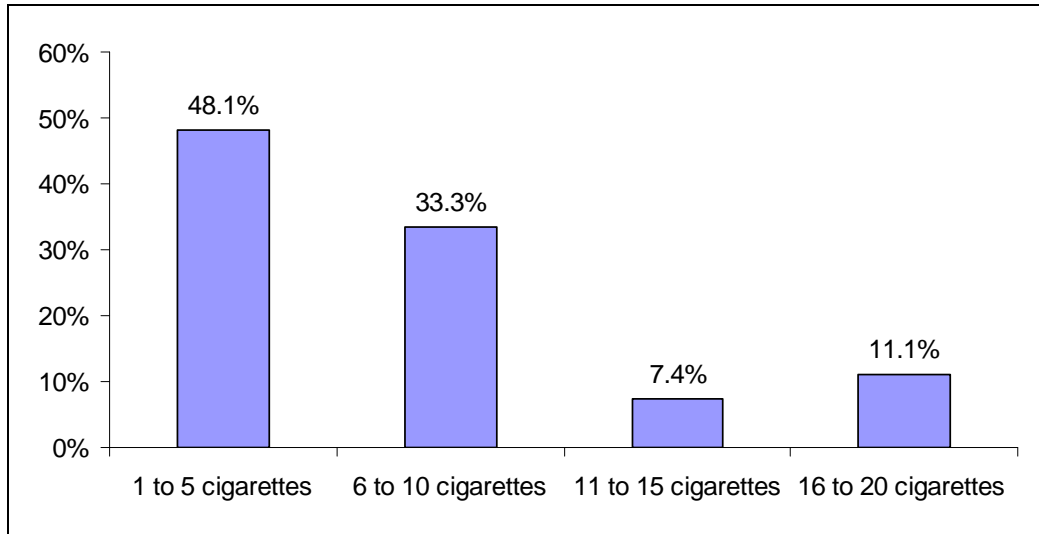
**Figure 16. Where monks obtain cigarettes**



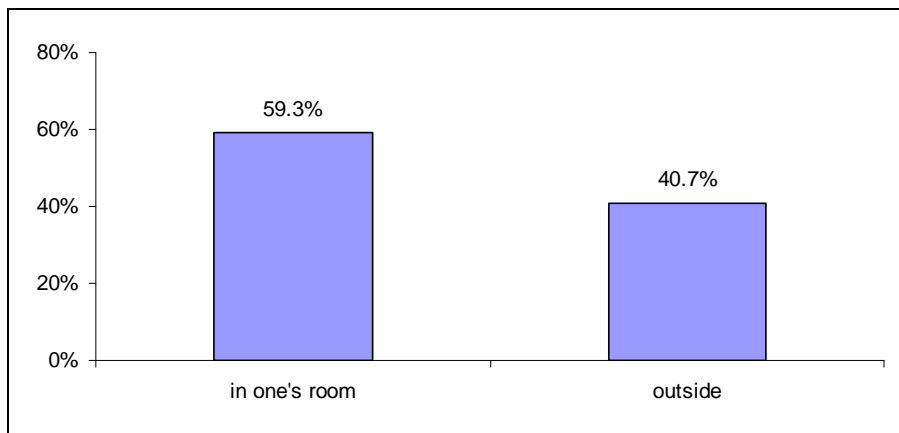
More than half of the monks and religious leaders who smoke mostly smoke in their own rooms, while the remaining smoke outside. About half of the smokers sometimes smoke in public, 40.7% of them have never smoked publicly and only 7.4% of them always do so. This seems to indicate some hesitation about smoking in public (that a large proportion smoke in their rooms and only very few “always smoke in public”) possibly as a result of an understanding that Buddhist teachings prohibited smoking. (85.4% held this opinion) or because of embarrassment (7.4% wanted to quit because of embarrassment) while remembering that 99.2% stating that monks should not smoke at all. While this is true a complete ban on smoking without a national law has been

difficult to enforce as shown by the fact that 90% of respondents stated that at least a few monks still smoke at times in their Wat and 97% said that sometimes non-monks smoke there.

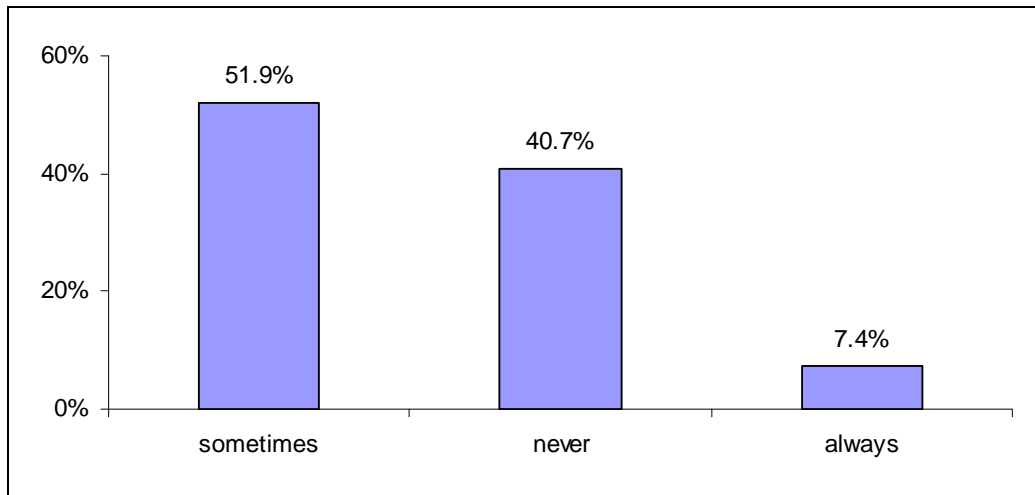
**Figure 17. Number of cigarettes smoked**



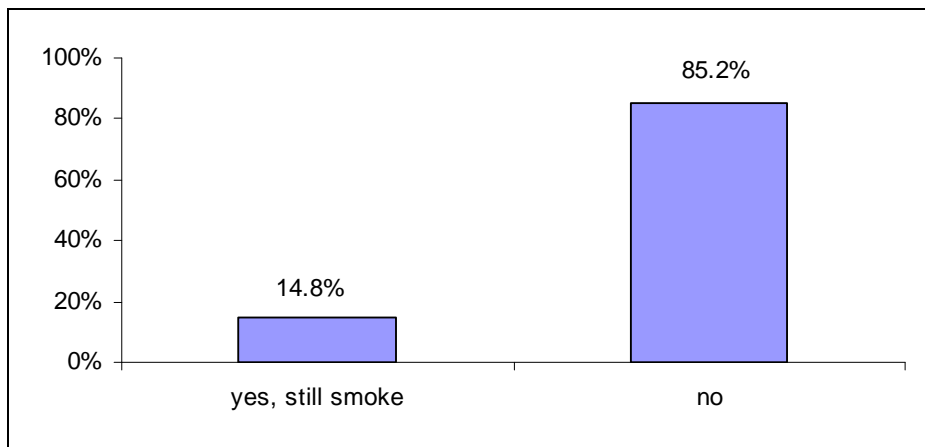
**Figure 18. Places of smoking**



**Figure 19. Smoking in public**



**Figure 20. Still smoke even there is a smoking ban sign**

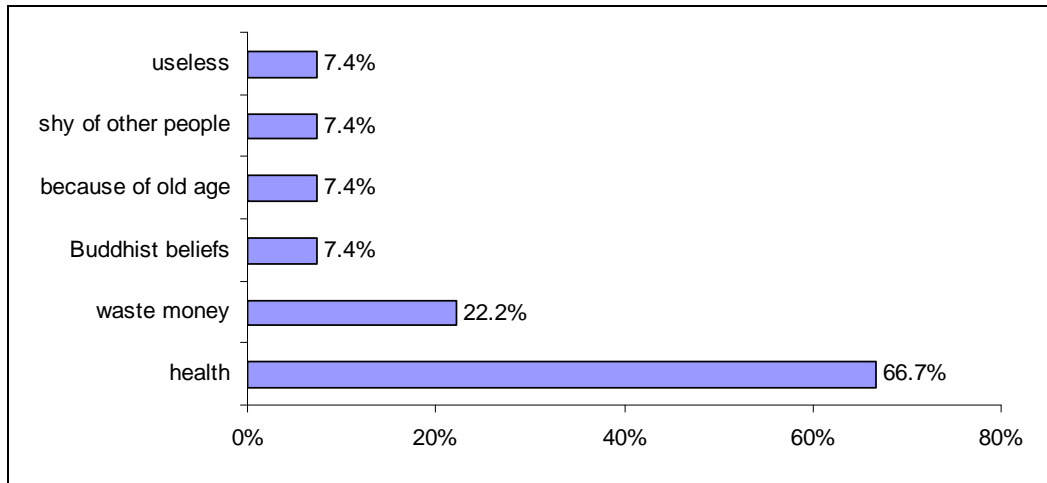


**e) *Quit intention***

All current smokers responded that they wanted to quit and are willing to attend a quit program if there was one. Five reasons for wanting to quit were found among the monks/religious leaders who smoke with health concerns being the most important reason (cited by two-thirds of smokers). Nearly one fourth said they wanted to quit because smoking is a waste of money and four other reasons were that smoking was against Buddhist beliefs, old age, being embarrassed of other people and that there was no benefit from smoking (all there were cited by 2 smokers (7.4%)).



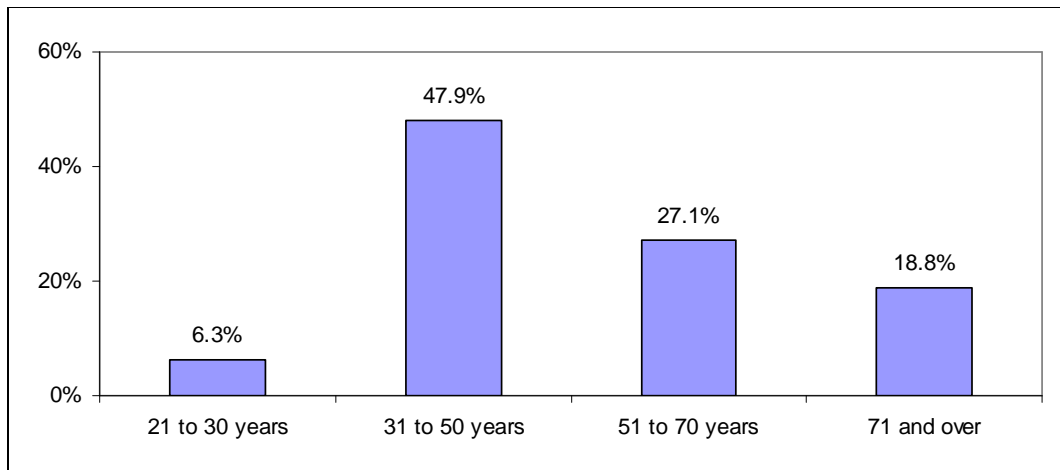
**Figure 21. Reason wanting to quit smoking**



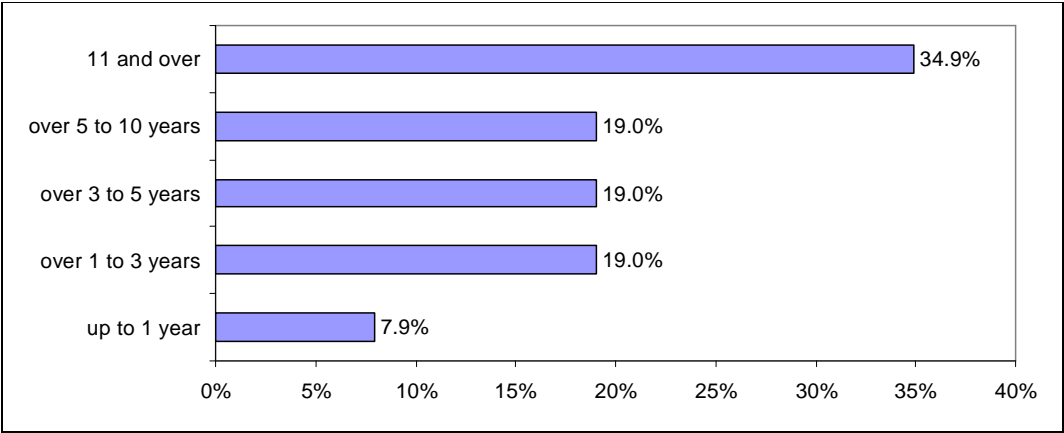
**f) Former smokers**

Sixty-three of the respondents had been former smokers who had quit (48.46%). The majority of these former smokers were between 31 and 50 years of age. A large proportion had quit for more than 11 years (34.9%). It was not asked reasons for quitting but they are potentially similar to those of the monks wanting to quit (Table 14). Such a large proportion of former smokers indicate that there may be some driver within Buddhism prompting its leaders to quit. This is a potential area for further research, a thorough understanding of which can help us understand how quit smoking programs can use Buddhist influences within the general population.

**Figure 22. Age group of former smokers**



**Figure 23. Length of time to have quit smoking**



## 4. FINDINGS OF THE QUALITATIVE INTERVEWS

### 4.1. Smoking and Buddhist Teaching

All key informants, top monks and top officials of the Ministry of Cult and Religion reported that Buddhist teaching promote the caring for one’s body and health as well as not causing harm to others from the use of intoxicating and addictive products including liquor and tobacco. Samdech Preah Pauthivong Non Gnet said “Buddhism teaches us to strive for good hygiene to maintain good health. We should avoid the consumption of tobacco products, because they are not beneficial to health, as well it damages the health of smokers as well as those surrounding them.” “Buddhism teaches about several types of harms related to consumption of addictive products such as tobacco. Monks at all levels have been involved in extensive education of lay Buddhist followers teaching them not to offer cigarettes to monks because it is not a beneficial act as well as a destructive one. The results have been remarkable in that cigarettes are no longer offered (to monks) anymore”, Samdech Preah Sangarach Bou Kry stated.



### 4.2. Product Advertising and Health Warnings

Two different points of view of key informants were identified in relation to tobacco product advertising. One group of informants said they fully support the advocacy efforts urging the government to implement a ban on tobacco product advertising, while another maintained some neutrality toward the issue. “I support the advertising ban as it can send a clear signal to people and make them scared, especially the youth, if they are thinking to start smoking.” said H. E. Min Khin, State Secretary of the Ministry of Cults and Religion. The opinion of the head of the Svay Popae pagoda in support of the government smoking ban stated: “I think [government-issued] laws are more powerful .... People are obliged to comply with them regardless of their own will.”

The latter group thought that advertising was a legal act conducted by businesses and industry. However they suggested that the content of the advertising should also reflect the truth about the dangers of the products, while still performing the main purpose of the company advertising. Hence, health warnings should be present on product packages, on billboards, and on TV spots in a way to alert the public about tobacco’s negative health impacts. The head of the Ounnalom Pagoda said “I will surely support the government in its decision to ban [tobacco product] advertising, but I fear, on the one hand, that the total ban is contradictory to the [principle of] free market economy and, on the other, it may hurt [business] investment.” Thus there is a need for a clear statement by the



government about whether the Cambodian economy really needs to promote substances that a majority of people recognize are harmful to support its economy.

By far the majority of those interviewed, while viewing the ban of tobacco product advertising as the duty of the government, also expressed their full support to government in taking steps to issue laws or policies, and in banning advertising of tobacco products for protection of public health. They gave support for all measures related to implementing health warning messages, including increasing the warning size and introduction of pictorial warnings designed for the Cambodian context. “I agree that health warnings in pictorial form will help all people, especially the illiterate to better understand the dangers of tobacco products.”, said H.E. Min Khin, Secretary of State of the Ministry of Cult and Religion.

#### **4.3. Smoke Free Area Regulations**

All keys informants agreed that smoking is bad, and monks should not smoke. They vowed compliance with government-issued laws banning smoking in Wats and other places. “I will not simply provide support [to the government ban on smoking], but I am very pleased to be an active supporter of government actions to further increase its ability to control tobacco as its harm is comparable to other diseases such as AIDS. These measures will help reduce smoking.”, said H.E. Zakariya Adam, State Secretary of the Ministry of Cult and Religion.



#### **4.4. Increase Taxation and Other Measures to Reduce Smoking**

Some keys informants were skeptical about the effectiveness of tax increases in reducing smoking in all areas, but they all expressed their full support for a government decision to increase tobacco tax: “I fully support a government decision to increase tax on tobacco products as it can help to reduce smoking, especially for youth in rural areas who have little money to spend, hence smoking will be reduced.”, said H.E. Min Khin, State Secretary of the Ministry of cult and Religion.

Nearly all key informants stressed the importance of educational programs that help educate the public about the harms of tobacco products and promote better spending habits by taking into account full information about the product characteristics or impact. They expressed that educational programs can prevent people, especially the youth, from initiating smoking, hence reducing smoking prevalence. The head of Svay Popae Pagoda further elaborated that “I think the government should incorporate education about smoking in the national school curriculum [to help reduce smoking].”

#### **4.5. The Role of Monks and Religious Leaders in Advocacy for Tobacco Control**

The keys informants were unanimous that monks and religious leaders can play a major role in reduction of tobacco product consumption through teaching about abstinence from smoking because Cambodian Buddhist followers are inclined to take advice from monk’s seriously. They stressed that monks should advocate for abstinence from smoking among monks themselves and that they should preach this message to lay people during preaching sessions in various religious events. H.E Hing Kim said “We would like to request monk-instructors to teach their monk students to refrain from smoking; to request monk preachers to inform others

about abstinence from smoking to lay Buddhist followers in preaching sessions as well as to prohibit them from offering cigarettes to monks. Also I suggest to incorporate the issue of abstinence from smoking during annual monk meetings as well as to mobilize the staff of the Ministry of the Cult and Religion to participate in tobacco control advocacy activities.” Samdech Preah Sangarach Bou Kry also stated, “Monks as mentors have to teach lay Buddhist followers not to smoke and not to offer cigarettes to monks.”.

From these detailed interviews it is therefore very clear that the leaders are in full support of the anti-tobacco cause and that they support the government in taking a strong stance in tobacco control. They agree that smoking is against Buddhist teaching and they support legislation that bans advertising, creates smoke free areas and introduces taxation on tobacco products. They also agree that monks can and should play a role in educating the Cambodian people on the dangers of tobacco and are in a respected position so that the people will follow their leadings.

## 5. DISCUSSION

The findings presented here show strong support by Cambodia's religious leaders for greater Tobacco Control in Cambodia. Cambodia has already become one of the 168 signatory states of the FCTC and is among the 147 who have ratified the treaty as of May 2007. But over the past year and a half since ratification there has yet to be any passage of legislation for tobacco control. During this time the tobacco industry is intensifying its advertising and promotion activities in the current legislation-free environment. It is clear from this research that strong support already exists among religious leaders [similar to strong support results from Public Opinion Survey conducted concurrently in 2006] for greater tobacco control in order to counter the efforts by the tobacco industry who are only interested in profits and not public health.

Research questions identified that show that the Buddhist community is supportive of anti-tobacco measures and that they can be important advocates for increased tobacco legislation as discussed here.

### i. Level of Awareness of Buddhist Monks and Religious Leaders about Harms Caused by Tobacco

Nearly 100% positive responses to all three questions of whether smoking is bad for health, addictive, and harmful to others shows that monks and religious leaders are unanimous in their views on the negative effects of tobacco products. There is also significant awareness of the diseases related to smoking with 80% identifying lung cancer as a smoking related disease which is strongly backed by scientific research. Thus despite the fact that there were still 20.7% respondents who still smoker within the survey group, nearly



all agree on the harmful effects and want to stop the addictive habit. This could be a result of successful awareness activities by the media in the past few years, the fact that all Wats have been ordered to be "Smoke Free" by the MOCR and also possibly due to the teachings found in Buddhism that prohibit the use of intoxicating or addictive drugs of which tobacco is. This high level of acceptance and awareness that smoking is bad/ sinful means that monks and religious leaders can be effective advocates for the anti-smoking movement.

### ii. Type of Relation the Buddhist Teaching Has to Tobacco Consumption

Buddhist teachings in the first set of precepts, the Five Precepts, specifically prohibit the use of intoxicating drugs and liquor. The Noble Path is also laid down and includes living the "right livelihood by not harming or injuring any living beings". These two points taken together indicate that smoking is directly against Buddhist teaching: it is considered an intoxicating drug – not specifically mentioned but by its addictive and intoxicating nature (contradicting the Fifth Precept); and through the fact that smoking is harmful to others and also oneself therefore contradicting the Noble Path.

When surveyed, 95% of monks and religious leaders agreed with this conclusion that smoking was contrary to Buddhist teaching. 96% of monks and religious leaders also stated that people should not offer cigarettes to monks and over 99% thought that monks should not smoke. It is thus obvious that the Buddhist religious institution and community, in its doctrine and in practice consider that smoking is against their religion. Showing that smoking is contrary to Buddhism was clarified by Samdech Preah Pauthivong Non Gnet's statement: "Buddhism

teaches us to strive for good hygiene to maintain good health. We should avoid the consumption of tobacco products, because they are not beneficial to health, on the contrary they damage the health of smokers as well as those surrounding them.”

### **iii. Level of Contribution to Advocacy of Smoke-Free Areas Made Within Religious Institutions**

Recent activities by ADRA, the MOCR and others to educate and engage the Cambodian community in partnership with Buddhist monks and religious leaders in advocacy for the protection of Cambodian people health and enhancement of economic status through reducing tobacco consumption has seen great success. The Ministry of Cult and Religion issued an official letter to ban smoking in Wats (pagodas) in 2000, followed by its actual implementation by several Wats through declaration of smoke-free Wats and formulation of an Internal Regulation to effectively institute the ban. We can see that the momentum and progress has continued with 89% of monks and religious leaders surveyed residing in Wats that have been declared smoke free and 80% with No Smoking signage. This high compliance with the Internal Rule indicates that there is strong commitment to advocacy for Smoke-Free Areas. Qualitative interviews also indicated strong support of Smoke Free Area legislation.

### **iv. Can Buddhist Monks and Religious Leaders Serve as Role Models in the Fight Against Tobacco Consumption?**

Survey results show that the Buddhist religious community support measures that fight against tobacco consumption. Most were supportive of smoking bans being extended to areas besides Wats. One hundred percent supported the government in issuing a law that banned smoking in Wats and they stated that they would comply with any such law established by the government. Ninety-seven percent supported banning of tobacco advertising in all media and 97% also supported the placement of pictorial health warnings on all tobacco products. 94% supported an increase in the price of tobacco products through taxation and 93% also supported increasing the size of health warnings on the cigarette packages. It is clear that there exists a high level of support for better tobacco control within Cambodia. The religious leaders, in their practice, do demonstrate on average better reduced smoking behaviors than the general public making them positive role models. They already exert great influence on the general public with more than 90% of Cambodian’s who are practicing Buddhists. They have many opportunities where they can discourage tobacco usage by the general population. They also can have strong influence on the country’s leaders and law-makers due to the respect they command and are thus able to be strong advocates for ratification of the National Law on Tobacco. The detailed interviews also indicated that there was a feeling that monks were in a good position to influence the community to warn against the dangers of tobacco and to be “Monks as mentors... to teach lay Buddhist followers not to smoke and not to offer cigarettes to monks.”, said Samdech Preah Sangarach Bou Kry.



### **v. Current Status of Smoking among Monks and in Pagodas**

On average, the religious sector of the community is showing a lower proportion of smokers than the general community (20.7% versus 48% from the 2005 NIS/LLU/ADRA tobacco prevalence survey). The largest percentage of smokers had smoked over 31 years (55.6%) compared to 23% of general public smokers who had smoked this long in the Public Opinion Survey conducted concurrently. Most religious leaders started between 16 and 20 years of age (40.8%) and most of these purchase cigarettes for themselves (62.9%) or are given cigarettes

by other people (40.7%). The majority of these smokers smoke one to five cigarettes per day (comparable to the average rate of the general public in the Public Opinion Survey). Within this survey population, there are a fairly large proportion of ex-smokers (48.46%). These statistics taken together can indicate that generally, religious leaders take seriously their role as role models for the community: most do not smoke, and a large proportion have quit.



## 6. CONCLUSIONS

The information from the respondents to the research questions as noted in the Discussion section above is helpful in meeting the following objectives of the research:

1. *To investigate relevant opinions on policy of key Cambodian religious leaders to support advocacy for smoking bans throughout community religious sites.*

The discussion in research question three clearly identifies strong opinions by Cambodia's religious leaders that they do support advocacy for smoking bans throughout community religious sites.


2. *To study how enhanced usage of relevant religious teachings that can have impacts on tobacco consumption and prevalence as well as to assist in behavior changing and control.*

Discussion in research question two shows that Buddhist teachings are very relevant to the fight against tobacco. The religious leaders are in a good position in terms of being role models for the community and from the respect that they command, they are able exert a strong influence on the general public to reduce smoking and on leaders as they are considering tobacco control issues.

Clearly, this research has validated the past involvement of the Cambodian religious community in tobacco control and advocacy. It clearly calls for additional involvement of religious leaders as the country is now looking at ratifying a National Law on Tobacco Control that takes preventative action on the key issues of tobacco advertising, taxation, health warnings and smoke-free areas. The Cambodian religious community has an opinion on these issues as illustrated by this survey and in-depth interviews that should be heard by law-makers as they consider components of the National Law on Tobacco Control and the decision to ratify this and future laws and regulations.

# APPENDICIES

## Appendix 1 – Letters about smoking regulation



**ព្រះរាជាណាចក្រកម្ពុជា**  
**ជាតិ សាសនា ព្រះមហាក្សត្រ**

**ក្រសួងធម្មការ និងសាសនា**  
លេខ **១០៧** កស.

រាជធានីភ្នំពេញ ថ្ងៃទី **១៤** ខែ **វិច្ឆិកា** ឆ្នាំ **២០០០**

**រដ្ឋមន្ត្រីក្រសួងធម្មការ និងសាសនា**  
**ប្រគេន ជំរាមមក**

**ព្រះមេតណព្រះអង្គ ព្រះចៅអធិការក្រប៉ំវត្ត**  
**លោក លោកស្រី នាយកមន្ទីរធម្មការ និងសាសនា គ្រប់ខេត្ត ក្រុង**  
**លោក លោកស្រី ប្រធានការិយាល័យធម្មការ និងសាសនា គ្រប់ស្រុក ខ័ណ្ឌ**

**កម្មវត្ថុ:** អនុវត្តការហាមឃាត់ជក់បារីនៅតាមកន្លែងធ្វើការ គ្រឹះស្ថានពុទ្ធិកសិក្សា សាលប្រជុំនានា ឧបដ្ឋានសាលា ព្រះវិហារ រោងមហោស្រព ។


**យោង:** លិខិតរបស់ទីស្តីការគណៈរដ្ឋមន្ត្រី លេខ ១២៧០ សជណ.អវ ចុះថ្ងៃទី ១៩ ខែសីហា ឆ្នាំ១៩៩៤ ។

សេចក្តីដូចមានចែងក្នុងកម្មវត្ថុ និងយោងខាងលើ ដើម្បីជាគំរូដល់ប្រជាពលរដ្ឋយើង ក្នុងការមិនជក់បារី ក្រសួងសំណូមពរអោយបណ្តាមន្ទីរ អង្គភាព គ្រឹះស្ថានពុទ្ធិកសិក្សានានា វត្តអារាមក្រោមឱវាទក្រសួង យកចិត្តទុកដាក់រៀបចំអោយមានការផ្សព្វផ្សាយអប់រំដល់ស្ថាភាពជក់បារីនៅកន្លែងធ្វើការរួមគ្នា សាលប្រជុំ គ្រឹះស្ថានពុទ្ធិកសិក្សា និងឧបដ្ឋានសាលា ។

ទន្ទឹមនឹងនេះ បើមន្ទីរ អង្គភាព គ្រឹះស្ថានពុទ្ធិកសិក្សាយល់ថា មិនទាន់អាចបំបាត់ការជក់បារីទាំងស្រុងទេ ស្នើសុំអោយមានការហាមឃាត់ការជក់បារីនៅក្នុងថ្នាក់រៀន បន្ទប់ធ្វើការ ឧបដ្ឋានសាលា ព្រះវិហារ អាសនៈតាំងសីល និងកុដិ ជៀសវាងប៉ះពាល់ដល់សុខភាពអ្នកដទៃដែលមិនជក់ ។ ព្រមជាមួយនេះ ក៏ស្នើមន្ទីរ អង្គភាព គ្រឹះស្ថានពុទ្ធិកសិក្សា វត្តអារាម រៀបចំបិទបូបភាព ផ្សព្វផ្សាយ អប់រំសុខភាព ស្តីពីផលប៉ះពាល់ដល់សុខភាព ដោយសារការជក់បារី ។

ក្រសួងធម្មការ និងសាសនា សង្ឃឹមថា ព្រះមេតណ ព្រះចៅអធិការ អស់លោក លោកស្រី ពិតជាមិត្តចំយកចិត្តទុកដាក់ អនុវត្តអោយបានលទ្ធផល ល្អប្រសើរតាមសេចក្តីណែនាំនេះ ។

សូមព្រះមេតណ ព្រះចៅអធិការ អស់លោក លោកស្រីទទួលនូវការគោរពសក្ការៈ និងរាប់អានដ៏ស្មោះស្ម័គ្រ អំពីខ្ញុំព្រះករុណា-ខ្ញុំ ។



**ជា សារឡើង**

**ចំណងជូន:**

- ក្រសួងព្រះសង្ឃរាជទាំងពីរគណៈ
- ទីស្តីការគណៈរដ្ឋមន្ត្រី
- ក្រសួង-មន្ទីរពាក់ព័ន្ធ
- អង្គការក្រៅរដ្ឋាភិបាលពាក់ព័ន្ធ *ដើម្បីជ្រាបជាព័ត៌មាន*
- គ្រប់មន្ទីរ-ការិយាល័យ ធម្មការ និងសាសនា
- គ្រប់គ្រឹះស្ថានពុទ្ធិកសិក្សា វត្តអារាម *ដើម្បីអនុវត្ត*
- កាលប្បវត្តិ



**ព្រះរាជាណាចក្រកម្ពុជា**  
**ជាតិ សាសនា ព្រះមហាក្សត្រ**

**ទីស្តីការគណៈរដ្ឋមន្ត្រី**  
លេខ ១២៧០ ស.ជ.ណ. អន

រាជធានីភ្នំពេញ, ថ្ងៃទី ១៩ ខែ សីហា ឆ្នាំ ១៩៩៤

**សហរដ្ឋមន្ត្រីទទួលបន្ទុកទីស្តីការគណៈរដ្ឋមន្ត្រី**  
**ជំរាបបញ្ជូន**

**ឯកឧត្តម រដ្ឋមន្ត្រីក្រសួងសុខាភិបាល**

ស្តីពីការអនុវត្ត  
ក្នុងកិច្ចការ  
លេខ ១២៧០ ស.ជ.ណ. អន

**កម្មបញ្ជូន :** សំណើសុំគោលការណ៍ហាមឃាត់ការជក់បារី នៅតាមកន្លែងធ្វើការ កន្លែងប្រជុំនានា រោង  
មហោស្រព មធ្យោបាយសាធារណៈ និងទីប្រជុំជននានា ។

- យោង :-** លិខិតក្រសួងសុខាភិបាលលេខ ១១០២ ស.ម.ប ចុះថ្ងៃទី ២៧- ៦- ១៩៩៤
- ព្រះរាជក្រឹត្យស្តីពីការអនុវត្តកម្មបញ្ជូន ១ ចុះថ្ងៃទី ៣១- ៧- ១៩៩៤
  - ចំណាត់ការសម្តេចនាយករដ្ឋមន្ត្រី ២ ចុះថ្ងៃទី ១២- ៨- ១៩៩៤

សេចក្តីដូចបានរាយនាមក្នុងកម្មបញ្ជូន និងយោងខាងលើ ទីស្តីការគណៈរដ្ឋមន្ត្រី សូមជំរាប  
ឯកឧត្តមថា : រាជរដ្ឋាភិបាលបានឯកភាពតាមសំណើរបស់ក្រសួងសុខាភិបាលហើយ ប៉ុន្តែដំណាក់កាល  
ដំបូងដំបូងត្រូវហាមឃាត់ការជក់បារីនៅកន្លែងធ្វើការរបស់មន្ត្រីរាជការ - សាលាប្រជុំ - រោងមហោ  
ស្រពនានា ដើម្បីជាក់ស្តែងប្រជាពលរដ្ឋយើង ។ ក្នុងការបំរើកិច្ចការនេះ រាជរដ្ឋាភិបាលផ្តល់លទ្ធភាព  
អោយក្រសួងសុខាភិបាលផលិត Cassette Vidéo ស្តីពីការហាមឃាត់ការជក់បារី និងគ្រោះថ្នាក់  
បណ្តាលមកពីការជក់បារី ដាក់ផ្សាយតាមវិទ្យុ - ទូរទស្សន៍ និងរោងមហោស្រពនានា ជាប្រចាំដោយឥត  
បង់ថ្លៃ និង ជូនកន្លែងណាដែលត្រូវផ្សព្វផ្សាយការហាមឃាត់បារី ។

ដល់ដំណាក់កាលណាមួយដែលអាចមានលទ្ធភាពចេញគោលការណ៍ហាមឃាត់ការជក់  
បារីបាន គឺត្រូវអនុវត្តដោយម៉ឺងមាត់បំផុត ។

អាស្រ័យហេតុនេះ សូមឯកឧត្តមជ្រាប និងទទួលអនុវត្តតាមការគួរ ។

ចំលងជូន :

- ក្រសួងព័ត៌មាន
- ក្រសួងវប្បធម៌និងវិចិត្រសិល្បៈ
- ខុទ្ទកាល័យសម្តេចក្រុមព្រះនាយករដ្ឋមន្ត្រី ១
- ខុទ្ទកាល័យសម្តេចនាយករដ្ឋមន្ត្រី ២
- ចំណុះកណ្តាល
- ឯកសារ

ជ.សហរដ្ឋមន្ត្រីទទួលបន្ទុកទីស្តីការគណៈរដ្ឋមន្ត្រី ក  
**រដ្ឋលេខាធិការ**

## Appendix 2 - Survey Questionnaire

Date:.....Name of the interviewer:.....N°.....	
Name of the Wat:.....District:.....Province:.....	
<b>READ INTRODUCTION STATEMENT TO EACH MONK AND OBTAIN CONSENT</b>	
	Result of interview (1=completed, 2=Refused)
1	Is smoking bad for health? (1=yes, 2=no)
2	What are the diseases related to smoking? (1=lung CA, 2=heart disease, 3=stroke, 4=hypertension, 5=impotence 6=eye disease, 7=vascular disease, 8=mouth/throat CA, 9=Other[write in])
3	Is smoking addictive? (1=yes, 2=no)
4	Does smoking cause harm to others around smokers? (1=yes, 2=no, 3=don't know)
5	What do you think the teaching of Buddha has to say about smoking? (1=nothing, 2=smoking is ok, 3=smoking is not ok, 4=Other[write in])
6	Do you think that people should offer cigarettes to monks? (1=yes, 2=no)
7	Should monks smoke a cigarette? (1=yes, 2=no)
8	Are you exposed to the smoke of other people's cigarettes? (1=yes, 2=no) <b>If the answer is no, then skip to question 9</b>
8a	a. If yes, how often? (1=everyday, 2=a few times a week, 3=a few times a month)
8b	b. Where? (1=wat campus, 2=community households, 3=social gathering, 4=transportation, 5=Other[write in])
8c	c. How do you feel being near smoke from other people's cigarettes? (1=ok, 2=dislike, 3=don't care)
9	Is smoking ban in your Wat? (1=yes, 2=no) <b>If the answers is 2=no, then skip to question 11</b>
10	Is there any sign saying smoking is banned in your Wat? (1=yes, 2=no)
11	Does monk smoke in your Wat? (1=yes, 2=no, 3=don't know)
12	Do people smoke in your Wat? (1=yes, 2=no, 3=don't know)
13	Do you support the government issuing law/policy banning smoking in Wats? (1=yes, 2=no, 3=don't know)
14	Besides Wat, do you like the law/policy extent to other areas? (1=home, 2=workplace, 3=transportation, 4=hospital, 5=school 6=social gathering, 7=entertainment/restaurant, 8=downtown, 9=other[write in])
15	If the law/policy exists, do you comply with? (1=yes, 2=no, 3=don't know)
16	Since the health warnings on cigarette package is very small, do you support to have it bigger? (1=yes, 2=no, 3=don't know) <b>(Show a Cambodia's health warning and any cigarette package from Thailand)</b>
17	Do you support to have a pictorial health warning on all tobacco products? (1=yes, 2=no, 3=don't know)
18	Do you support government to put tax increase on tobacco sales so that people especially the young will smoke less? (1=yes, 2=no, 3=don't know)
19	Do you support that tobacco advertising should be banned in all forms of media? (1=yes, 2=no, 3=don't know)
20	What do you think government should do first to decrease tobacco consumption? (1=ban tobacco advertising, 2=Increase cigarette price 3=make the health warning bigger and use picture, 4=not allow smoking in public places, 5=ratify the tobacco control law)
21	Are you a former smoker who quit? (1=yes, 2=no) <b>If answer 2=no skip to 23</b>
22	How long ago did you quit smoking? (months/years ago)
23	Are you currently a regular smoker? (1=yes, 2=no) <b>If the answer is 2=no, then skip to 34</b>
<b>Smokers only</b>	
24	About how many cigarettes do you smoke every day? ( _____ cigarettes)

25	Where do you get cigarette from? (1=buy it myself, 2=ask someone to buy for me, 3=people give me, 4=get from friends, 5=Other[write in])	
26	For how many years have you smoked? (_____years)	
27	At what age did you try your first cigarette? (_____years)	
28	Where do you mostly smoke? (1=in your own room, 2=outside)	
29	How often do you smoke in public? (1=always, 2=sometime, 3=never)	
30	If there is a non-smoking sign, do you still smoke there? (1=yes, 2=no)	
31	Do you want to quit smoking? (1=yes, 2=no, 3=not sure)	
32	Why do you want to quit? (any; no prompting) (1=health, 2=waste money, 3=waste of time, 4=Buddhist beliefs, 5=Other[write in])	
33	If a program was offered in your Wat to help monks stop smoking would you attend? (1=yes, 2=no)	
<b>Civil servant only</b>		
34	Sex? (1=male, 2=female)	
35	Age? (_____years)	
36	Marital status? (1=single, 2=married, 3=widow/widower, 4=divorced/separated)	
<b>Additional question for monks and civil servant</b>		
37	What is your occupation? (1=Preas Mae Khun, 2=Preas Anu Khun, 3=Preas Viney To/Anu Khun Rong, 4=Preas Sar Mu, 5=Chief department, 6=Vice department, 7=Chief office, 8=Vice office)	

ការស្រាវជ្រាវទាក់ទងនឹងប្រជាមតិរបស់អ្នកដឹកនាំសាសនា (ព្រះសង្ឃ និង ប្រធានមន្ទីរធម្មការ និងសាសនា) ២០០៦

កាលបរិច្ឆេទ:.....ឈ្មោះអ្នកសំភាសន៍.....លេខ:.....

ឈ្មោះវត្ត.....ស្រុក.....ខេត្ត.....

លទ្ធផលនៃការសំភាសន៍	(១=ចប់សព្វគ្រប់ ២=បដិសេធមិនឆ្លើយនឹងសំណួរ)
១	តើការឆាន់ ឬជក់បារីនាំអោយខូចសុខភាពដែរឬទេ? (១=ខូច ២=មិនខូច )
២	តើការឆាន់ ឬជក់បារីបណ្តាលអោយកើតជំងឺអ្វីខ្លះ? (១=មហារីកសួត ២=ជំងឺបេះដូង ៣=ដាច់សរសៃឈាមខួរក្បាល ៤=ជំងឺលើសឈាម ៥=អសមត្ថភាពផ្លូវភេទ ៦=ជំងឺភ្នែក ៧=ជំងឺសរសៃឈាម ៨=មហារីកមាត់/បំពង់ក ៩=ផ្សេងៗ )សរសេរចូល.....
៣	តើការឆាន់ ឬជក់បារីធ្វើអោយញៀនឬទេ? (១=ញៀន ២=មិនញៀន )
៤	តើការឆាន់ ឬជក់បារីបណ្តាលអោយមានគ្រោះថ្នាក់ដល់អ្នកនៅជុំវិញដែរឬទេ? (១=គ្រោះថ្នាក់ ២=មិនគ្រោះថ្នាក់ ៣=មិនដឹង )
៥	តើព្រះពុទ្ធសាសនា មានការអប់រំយ៉ាងណា ទាក់ទងទៅនឹងការឆាន់បារី? (១=មិនមានចែង ២=ឆាន់បាន ៣=ហាមឆាន់ (៤=ផ្សេងៗ ) សូមសរសេរចូល.....
៦	តើព្រះពេជគុណ/លោក គិតថាឧបាសក-ឧបាសិកា គួរតែប្រគេនបារីដល់ព្រះសង្ឃដែរឬទេ? (១=គួរ ២=មិនគួរ )
៧	តើព្រះពេជគុណ/លោក គិតថាព្រះសង្ឃគួរឆាន់បារីឬទេ? (១=គួរ ២=មិនគួរ )
៨	តើព្រះពេជគុណ/លោក ធ្លាប់នៅក្បែរអ្នកឆាន់ ឬជក់បារីឬទេ ? (១=ធ្លាប់ ២=មិនធ្លាប់ ) <b>បើចំពោះ ២=មិនធ្លាប់ ត្រូវផ្ញើទៅសំណួរ ៩</b>
៩	ក. បើធ្លាប់ តើញឹកញាប់ឬទេ? (១=រាល់ថ្ងៃ ២=២-៣ដង ក្នុង១អាទិត្យ ៣=២-៣ដង ក្នុង១ខែ )

៨៦	ខ. តើនៅទីណា? (១=ក្នុងបរិវេណវត្ត ២=តាមផ្ទះអ្នកស្រុក ៣=កន្លែងបុណ្យទាន ៤=មធ្យោបាយធ្វើដំណើរ ៥=ផ្សេងៗ )  សូមសរសេរចូល.....	
៨៧	គ. តើព្រះតេជគុណ/លោក មានអារម្មណ៍យ៉ាងណា ពេលនៅក្បែរអ្នកកំពុងឆាន់ ឬជក់បារី? (១=ចូលចិត្ត ២=ធម្មតា ៣=មិនចូលចិត្ត )	
៩	តើមានការហាមឃាត់មិនឱ្យឆាន់ ឬជក់បារីក្នុងវត្តអារាមដែរឬទេ? (១=មានការហាមឃាត់វត្តខ្លះ ២=មិនមានហាមទេ )  <b>បើចំណើយ ២=មិនមានហាម សូមឆ្លើយទៅសំណួរ១១</b>	
១០	បើមាន តើមានបិទសញ្ញាណាមួយបញ្ជាក់ពីការហាមនេះដែរឬទេ ? (១=មាន ២=គ្មានទេ )	
១១	តើមានព្រះសង្ឃឆាន់បារី ក្នុងវត្តដែរឬទេ? (១=មាន ២=គ្មានទេ ៣=មិនដឹង )	
១២	តើមានពុទ្ធបរិស័ទជក់បារី ក្នុងវត្តដែរឬទេ? (១=មាន ២=គ្មានទេ ៣=មិនដឹង )	
១៣	តើព្រះតេជគុណ/លោក គាំទ្ររដ្ឋាភិបាលក្នុងការចេញច្បាប់ហាមឃាត់ ការឆាន់ ឬជក់បារី ក្នុងទីវត្តអារាមដែរឬទេ? (១=ចង់ ២=មិនចង់ ៣=មិនដឹង)	
១៤	ក្រៅពីវត្តអារាម តើព្រះតេជគុណ/លោក ចង់ឱ្យច្បាប់ហាមឆាន់ ឬជក់បារីនេះ គ្របដណ្តប់លើកន្លែងដទៃទៀតដែរឬទេ? (ដូចជា ១=ផ្ទះ ២=កន្លែងធ្វើការ ៣=មធ្យោបាយធ្វើដំណើរ ៤=មណ្ឌលកំសាន្ត/ភោជនីយដ្ឋាន ៥=មន្ទីរពេទ្យ ៦=សាលារៀន ៧=កន្លែងបុណ្យទាន ៨=ទីប្រជុំជន ៩=ផ្សេងៗ) សូមសរសេរចូល.....	
១៥	បើសិនជាមានច្បាប់ហាមឃាត់ការឆាន់ ឬជក់បារី តើព្រះតេជគុណ/លោក អនុវត្តតាមឬទេ? (១=អនុវត្តតាម ២=មិនអនុវត្តតាម ៣=មិនដឹង )	
១៦	ដោយសារបំរាមសុខភាព នៅលើកញ្ចប់បារីប្រទេសយើងតូចពេក តើព្រះតេជគុណ/លោក គាំទ្ររាជរដ្ឋាភិបាល ក្នុងការកែប្រែបំរាមសុខភាពនេះ ឱ្យធំឬទេ? (១=គាំទ្រ ២=មិនគាំទ្រ ៣=មិនដឹង ) <b>(បង្ហាញពីកញ្ចប់បារីខ្មែរ និងកញ្ចប់បារីថៃ)</b>	
១៧	តើព្រះតេជគុណ/លោក គាំទ្រឱ្យមានបំរាមសុខភាពជារូបភាពនៅគ្រប់កញ្ចប់បារីដែរឬទេ? (១=គាំទ្រ ២=មិនគាំទ្រ ៣=មិនដឹង )	

១៨	តើព្រះតេជគុណ/លោក គាំទ្រការតំឡើងពន្ធដារ ដើម្បីឱ្យអ្នកជំនុំជាពិសេសយុវជនជាក់លាក់ជាងមុនដែរឬទេ? (១=គាំទ្រ ២=មិនគាំទ្រ ៣=មិនដឹង)
១៩	តើព្រះតេជគុណ/លោក គាំទ្រឱ្យបិទការផ្សាយពាណិជ្ជកម្មប្រចាំ តាមគ្រប់រូបភាពដែរឬទេ? (១=គាំទ្រ ២=មិនគាំទ្រ ៣=មិនដឹង )
២០	តើព្រះតេជគុណ/លោក គិតថាអាជ្ញាធរគ្រប់គ្រងធ្វើអ្វីមុនគេ ដើម្បីកាត់បន្ថយការប្រើប្រាស់ថ្នាំជក់? (១=បិទការផ្សាយពាណិជ្ជកម្មប្រចាំ ២=តំឡើងថ្លៃប្រាក់ ៣=ដាក់បំរាបសុខភាពឱ្យធំ និងមានរូបភាព ៤=មិនអនុញ្ញាតឱ្យជក់បារីនៅទីសាធារណៈ ៥=ផ្តល់សច្ចាប័ន ទៅលើច្បាប់ជាតិក្នុងពិភពលោក )
២១	តើព្រះតេជគុណ/លោក ជាអតីតអ្នកឆាន់/ជក់បារី ដែលឈប់ឆាន់/ជក់ហើយសព្វថ្ងៃនេះ? (១=ត្រូវហើយ ២=មិនមែនទេ)  <i>បើចម្លើយ ២=មិនមែនទេ សូមឆ្លើយទៅសំណួរ ២៣</i>
២២	តើព្រះតេជគុណ/លោក បានឈប់ឆាន់/ជក់បារី តាំងពីពេលណាមក? (ខែ ឬ ឆ្នាំ)
២៣	តើព្រះតេជគុណ/លោក ឆាន់/ជក់បារីឬទេ សព្វថ្ងៃនេះ? (១=ឆាន់/ជក់ ២=មិនឆាន់/មិនជក់ ) <i>បើចម្លើយ ២=មិនឆាន់/ជក់ ត្រូវឆ្លើយទៅសំណួរ ៣៤</i>

	សំរាប់ព្រះតេជគុណ/លោក ដែលឆាន់/ជក់បារីតែប៉ុណ្ណោះ
២៤	តើព្រះតេជគុណ/លោក ឆាន់ឬជក់បារីអស់ប៉ុន្មានដើមក្នុងមួយថ្ងៃ? (.....ដើម )
២៥	តើព្រះតេជគុណ/លោក បានបារីពីណាមក? (១=ទិញដោយខ្លួនឯង ២=ប្រើគេឱ្យទិញឱ្យ ៣=បានពីពុទ្ធបរិស័ទប្រគេន ៤=ព្រះសង្ឃផ្សេង/មិត្តភក្តិ ៥=ផ្សេងៗ ) សូមសរសេរចូល.....
២៦	តើព្រះតេជគុណ/លោក ឆាន់ឬជក់បារីអស់រយៈពេលប៉ុន្មានឆ្នាំមកហើយ? (.....ឆ្នាំ )
២៧	តើព្រះតេជគុណ/លោក ឆាន់ឬជក់បារីដំបូងនៅព្រះជន្ម/អាយុប៉ុន្មាន? (.....ឆ្នាំ )
២៨	តើនៅទីណា ដែលព្រះតេជគុណ/លោក ឆាន់ឬជក់បារីញឹកញាប់ជាងគេ? (១=នៅក្នុងបន្ទប់ព្រះតេជគុណ ២=ខាងក្រៅ )



២៩	តើព្រះតេជគុណ/លោក ឆាន់ប្តូរជីវិតនៅទីសាធារណៈញឹកញាប់ទេ? (១=ញឹកញាប់ ២=ម្តងម្កាល ៣=មិនដែលសោះ )
៣០	ទីណាដែលមានបិទផ្លាកហាមឃាត់ការឆាន់ ឬជក់បារី តើព្រះតេជគុណ/លោក ឆាន់ប្តូរជីវិតនៅទីនោះដែរឬទេ? (១=ឆាន់ ២=មិនឆាន់ )
៣១	តើព្រះតេជគុណ/លោក ចង់ឈប់ឆាន់ប្តូរជីវិតឬទេ? (១=ចង់ឈប់ ២=មិនចង់ឈប់ ៣=មិនប្រាកដ )
៣២	ហេតុអ្វីបានជាព្រះតេជគុណ/លោក ចង់ឈប់ឆាន់ប្តូរជីវិត? (១=ខូចសុខភាព ២=ខាតថវិកា ៣=ខាតពេលវេលា ៤=ជំនឿព្រះពុទ្ធសាសនា ៥=ផ្សេងៗ ) សូមសរសេរចូល.....
៣៣	បើមានកម្មវិធីជួយព្រះតេជគុណ/លោក ឱ្យឈប់ឆាន់ប្តូរជីវិតនៅក្នុងវត្តអារាម តើព្រះតេជគុណ/លោក ចូលរួមដែរឬទេ? (១=ចូលរួម ២=មិនចូលរួមទេ )
សំរាប់មន្ត្រីរាជការ	
៣៤	ភេទ? (១=ប្រុស ២=ស្រី)
៣៥	អាយុ? (.....ឆ្នាំ)
៣៦	ស្ថានភាពគ្រួសារ? (១=នៅលីវ ២=រៀបការ ៣=ម៉ែម៉ាយ/ពោះម៉ាយ ៤=លែងលះ/រស់នៅបែកគ្នា)
សំនួរបន្ថែម សំរាប់មន្ត្រីរាជការ និងមន្ត្រីសង្ឃ	
៣៧	តើព្រះតេជគុណ/លោក មានឋានៈអ្វី? (១=ព្រះមេគុណ ២=ព្រះអនុគុណ ៣=ព្រះវិន័យធម៌/ព្រះអនុគុណរង ៤=ព្រះសម្មាសម្ពុទ្ធ ៥=ប្រធានមន្ទីរ ៦=អនុប្រធានមន្ទីរ ៧=ប្រធានការិយាល័យ ៨=អនុប្រធានការិយាល័យ)

### ***Appendix 3 - Key Informant Questions***

1. Does Buddhist teaching mention about smoking?
2. In venerable or H.H opinion, how can tobacco consumption be reduced?
3. How does venerable or H.H feel about the current situation on tobacco advertising in Cambodia?
4. Does venerable or H.H agree that tobacco advertising should be totally banned?
5. a. How does venerable or H.H think about smoking in Wats?
  - b. Does venerable or H.H support uniform law/policy to ban smoking in Wats, schools, hospitals, transportations, public places...?
6. Show a Thai cigarette pack and a local pack.
  - a. Does venerable or H.H agree that health warning is crucial for raising awareness?
  - b. How effective does venerable or H.H think the current health warnings are?
  - c. Does venerable or H.H. support Cambodia to have pictorial warnings like in Thailand?
7. a. Does venerable or H.H agree that an increase in tobacco tax, which will lead to cigarette price increase, can make smokers smoke less especially the young?
  - b. Does venerable or H.H support tobacco price to be increased?
8. Cambodia has ratified the FCTC on November last year, how does venerable or H.H think about this international treaty? (Should explain what FCTC is before asking this question)
9. What does venerable or H.H. expect government to do to decrease tobacco use?
10. What role should religious leaders play in advancing tobacco control?

## Appendix 4 - Reference material about Buddhism

### Buddhism Fundamental Doctrine and Practice

Buddha Gotama has laid out Dhamma and Vinaya as fundamental practical guide for Buddhist followers: i. the Order of Sangha comprising all monks, and ii. Upasakas comprising all other Buddhist followers. Dhamma is the truth expounded by the Buddha and Vinaya is the code of discipline comprising sets of rules of behavior to adopt by Buddhist followers of different levels of practice. Although Dhamma and Vinaya form an integral principle of Buddhist practice, the necessary guidance to maintain the holy order in every aspect of Buddhist life, Vinaya is more specific in guiding the Buddhist fellows. Vinaya comprises three sets of Precepts to help Buddhist fellows at different level of practice observe good Buddhism.

**The first set of Precepts** corresponding to the primary level of Buddhist practice is called the Five Precepts and is essential for one's liberation from social evil through cultivation of moral strength and performance of the highest service to fellow beings. It is to be practiced by lay Buddhist fellows and it includes refrains from: i)- killing living creatures; ii)- taking what is not given; iii)- sexual misconduct; iv)- false speech; v)- ***taking intoxicating drugs*** and liquor. This set of conduct can be observed by all devotees of the Buddhism in a daily basis.

**The second set of Precepts** corresponding to the intermediate level of Buddhist practice is called the Eight Precepts and is critical in developing relaxation and tranquility, training one's mind and developing one's spirit. It includes refrain of the Five Precepts plus the following refrain: vi)- eating at improper times; vii)- dancing, singing of worldly songs, attending plays or musical performance, i.e. worldly distracting amusement; and viii)- using ornament of every kind, perfume, fragrant oil i.e. things conducting to vanity. This set of conduct can be observed by non-monk devotees of the Buddhism in particular days coinciding with the new and full moon, but on a daily basis for monks.

**The third set of Precepts** corresponding to the advanced level of Buddhist practice is called the Ten Precepts and is critical in further development and strengthening of one's spirit. It includes the Eight Precepts plus the following vows: ix)- to abandon the use of luxurious beds, to sleep on hard low couch, and to avoid all and every worldliness; x)- to always live in poverty. This set of precepts is observed only for the monks.

Two other important sets of practical guide in the Buddhist Doctrine are the Ten Fetters and the Ten Noble Path. Selected important clauses of **the Ten Fetters** are: iv. Sensuality; v. Ill will; vi. Desire for life in the worlds of form; viii. Pride; ix. Agitation; x. Ignorance.

The eight selected parts of **the Noble Path** are: i. Right views freed from prejudices, superstition and delusion; ii. Right aspiration in words and thoughts; iii. Right speech with kind, plain, and truthful words; iv. Right action characterized by peaceable, righteous, benevolent and pure acts; v. ***Right livelihood not harming or injuring any living beings***; vi. Right mindfulness that directs incessantly with one's strength to overcome the ignorance, the craving of desire and to live only for the highest goal; vii. Right meditation toward complete withdrawal of the senses, perception, and attachment to external objects or knowledge.

By providing Buddhist followers with the Noble Path, Buddhist Dhamma is comparable to the Medical Science in its quest for a complete and final liberation from all ill suffered by human beings. In term of all elements of the Buddhist Doctrine exposition is made related to: i. What a disease, the human suffering, is? ii. What is its cause? iii. What is the right prescription for the disease removal? iv. What is the ideal health, the highest calmness and complete peace in mind one can strive to attain? The way out of the human sufferings is exactly the Ten Noble Path.

## Appendix 5 – Literature Reviewed

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