



AMERICAN UNIVERSITY OF ARMENIA
CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT

**KNOWLEDGE, ATTITUDES AND PRACTICES ON
TOBACCO CONTROL POLICIES
IN ADULT POPULATION IN ARMENIA**

**The research was conducted within the framework of the OSI-funded
Tobacco Control Policy Project of the Armenian Public Health Alliance**

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Executive Summary

The smoking rate among Armenian men (one of the highest in the European region) results in excess tobacco-attributed morbidity, disability and mortality. Research shows that seventeen years of life is prematurely lost per smoker in Armenia.

Much publicity was generated around this tremendous but previously unspoken issue since the launch of a multi-year tobacco control policy project in December 2003, funded by the Open Society Institute (OSI) Network Public Health Program and implemented by the American University of Armenia (AUA) on behalf of the Armenian Public Health Alliance (ArmPHA). The ArmPHA's project promotes public support for development and implementation of a national tobacco control policy in Armenia and successfully advocated for tobacco control policy change.

The National Assembly adopted the national tobacco control law (RA Law "On Restrictions of Tobacco, Consumption, and Use") in 2004; it was preceded by Armenia's accession to the WHO's Framework Convention on Tobacco Control (FCTC). The international treaty and the national law were enacted since February and March 2005, respectively.

This research provided evidence for rational tobacco control policy and further refinement of approaches and strategies. Data generated by this research will serve as a baseline for a short- and mid-term evaluation of the national tobacco control policy. The American University of Armenia Center for Health Services Research and Development designed and implemented a survey in May-June 2005 to assess knowledge, attitudes, and practices on tobacco control policy among adult population in Armenia.

A multi-stage cluster sampling design was used to collect data from 720 women and men living in the capital and two marzes of Armenia. Three teams of trained interviewers administrated the household survey, a 98-items questionnaire.

The results demonstrated deficiencies in the population's knowledge, attitudes and practices on smoking-related issues and revealed some gaps/loopholes in existing policies. The following are the main findings of the survey:

- More than half of the respondents reported they were non-smokers (56.7%), smokers comprised 36.7% of the sample and 6.5% were ex-smokers. The proportion of smokers

was 10 times higher in men compared to women (66.7% vs. 6.7%, respectively). The average number of smokers per household was 1.24, ranging from 0 to 5.

- Whereas the awareness of the surveyed population about health effects of smoking in general was very high, smokers were far less aware of risks of development of specific smoking-attributable conditions (e.g., impotence in male smokers) compared to non-smokers and ex-smokers.
- The majority of respondents (68.1%) mistakenly believed that light cigarettes were less harmful than regular cigarettes.
- The majority of respondents demonstrated negative attitude toward advertising and promotion of tobacco products. Two out of three respondents (69.0%) agreed that advertising of tobacco products promotes use of cigarettes among youth. About 77.9% of respondents believed that tobacco companies should be prohibited from offering free samples of cigarettes. The majority of respondents supported banning cigarette advertising in the media (73.2%), on billboards (66.8%), at sports events (73.0%), and distribution of promotional items (60.1%).
- Billboards were reportedly the most common type of exposure to tobacco advertisement (67.9%). Importantly, such exposure was the most intense in the younger (<25yrs.) age group (78.1%).
- Younger respondents (<25yrs.) were offered promotional items almost 4 times more often than those 45 or older (13.9% vs. 3.6%). Similarly, younger people were offered free cigarettes more often than those 45 or older (11.4% vs. 3.6%), but the difference was not statistically significant.
- Among the participants who in general watch TV and listen to radio, 49.8% reported exposure to tobacco advertisement on TV, with a significant difference across the regions, and 12.8% were exposed to radio tobacco advertisement.
- The majority of survey respondents (65.3%) believed that tobacco products were accessible to children. However, the proportion of people who believed in that varied from 91.2% in Yerevan to 33.4% in Shirak.

- About 43.1% of respondents agreed that tobacco products were affordable. Tobacco products were perceived as affordable far less often in Shirak region (20.5%) than in Yerevan and Sunik regions (53.4% and 55.5%, correspondingly).
- The majority of respondents (60.7%) did not believe that the price of cigarettes should be raised. Current smokers opposed this more often (75.0%) than ex- and non-smokers (53.2% and 52.2%, respectively).
- The overwhelming majority of respondents (93.0%) agreed that tobacco sale to minors should be prohibited and the majority (70.4%) believed that the police should be responsible for enforcing laws against tobacco sales to minors.
- About 62.6% of respondents failed to acknowledge that increased cigarette prices would prevent youth from starting to smoke.
- Smokers acknowledged sending a minor to buy cigarettes far more often than non-smokers and ex-smokers (45.4% vs. 16.1% and 15.0%, respectively). Moreover, 18.0% of current smokers acknowledged that they send a minor to buy cigarettes for them almost everyday.
- The majority of respondents (81.8%) observed minors buying cigarettes, and more than half of respondents (53.6%) observed a minor selling cigarettes. Per item sale of cigarettes was observed almost everyday by 48.1% of respondents.
- More than half of respondents (53.0%) stated that there were no restrictions on smoking in their household, 15.2% of interviewed people stated that smoking was generally banned in their household, and in 16.0% of household smoking was banned for everyone including guests.
- Interestingly, ex-smokers reported far more often that smoking was banned in their household compared with non-smokers and current smokers (55.3% vs. 38.5% and 15.6%, respectively).
- Almost half of respondents stated that smoking occurred in their household very frequently (almost everyday). Only 10.0% of respondents acknowledged that smoking had never occurred in their household.

- In general, non-smokers and ex-smokers were more likely to ask someone not to smoke (86.0% and 85.1%, respectively) than current smokers (58.3%).
- One-third of employed respondents (38.6%) stated that their workplace was smoke-free, and only 8.55% had special indoor places for smoking.
- More than half (55.3%) of the respondents who visited educational, medical or cultural institutions observed smoking in these institutions. Similarly, 58.7% of those who used any means of public transportation observed smoking.
- The majority of respondents (67.3%) believed that the warning labels on cigarettes were not effective. More than half of respondents (52.8%) were against using Armenian national symbols for designing tobacco products.
- An alarmingly low proportion of adults was aware of the legal restrictions of smoking in public places, ban of tobacco media advertisement, and ban of tobacco sale to minors in Armenia (13.8%, 11.0%, 12.0%, respectively).
- More than half of respondents (64.4%) acknowledged that the current restrictions on smoking in public places needed to be tightened. In addition, respondents in Yerevan were much better informed about the law regulating smoking in public places than those in Shirak and Sunik marzes (21.7% vs. 10.8% and 8.8%, respectively).

In summary, the survey findings demonstrated that existing regulations have not been properly enforced and that overwhelming majority of population is not aware of the existing regulations.

The results of the survey indicate a critical need for population-based awareness campaigns focusing on the health effects of passive smoking and the rights of non-smokers in Armenia. This research revealed deficiencies in the existing policies that urgently need to be addressed.

1. Introduction

In December 2003, the Open Society Institute (OSI) funded the American University of Armenia (AUA) on behalf of the Armenian Public Health Alliance (ArmPHA) to implement a multi-year tobacco control policy project in Armenia. Major legislative changes, namely the adoption of the national tobacco control law (RA Law “On Restrictions of Tobacco Sale, Consumption, and Use”) and accession to the WHO’s Framework Convention on Tobacco Control (FCTC), took place since then. The international treaty and the national law are in force since 2005 (February and March, respectively). By the end of the first year of the project, the need to evaluate the effectiveness of the new nation-wide tobacco control policies became apparent.

To be able to measure the impact of the newly adopted national tobacco control policies, the ArmPHA conducted a population-based opinion survey on tobacco control policy. The Center for Health Services Research and Development of the American University of Armenia designed and implemented this baseline survey from May-June 2005 (within approximately two months of the enactment of the national tobacco control law) to assess the population knowledge, attitudes and practices on tobacco control policies in Armenia.

According to the Armenia 2000 Demographic and Health Survey, the smoking prevalence rate among males aged 15-54 was 67.5% and was 3.1% among women aged 15-49. In the cross-sectional comparative study on adult smoking conducted in 2001 in 8 of the 15 newly independent countries, including Armenia, Gilmore et al. found that the male smoking rate in Armenia was the second highest after Kazakhstan (61.8% and 65.3%, respectively) while the female smoking rate was one of the lowest in the region at 2.4%.

Very limited data existed before this survey on the attitudes and practices of the Armenian adult population toward specific tobacco control measures in Armenia. In particular, in a small Yerevan-based survey conducted in January 2005 by the Armenian Sociological Association (Shaboyan et al.), the respondents (aged 18 yr. and over) strongly supported the restrictions imposed by the national law on tobacco control. Similarly, the Global Youth Tobacco Survey (GYTS Armenia, 2004) conducted among 1,414 schoolchildren in Armenia in October 2004 by the National Institute of Health demonstrated that ban of smoking at public places was strongly supported by the 13-15 years old teenagers (GYTS Armenia report, 200). Alarmingly, the GYTS participants reported an extremely high exposure to secondhand smoke (SHS) at homes and public places, as well as a significant exposure to tobacco industry marketing, such as advertising and promotion of tobacco products.

The purpose of this research was three-fold: 1) generate data about knowledge, attitudes, and practices on tobacco control policy among Armenian adult population, 2) provide an evidence-base upon which to advise on tobacco control policy implementation, frame public discussion, and guide improvements to approaches and strategies, and 3) serve as a baseline for short- and mid-term evaluation of the national tobacco control policy.

2. Methods

2.1. Research objective

The research objective was to measure knowledge, attitudes, and practices of tobacco control policies of persons aged 18-60 living in Armenia.

Due to limited resources, three out of eleven marzes¹ were purposively selected for the survey: the capital city of Yerevan and two geographically diverse marzes (Shirak marz situated in the north and remote Syunik in the south of the country).

2.2. Sample size and sample distribution

The sample size of 720 respondents was calculated using Epi Info 2000 sample size calculation function for 95.5% confidence interval. The overall sample size was equally distributed for each of the three geographical regions (240 people for each) and gender (360 males and 360 females). This distribution allows valid comparison between marzes of interest and gender-related analysis.

2.2. Study design

Within each marz, a multi-stage cluster sampling, probability proportional to the size of population was used. In this method, “clusters” of the sampling elements were chosen first and then elements (actual respondents). The CHSR team designed the study as a cross-sectional survey with a sample size of 720 household/people, equivalent to 120 clusters of size 6. Trained interviewers administrated the survey.

¹ Armenia has 11 administrative units (marzes), including the capital city of Yerevan.

2.3. Study population

The survey population was comprised of 360 men and 360 women aged 18-60 Years old living in 39 urban and rural locations in three marzes of Armenia, who were approached at home and agreed to take part in the survey.

2.4. Sampling strategy

Step 1: Identification of number of clusters that need to be taken from city, town and village in Syunik and Shirak

The CHSR team calculated the number of clusters to be drawn from each settlement area to ensure proportional representation of each of the settlement areas within the selected marzes; calculation was based on the official data from the 2001 Census, published by the National Statistical Service. The CHSR team tabulated the overall population size from each of the settlement area , selected a random starting point and then calculated the number of clusters to be drawn in an ordered manner. The number of clusters to be drawn from each settlement area was influenced by the size of the *de jure* population of the area, i.e. bigger the *de jure* population, more clusters were drawn.

Step 2: Identification of number of clusters to be taken from each sub-district in Yerevan

The pediatric policlinic registries were used to identify the Yerevan sub-districts. The CHSR team collected information on the total pediatric population of each of the Yerevan policlinics, then tabulated and calculated the number of clusters to be drawn using the same methodology as described in Step 1. Policlinics serving a larger population had a larger representation in the sample.

Step 3: Cluster starting point selection

To select the starting points for each cluster, the registry of children born after January 1, 2005 was used. This decision was based on the assumption that the registry of young children is highly accurate given the documented high compliance with the vaccination schedule and represents the population density (MOH/UNICEF report, 2000). The CHSR team used simple random sampling to select addresses (i.e. cluster staring points) from the list of children born after January 1, 2005. In small villages, where a medical facility did not exist or the medical staff was not available, the cluster starting point was picked by identifying the last live birth in a village. A database of the starting addresses was generated to facilitate the administration of the survey.

Step 4: Selection of households in a cluster

For each cluster the interviewers had the address of the randomly selected starting point. To avoid biasing the sample to include households with young children, the interviewer began at the neighboring household of the starting address and then each subsequent household moving always in the same direction (right/up) until the required number of interviews for one cluster was completed.

Step 5. Selection of the respondents in a household

To ensure the desired equal gender distribution, each cluster was to include equal number of male and female respondents. To select a respondent from the household, the interviewer listed household members aged from 18 to 60 and selected the person with the most recent birthday, male or female. After the required number of interviews with male or female respondents were conducted for the cluster, further selection of respondents was limited to respondents of the opposite gender. One interview per household was conducted.

2.5. Survey instrument

The CHSR team developed the questionnaire based on the instruments used in the 2002 California Tobacco Survey and International Tobacco Control Policy Evaluation Survey. The survey instrument contained 98 questions on knowledge, practice and attitude, grouped into the following sections:

- socio-demographic
- smoking status
- smoking hazards
- tobacco advertisement
- tobacco sales
- tobacco taxation
- limitations of smoking
- packaging/design of tobacco product.

The interviewer-administered questionnaire required about 20 minutes to complete, on average.

2.6. Interviewers training

The CHSR team organized one-day trainings to prepare the interviewer teams in Yerevan, Syunik and Shirak marzes. A training manual was developed to assist the training process (Appendix 1). Three teams of four interviewers were trained, one ach in Yerevan, Gyumri, and Goris. Before the data collection, the interviewers pre-tested the instrument in the field and made final adjustments.

2.7. Data collection

Three teams of 4 full-time interviewers, one team in each marz, collected data from May 26, 2005 through June 12, 2005.

2.8. Ethical considerations

The AUA Institutional Research Board (IRB) approved the research protocol and the instruments. Oral consent was obtained from each participant.

2.9. Data processing and analysis

The research team completed data entry and cleaning using SPSS 11.0. STATA 8.0 software was used for the data analysis in addition to the SPSS 11.0. Subgroups were compared using Chi-square and Fisher's exact test for differences between proportions.

3. Results

3.1. Response rate

Of 2,304 randomly selected households, an initial contact was not possible in 21.6% (497) because of the absence of the residents. The number of unsuccessful attempts to contact a household was higher in Yerevan (28.7%) compared to marzes (19.9% in Syunik and 9.3% in Shirak). In 1,807 households where at least one resident was at home, the response rate was 39.8% and varied significantly across the regions (22.9% in Yerevan, 53.6% in Syunik, and 44.6% in Shirak). The primary reasons for non-response were the absence of selected respondents at home (24.0%), not meeting the gender-related criteria (12.6%). Refusal at household level by the initial respondent was (11.7%), with an explicit refusal rate, i.e. refusal of the selected respondent, of 3.5%.

3.2. Socio-demographic characteristics and smoking status

Socio-demographic information. In total, 720 persons aged 18-60 years old. participated in the survey. The mean age of respondents was 37.8 with a median of 37.0 ($sd=12.4$). Middle-age respondents (25-45 yr.) comprised the largest proportion in the survey sample (47.1%), while the younger (18-24 yr.) and older groups comprised respectively 21.9% and 31.0% (Figure 1).

As limited by the sampling design, the gender ratio was equal among the respondents (50% females, 50% males). Most of the respondents (65.9%) were married, 4.5% were divorced or living apart, 8.8% were widowed, and 20.7% were single. Relatively higher proportion of

respondents had secondary school education (30.4% of respondents), secondary special (25.2%) and undergraduate education (27.2%). In contrast, people with incomplete school, incomplete secondary special and incomplete undergraduate education accounted for far less proportion of respondents (3.7%, 3.3% and 8.8%, respectively). Graduate students and those with graduate and advanced degrees comprised the smallest proportion in the sample (0.8% and 0.7%, correspondingly).

About 58.9% of the respondents were currently not employed outside of home. The distribution of employment status is shown on Table 1.

The presence of luxury/convenience items in the household was evaluated as a proxy to socio-economic status. The mean number of these items in the total sample population was 6.47, ranging from 0 to 13 out of 13 possible items. Almost half of the respondents (49.9%) had from 3 to 6 out of 13 possible items. In addition, 43.4% of surveyed population had from 7 to 10 out of 13 possible items. Only, 2.7% of respondents had from 0 to 2 such items. The presence of these luxury/convenience items significantly differed in various geographic regions ($p<0.01$) with people in Yerevan having more convenience items than those in Shirak and Sunik regions (Table 2), consistent with general indicators of economic status and documented disparities across regions.

Household composition. The mean number of adults living in surveyed households was 3.62 (with the range of 1 to 9), while the mean number of children per household was 1.23 (with the range of 0 to 5). The mean number of smokers in the household was 1.24 (with the range from 0 to 5).

Smoking status. Smokers were defined as persons who smoked over 100 cigarettes during their lifetime and currently smoked. More than half of the respondents were non-smokers (56.7%), while smokers comprised 36.7%. Only 6.5% of respondents were ex-smokers (Figure 2).

Table 3 presents the detailed information on socio-demographic characteristics and place of residence of the surveyed population by their smoking status. The proportion of smokers was 10 times higher in men compare to women (66.7% vs. 6.7%, respectively). Similarly, most of ex-smokers were males. Meanwhile, there was no significant difference between the smoking status of the respondents by age category, marital status, education level, level of income, and place of residence (Table 3).

3.3. Knowledge on health effects of smoking

3.3.1. Effects of direct smoking

The overwhelming majority of respondents (95.2%) believed that smoking is hazardous to smoker's health. All ex-smokers and 97.8 % of non-smokers either agreed or strongly agreed with this statement. The proportion was slightly lower for those who are currently smoking (90.2%). Moreover, 5.6% of current smokers failed to acknowledge the hazards of smoking to health in general compared with 0.7% of non-smokers.

Females were more likely to acknowledge that smoking is harmful to a smoker's health than male (97.2% vs. 93.1%). In addition, 3.9% of males did not recognize the link between tobacco use and damage to health as opposed to only 1.1% of females. Gender was associated with respondents' knowledge of health effects of smoking and smoking status. No other socio-demographic factor (e.g. education, marital status, or income) was associated with knowledge about effects of smoking on health (neither general health nor specific medical conditions).

People were more aware of the link between smoking and the development of lung cancer (88.0% of respondents), while the risk of coronary heart disease and stroke was acknowledged less often (62.6% and 58.2%, respectively). In addition, most respondents recognized that smoking increases chances for chronic bronchitis (80.1%), cancer of the larynx or voice box (80.6%), and bronchial asthma (72.7%). Respondents demonstrated least awareness about the link between tobacco use and impotence (35.8%).

Women more frequently than men acknowledged that tobacco smoking is associated with chronic bronchitis, stroke, lung cancer (from active and passive smoking), and bronchial asthma ($p<0.01$) (Table 4). However, men stated more often that impotence could be attributed to tobacco use (37.6% vs. 34.0% in females), while almost half of women (46.6%) did not know the answer to this question. About 45.4% of currently smoking males denied an association between smoking and impotence compared with 21.3% of non-smokers (Table 5).

The data revealed a significant relationship between smoking status and awareness of the harmful effects of smoking on the development of specific medical conditions ($p<0.01$). Those who were current smokers were far less aware of the risk of developing specific smoking-attributable diseases than non- and ex-smokers (Table 5). The risk of stroke attributable to smoking was stated far more in older age group than in younger persons. Almost 70.0% of those older than 45 years

old recognized tobacco use as a risk factor for stroke, while only half of persons, aged 25-45 years old (54.3%) agreed with that statement.

Furthermore, significant association was found between the place of residence and knowledge of direct effects of smoking on the development of stroke, bronchial asthma and impotence in male smokers (Table 6). Thus, respondents in Shirak were more knowledgeable than those in Yerevan and Sunik on the link of smoking and stroke (64.9% vs. 48.3% and 61.5%, respectively) and smoking and bronchial asthma (79.7% vs. 66.5% and 72.0%, respectively). Surprisingly, each second respondent in Sunik (50.4%) reported that smoking may have effect on impotence in male smokers while only 24.2% respondents in Yerevan and 32.9% in Shirak recognized this link.

3.3.2. Effects of passive smoking

This study assessed respondents' knowledge on hazards of passive smoking by asking if secondhand smoke increases the chances of development of lung cancer and coronary heart disease. The majority of respondents acknowledged the link between passive smoking and lung cancer (62.0%). In contrast, less than half were aware of the harmful effects of passive smoking on developing coronary heart disease (47.1%). Awareness of passive smoking hazards was significantly associated with smoking status ($p<0.01$). Majority of non-smokers (69.6%) and ex-smokers (61.7%) agreed that passive smoking increases chances of developing lung cancer whereas only half of current smokers (50.4%) did (Table 7). Only 39.2% of current smokers agreed that passive smoking increases or probably increases the chance of getting coronary heart disease compared to the majority of non-smokers and ex-smokers (51.7% and 51.1%, respectively).

3.4. Beliefs about light cigarettes

This study assessed respondents' beliefs about light cigarettes. The majority of respondents stated that light cigarettes are less harmful than regular cigarettes (68.1% either agreed or strongly agreed with this statement) (Fig.5, Table 8).

3.5. Tobacco advertising and marketing

3.5.1. Knowledge on tobacco advertising effects and its regulation

Most of the respondents (69.0%) agreed that advertising of tobacco products promotes use of cigarettes among youth. Those who were married reported the link between advertising and use of cigarettes among youth more often (70.7% either agreed or strongly agreed with this statement).

In contrast, those divorced, living apart, or widowed acknowledged this fact less often (61.7%). Also, people in Yerevan and Sunik region cited that tobacco product advertising promotes use of tobacco among young more often (72.9% and 81.2%, respectively) than in Shirak region (53.0%).

Information was gathered concerning awareness of population of the law that restricts advertising of tobacco products in Armenia. Only 11.0% of interviewed persons were aware of the legal restriction of tobacco advertisement in Armenia (Fig.6).

3.5.2. Attitudes towards tobacco marketing strategies

Most respondents stated that cigarette advertising on billboards (66.8%) and advertising tobacco products at sporting events should be banned (73.0%). It is noteworthy that people older than 45 years old more often stated that cigarette advertising on billboards should be banned (75.3%) as opposed to people aged 25-45 years old and those who were younger than 25 years old (67.3% and 53.8%, correspondingly). People in Yerevan more often supported banning billboard cigarette advertising (70.4%) compared with Shirak (65.4%) and Sunik (64.6%) regions. Similarly, respondents in Yerevan more often agreed that cigarette advertising at sports events should be banned (78.8%) compared with Shirak (70.8%) and Sunik (69.5%) regions.

Most respondents stated that tobacco companies should be prohibited from distributing promotional items such as t-shirts and mugs (60.1%). Similarly, the majority of respondents cited that tobacco companies should be prohibited from offering free samples of cigarettes (77.9%). Most of respondents cited that tobacco and tobacco company advertising in the media should be banned (73.3%). The distribution of the answers of the respondents is shown in Table 9.

As shown in Table 10, people in the highest income category demonstrated significantly less support for banning media advertising of tobacco and tobacco companies. About 43.8% of the survey participants supported the ban of sponsorship for sports and cultural events by tobacco companies. Interestingly, people in Yerevan demonstrated more negative attitude towards the ban of sponsorship of sports and cultural events by tobacco companies as opposed to Shirak and Sunik regions (47.5%, 37.7%, 38.7%, respectively). Non-smokers were notably more supportive of the ban of industry sponsorship than ex-smokers and smokers (51.3%, 38.3%, and 33.3%, respectively).

3.5.3. Exposure to tobacco industry marketing

Respondents more often mentioned billboards as their most common exposure to tobacco advertising(67.9%). Importantly, the respondents in the youngest age group (<25) reported billboards advertisement more often than those in the older age group (45 and above) (78.1% vs. 55.4%). More educated people were more likely to notice tobacco billboard advertisement (77.2% of people with university education vs. 57.2% with school education). Respondents in Yerevan mentioned advertisement on the billboards more often than respondents from other urban locations in Shirak and Sunik regions (Table 11). Men more often were offered promotional items (12.6% vs. 5.6%, p <0.001) and free cigarettes (12.0% vs. 2.5%, respectively, p < 0.0001).

Most importantly, younger people (<25 years old) were offered promotional items and free cigarettes almost 4 times more often than persons older than 45 years old (13.9% vs. 3.6%). Moreover, the exposure to promotion of free items or cigarettes differed between geographic regions (p<0.001). The study participants in Yerevan were offered promotional items more often (16.7%) than in Shirak (2.5%) and Sunik regions (8.0%). Also, free tobacco products were offered far more often in Yerevan (11.7%) than in Shirak (2.1%) and Sunik (7.9%) regions. Table 12 depicts differences by urban location.

In general, advertising of tobacco products by media and during public or political events was cited far less often than by billboard. Respondents were exposed more frequently to tobacco advertisement on TV than on radio (49.8% vs. 12.8%). Interestingly, people in Sunik and Shirak regions mentioned tobacco company advertising on the Armenian TV far more often (64.2% and 51.9%, respectively) than people in Yerevan (33.3%). Also, respondents in Sunik region were more exposed to radio advertising of tobacco products than those in Yerevan and Shirak regions (26.0%, 9.2% and 3.4%, respectively).

The majority of respondents mentioned that there was less advertising at time of the survey on the TV and radio than 6 months ago (83.3%). People in Yerevan mentioned this more often (90.5%) than people in Shirak (86.7%) and Sunik (71.2%) regions. The exposure of respondents to various smoking-related programs/articles is presented in Table 13.

3.6. Tobacco sales

Information was obtained concerning knowledge, attitude and practice of respondents on sales of tobacco products in Armenia. Most respondents cited that tobacco products are easily accessible for children (65.3%), with significant variation by region (Table 14).

The overwhelming majority of respondents believed that the law should prohibit the sale of tobacco products to minors (93.3%) and that the law should prohibit minors from sell tobacco products (89.4%). Current smokers were less likely to support this law than non-smokers and ex-smokers. Moreover, most of the smokers were against prohibiting sale of cigarettes per item (Table15).

Data analysis revealed the attitude differences by gender and region. Female respondents more often were supportive of a ban on tobacco sales to minors (98.0% vs. 94.0%, p<0.01), by minors (95.1% vs. 90.0%, p<0.01) and sale per item (83.1% vs. 71.9%, p<0.01). A significant difference was found between the attitudes toward sale of tobacco products by minors and place of the residence (Table 16). Furthermore, information was obtained concerning the attitude of respondents toward enforcement of ban of cigarette sale to minors in Armenia. The majority of respondents (70.4%) believed that the police should be responsible for enforcing laws against tobacco sales to minors, less often in Yerevan than in Shirak and Sunik regions (57.1% vs. 75% and 79.2%, correspondingly).

Moreover, the majority of respondents (86.6%) stated that law should impose financial penalties for the sale of tobacco products to minors and 86.3% believed that these penalties should gradually increase for storeowners who repeatedly sell cigarettes to minors. About 86.6% agreed with the statement that that storeowners should have a license to sell cigarettes, with more support in Sunik and Shirak marzes than in Yerevan (95.8%, 92.9% vs.71.3%).

Only 12.0% of surveyed population was aware of the law that regulates sales of cigarettes in Armenia, and among those, 68.3% correctly believed that this law prohibits sale of tobacco products to minors (Fig.7). The answers of respondents were distributed differently (p<0.01) by level of education (Table 17).

Finally, information was gathered regarding respondents' practices related to tobacco sale to minors. The majority of participants (73.4%) mentioned that they had never sent a minor to buy cigarettes (Fig. 8). However, of those who engage minors in purchase of cigarettes, smokers were three times more likely to send a minor to buy cigarettes than non- and ex-smokers (45.4%, 16.1%, and 15.0%, respectively; p<0.01).

The majority of respondents (81.8%) observed minors buying cigarettes; more than half of respondents (53.6%) observed a minor selling cigarettes. Almost half of the respondents (46.7%) frequently observed sale of cigarettes per item. Respondents in Shirak and Sunik (68.4% and 64.3%, respectively) observed tobacco sale by minors about twice as often than those in Yerevan (28.9%). Similarly, per item sale of cigarettes was observed more often in Shirak and Sunik regions (72.5% and 75.8%, correspondingly) than in Yerevan (66.0%).

3.7. Cost of tobacco products

The research team collected data concerning public attitudes toward cost of tobacco products. About 43.1% of respondents stated that tobacco products were affordable (Fig.9). Tobacco products less often were perceived as affordable in Shirak region (20.5%) than those in Yerevan and Sunik regions (53.4% and 55.5%, correspondingly). More than half of respondents (60.7%) did not believe that the price of cigarettes should be increased. The proportion of those who opposed price increases was significantly higher among current smokers (75.0%) compared with ex- and non-smokers (53.2% and 52.2%, correspondingly). Respondents in Sunik were more likely to support cigarettes price increases than those in Yerevan and Shirak (32.5% vs. 21.2% and 20.0%, respectively).

This survey provided information about perceived relationship between the price of cigarettes and smoking habit. Most of the respondents (62.6%) failed to acknowledge that increased cigarette prices could prevent youth from starting to smoke. However, the majority of respondents agreed that the price of cigarettes might influence how much people smoke. Respondents in Sunik (70.0%) were more likely to acknowledge the relationship between tobacco price and tobacco consumption than those in Yerevan and Shirak (59.2% and 52.5% of respondents, respectively). Respondents in Sunik region (52.9%) were also more likely to acknowledge that the price of cigarettes could influence quitting intentions than those in Yerevan and Shirak (27.1% and 22.5%, correspondingly).

The overwhelming majority of respondents (90.7%) supported the statement that cigarette taxes should be used to pay for smoking-related health care costs. Whereas, 61.7% stated that tobacco products have excise tax because tobacco was a harmful product, a greater number of respondents believed that tobacco products have excise tax because tobacco production is very profitable (77.4%).

3.8. Smoking restrictions

3.8.1. Attitudes toward smoking restrictions

The overwhelming majority of respondents agreed or strongly agreed that breathing smoke from another person's cigarette was harmful to health (96.4%). The vast majority of respondents stated that smoking should be restricted inside houses, and banned in medical, cultural, educational institutions and in all public transportation (Table 18). Women were more likely to support these statements ($p<0.01$).

In contrast, only 58.2% of participants would support a smoking ban in restaurants and cafes. Not surprisingly, current smokers (38.8%) were less likely to support the smoking ban in restaurants and cafes (38.8%) than non-smokers (70.8%) and ex-smokers (57.4%). Most respondents agreed that separate smoking sections should be designed in restaurants and cafés (81.1%).

3.8.2. Household smoking practices

The research team gathered information concerning smoking rules/restrictions practice at households. More than half of the respondents (53.0%) stated that there are no restrictions on smoking in their household (Fig. 11). Ex-smokers reported far more often that smoking was banned in their household (55.3% of respondents) than non-smokers (38.5%) and current smokers (15.6%). Also, respondents with a university degree more often reported that smoking was banned in their household than those with school education (37.1% vs. 27.8%, respectively). No difference was detected in household smoking rules between households with and without children. When asked about the actual occurrence of smoking at households during the last month, the majority of respondents (90.0%) acknowledged smoking in their household (Table 19).

3.8.3. Readiness to ask for not smoking

Of interviewed people, 38.0% reported that they had asked others not to smoke in their home within the last two weeks. Women reported this practice twice often as men (54.7% vs. 21.2%, $p<0.01$). However, fewer respondents asked others not to smoke in public places and workplaces (17.0% and 25.3% of respondents, respectively). In general, non-smokers and ex-smokers were more likely to ask someone not to smoke than current smokers (86.0% and 85.1% vs. 58.3%, respectively) (Table 20).

3.8.4. Worksite smoking practices

Only one-third of employed respondents (38.6%) stated that their workplace was smoke-free and 8.55% of them stated that there were special indoor places for smoking. Compared with women,

men stated far less often that their workplace was smoke-free (25.4% vs. 49.1%, respectively). Worksite smoking practice distribution by occupational setting is presented in Table 21.

Non-smokers were more likely to claim that their workplace was smoke-free (51.2%) than ex-smokers and currents smokers (15.0% and 22.8%, respectively). In addition, the overwhelming majority of ex-smokers stated that smoking was allowed in a special smoking room at their workplace (91.7%). While considering specific indoor areas at workplace, smoking was allowed more often in a hallway or lobby (50.8% of respondents) and less often in a break room or cafeteria (42.9%). More than half of all respondents, who visited educational, medical or cultural institutions (55.3%) observed smoking in these institutions. Similarly, more than half of respondents (58.7%) who used any means of public transportation reported occurrence of smoking in public transportation means.

3.8.5. Attitudes toward and awareness of the law restricting smoking in public places

The survey obtained information on perceived need in a law that would restrict smoking in public areas in Armenia. The majority of respondents stated that such law should be adopted (79.8%). Women supported that more than men (86.4% vs. 73.1%, respectively, $p<0.01$). In addition, more people in Yerevan cited the necessity for such a law (86.8%) compared with Sunik and Shirak regions (78.4% vs. 73.2%, respectively). Almost all respondents believed that this law should apply to health institutions (99.8%), educational and cultural institutions (99.0% and 98.5%, correspondingly) and public transportation (99.6%). Slightly less often, the respondents stated that this law should apply to all worksites (84.9%), private workplaces (82.7%) and cafes/restaurants (72.8%).

Only 13.8% of respondents were aware of this law, while the majority of respondents (59.7%) stated that there were no laws restricting smoking in public areas in Armenia. Awareness of the existing law was higher among respondents in Yerevan (21.7%) than in Shirak (10.8%) and Sunik (8.8%).

More than half of respondents (64.4%) acknowledged that the current policy needed to be tightened. People with undergraduate or graduate education agreed more often (70.3%) compared with people with incomplete or complete secondary education (60.8%). The highest proportion of people, who supported tightening of the current policy, consisted of ex-smokers (70.7%).

3.9. Packaging/Labeling of tobacco products

The majority of respondents (67.3%) believed that the warning labels on cigarettes were not effective, 21.7% agreed that they were effective, and about 11.0% were neither agree or nor disagree. Only 8.3% of Yerevan-based respondents believed that the warning labels are effective compare to 32.1% and 24.6% of respondents in Sunik and Shirak regions, respectively. In addition, about 40.0% agreed that message and design of the warning labels should be changed, with the highest support shown in Sunik (51.7%). The majority of respondents (52.8%) disagreed that Armenian national symbols could be used for designing tobacco product packaging.

4. Discussion

4.1. Knowledge on health hazards of smoking

The overwhelming majority of the respondents acknowledged that smoking is hazardous to a smoker's health. While a higher proportion of respondents knew that smoking causes lung cancer, they acknowledged less often an increased risk of cardiovascular diseases, such as CHD and stroke, and far less often they recognized the risk of impotence in male smokers. Awareness was lowest about health risks of passive smoking.

Smokers had significantly less knowledge than non-smokers about health risks of direct and passive smoking with exception of the risk of coronary heart disease. Women knew more than men about general and specific risks of smoking to human health. This difference, however, diminished after adjusting for smoking status.

These findings are in concordance with the data from the South Africa national survey (Reddy et al, 1996) where awareness of the link of smoking and cancer was higher than that of smoking and heart disease. In addition, smokers in this study were in general less knowledgeable than non-smokers on the health impact of smoking. This is consistent with the findings of other studies (Ashley et al., 2000).

4.2. Beliefs about light cigarettes

Many mistakenly believed that light cigarettes are less harmful, with more in the regions than in the capital city. This finding corresponds with the findings from the International Tobacco Control Policy Evaluation study implemented in four countries, where the prevalence of this belief among smokers varied from 16.1% of smokers in Canada to 43.0% in UK (Hammond et al, 2006).

Similar results were found in the study that examined use and beliefs about light cigarettes among adult smokers in four countries (Australia, Canada, UK, US). With the exception of Canada that

pioneered on innovative large health warnings for cigarette pack design, the majority of smokers in these countries believed that light cigarettes offer some health benefit compared to regular cigarettes (Canada 43%, U.S. 51%, Australia 55%, UK 70%).

These results demonstrate the ongoing need for public education about why light cigarettes are not less harmful. The results provide clear evidence of the need for regulatory measures in Armenia to prohibit the use of misleading “light” and “mild” descriptors and introduction of large graphic health warnings, as prescribed in Article 11 of the Framework Convention on Tobacco Control.

4.3. Advertising of tobacco and tobacco companies

The majority of the respondents believed that advertising of tobacco products promotes use of cigarettes among youth. Substantial public support was evident for bans on advertising via media and billboards, as well for banning free samples. However, only a small proportion of the surveyed population was aware of the formal ban of tobacco advertisement in electronic media in Armenia. Furthermore, a significant proportion of the respondents in provinces reported ongoing exposure to media tobacco advertisement, reports that differed across the regions.

These large reported levels of exposure to media advertisement revealed the weak enforcement of the current legislation, which bans direct advertisement of tobacco products but allows indirect advertisement of tobacco companies and their brands. These findings not only indicate an urgent need in further tightening of the Armenian tobacco control policy but, even more importantly, demonstrate strong, broad-based support for a total ban of tobacco advertisement.

4.4. Sales to minors

The study showed that despite the strong support for banning tobacco sale to and by minors, sale of tobacco products to and by minors is widely practiced in Armenia. Low levels of awareness of the current ban and poor enforcement contribute to these persistent violations.

There was widespread perception that tobacco products were affordable. However, the majority of the respondents (62.6%) failed to acknowledge that increased cigarette price would prevent youth from starting to smoke and the majority of the survey respondents opposed increasing cigarette prices. At the same time, the overwhelming majority of respondents (90.7%) believed that cigarette taxes should be used to cover smoking-related health care costs.

4.5. Smoking restrictions

The majority of respondents favored ban of smoking in all public and private worksites, and even a higher proportion supported smoke-free health, cultural, and educational institutions. Half also supported banning smoking in restaurants and cafes. In general, non-smokers were more supportive of smoke-free policies. This is consistent with the findings from other studies (*Poland, et al.*) At the same time, the majority of respondents supported having separate smoking sections at worksites. This suggests a widespread confusion in the population between the terms “ban” and “restriction” of smoking.

Half of the respondents lived in homes with no smoking restrictions. Only a small proportion of employed respondents reported that their workplace was smoke-free. Non-smoking activism was higher among women, non-smokers, and ex-smokers. However, they were more likely to ask for not smoking in home than in public and at workplaces.

Awareness on the current law that restricts smoking in public areas in Armenia was low. Only one in seven respondents knew that such a law existed in Armenia, while the majority did not think that there was any law restricting smoking in public areas in Armenia. The level of awareness was about two times higher in the capital city compared to the provinces. However, more than half believed that there is a need to tighten the current tobacco control measures and introduce new restrictions. Not surprisingly, ex-smokers showed the greatest support. Respondents with higher education showed more support for strengthening tobacco control measures compared to those with secondary education.

4.6. Packaging/labeling of tobacco products

The majority of respondents believed that the existing health warnings were not effective and 39.9% believed that message and design of the warning labels should be changed. In addition, each second respondent disapproved the use of Armenian cultural symbols on cigarette packaging.

4.7. Conclusion

The survey clearly demonstrated a lack of awareness of the existing regulations of smoking at worksites and their systemic lax enforcement. It is disconcerting that the public exposure to tobacco advertising on TV and radio continues despite the ban enacted in 2004.

The results of the survey indicate the critical need for population-based awareness campaigns with focus on the effects of passive smoking and protecting the rights of non-smokers in Armenia by

effective enforcement of the national tobacco control policy. In addition, this research revealed the gaps in existing policies that need to be addressed in the near future. The survey findings have been shared with Armenian policymakers to provide an evidence-base to help direct their efforts in further strengthening national legislation and bringing it in accordance with the FCTC.

Finally, this survey will be used as a baseline against which to monitor and assess the impact and effectiveness of tobacco control interventions in Armenia.

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Table 1. Socio-demographic characteristics by employment status

Variables	Categories	Employment status	
		Unemployed % (N)	Employed % (N)
Gender	Female	66.4% (239)	33.6% (121)
	Male	51.3% (183)	48.7% (174)
Age	<25 years old	74.5% (117)	25.5% (40)
	25-45 years old	48.1% (162)	51.9% (175)
	>45 years old	64.1% (143)	35.9% (80)
Education	School education*	76.3% (183)	23.8% (57)
	Secondary special education**	55.0% (110)	45.0% (90)
	Higher education***	47.0% (124)	53.0% (140)

* (complete, incomplete)

** (complete, incomplete)

*** (undergraduate, graduate complete, incomplete)

Table 2. Presence of convenience items by place of residence

Presence of convenience items in the household	Place of residence		
	Yerevan %(N)	Shirak %(N)	Sunik %(N)
0-2	2.5% (6)	5.5% (13)	
3-6	46.0% (110)	61.3% (144)	42.5% (102)
7-10	44.8% (107)	31.5% (74)	53.8% (129)
More than 10	6.7% (16)	1.7% (4)	3.8% (9)

The difference is statistically significant, p<0.01

Table 3. Socio-demographic characteristics and place of residence of respondents by smoking status

Variables	Categories	Smoking status		
		Non-smokers	Ex-smokers	Current
		% (N)	% (N)	% (N)
Gender*	Female	92.7% (333)	0.6% (2)	6.7% (24)
	Male	20.8% (75)	12.5% (45)	66.7% (240)
Age	<25 years old	65.2% (103)	4.4% (7)	30.4% (48)
	25-45 years old	54.9% (186)	6.8% (23)	38.4% (130)
	>45 years old	53.6% (119)	7.7% (17)	38.7% (86)
Marital status	Married	54.6% (253)	6.9% (32)	38.4% (178)
	Divorced, living apart, widowed	69.2% (65)	3.2% (3)	27.7% (26)
	Single	54.8% (80)	7.5% (11)	37.7% (55)
Education	School education*	55.0% (132)	5.8% (14)	39.2% (94)
	Secondary special education**	57.2% (115)	10.0% (20)	32.8% (66)
	Higher education***	57.7% (153)	4.9% (13)	37.4% (99)
Residence	Yerevan	53.8% (129)	6.7% (16)	39.6% (95)
	Shirak	60.3% (144)	3.4% (8)	36.4% (87)
	Sunik	56.3% (135)	9.6% (23)	34.2% (82)
Presence of convenience items in the household	0-2 items	73.7% (14)	-	26.3% (5)
	3-6 items	59.7% (212)	5.6% (20)	34.7% (123)
	7-10 items	52.6% (163)	8.1% (25)	39.4% (122)
	More than 10 items	55.2% (16)	6.9% (2)	37.9% (11)

* (complete, incomplete)

** (complete, incomplete)

*** (undergraduate, graduate complete, incomplete)

Table 4. Knowledge on hazards of smoking by gender

QS: "Do you think smoking increases person's chances of getting the following medical conditions?"

	Yes		No		Don't know	
	Females	Males	Females	Males	Females	Males
Chronic bronchitis*	85.5%(307)	74.7%(269)	6.4%(23)	6.4%(23)	8.1%(29)	18.9%(68)
Stroke*	65.6%(235)	50.8%(183)	15.1%(54)	23.9%(86)	19.3%(69)	25.3%(91)
Lung cancer*	92.2%(329)	83.8%(301)	2.8%(10)	6.7%(24)	5.0%(18)	9.5%(34)
Coronary heart disease	63.5%(226)	61.7%(222)	16.9%(60)	20.6%(74)	19.7%(70)	17.8%(64)
Bronchial asthma*	78.2%(279)	67.3%(241)	9.5%(34)	12.6%(45)	12.3%(44)	20.1%(72)
Impotence in male smokers*	34.0%(121)	37.6%(135)	19.4%(69)	38.2%(137)	46.6%(166)	24.2%(87)

* The difference is statistically significant, p<0.01

Table 5. Knowledge on effects of direct smoking by smoking status

Qs: "Do you think smoking increases person's chances of getting the following medical conditions?"

	Yes			No		
	Non-smokers	Ex-smokers	Current smokers	Non-smokers	Ex-smokers	Current smokers
Chronic bronchitis	86.0%(350)	83.0% (39)	70.5% (186)	4.4% (18)	-	10.6% (28)
Stroke	65.3%(265)	72.3% (34)	44.7% (118)	14.3% (58)	6.4%(3)	29.9% (79)
Lung cancer	92.6%(374)	89.4% (42)	80.7% (213)	2.5% (10)		9.1% (24)
Coronary heart disease	64.4%(260)	80.9% (38)	56.4% (149)	16.6% (67)	8.5%(4)	23.9% (63)
Bronchial asthma	79.8%(323)	80.4% (37)	60.5% (159)	7.2% (29)	4.3%(2)	18.3% (48)
Impotence in male smokers	38.1%(154)	52.2% (24)	29.2% (77)	19.3% (78)	28.3%(13)	43.6% (115)

The difference is statistically significant for all cases, p<0.01

Table 6. Knowledge on effects of direct smoking by the place of residence

Qs: "Do you think smoking increases person's chances of getting the following medical conditions?"

	Yes			No		
	Yerevan	Shirak	Sunik	Yerevan	Shirak	Sunik
Chronic bronchitis	77.9% (187)	82.1% (197)	80.3% (192)	6.3% (15)	7.1% (17)	5.9% (14)
Stroke*	48.3% (116)	64.9% (155)	61.5% (147)	19.2% (46)	22.2% (53)	17.2% (41)
Lung cancer	90.0% (216)	84.0% (199)	90.0% (215)	3.8% (9)	8.4% (20)	2.1% (5)
Coronary heart disease	60.8% (146)	61.2% (145)	65.7% (157)	17.9% (43)	24.5% (58)	13.8% (33)
Bronchial asthma*	66.5% (159)	79.7% (189)	72.0% (172)	10.0% (24)	9.3% (22)	13.8% (33)
Impotence in male smokers*	24.2% (58)	32.9% (78)	50.4% (120)	34.2% (82)	35.0% (83)	17.2% (41)

* The difference is statistically significant for all cases, p<0.01

Table 7. Knowledge on effects of passive smoking by smoking status

Qs: "Do you think smoking increases person's chances of getting lung cancer and coronary heart disease from passive smoking?"

	Yes			No		
	Non-smokers	Ex-smokers	Current smokers	Non-smokers	Ex-smokers	Current smokers
Lung cancer	69.6% (281)	61.7% (29)	50.4% (133)	14.4% (58)	12.8% (6)	27.7% (73)
Coronary heart disease	51.7% (209)	51.1% (24)	39.2% (103)	23.8% (96)	17.0% (8)	33.1% (87)

Table 8. Beliefs about light cigarettes by marital status and place of residence

Statement: "Light cigarettes are less harmful than regular cigarettes"

Variables	Categories	Agree	Disagree	Neither agree nor disagree
		% (N)	% (N)	% (N)
Marital status	Married	69.2% (294)	19.8% (84)	11.1% (47)
	Divorced, living apart, widowed	58.8% (50)	11.7% (10)	29.4% (25)
	Single	70.7% (92)	20.0% (26)	9.2% (12)
Residence	Yerevan	62.9% (137)	30.3% (66)	6.9% (15)
	Shirak	71.0% (164)	9.1% (21)	19.9% (46)
	Sunik	70.4% (145)	17.5% (36)	12.1% (25)

Table 9. Attitudes toward media tobacco advertisement by regions

Statement: "Tobacco and tobacco company advertising in the media should be banned".

Place of residence	Agree and strongly agree % (N)	Disagree and strongly disagree % (N)	Neither agree nor disagree % (N)
Yerevan	77.9% (187)	12.1% (29)	10.0% (24)
Shirak	70.4% (169)	8.8% (21)	20.8% (50)
Sunik	71.5% (171)	16.7% (40)	11.7% (28)

Table 10. Attitudes toward tobacco advertisement in media by income

Statement: Tobacco company advertising in the media should be banned.

Categorical score	Agree and	Disagree and	Neither agree nor
	strongly agree % (N)	strongly disagree % (N)	disagree % (N)
0-2	73.7% (14)	26.3% (5)	
3-6	71.6% (255)	10.6% (38)	17.7% (63)
7-10	77.4% (239)	8.1% (25)	14.6% (45)
More than 10	48.3% (14)	34.5% (10)	17.2% (5)

Table 11. Exposure to tobacco billboard advertisement by place of residence

Qs: "Within the last month how frequently did you see the billboards with tobacco advertising?"

Place of residence	Total	Frequently (almost every day) % (N)	Occasionally and seldom % (N)
	% (N)		
Yerevan	84.5% (180)	51.6% (110)	32.9% (70)
Gyumri	82.2% (101)	40.7% (50)	41.5% (51)
Kapan	65.6% (40)	23.0% (14)	42.6% (26)
Goris	56.2% (18)	15.6% (5)	40.6% (13)
Sisian	38.1% (8)	9.5% (2)	28.6% (6)

Table 12. Promotion of free items and cigarette samples by place of residence

Place of residence	Offered promotional item	Offered free cigarette
	% (N)	% (N)
Yerevan	16.7% (40)	11.7% (28)
Gyumri	3.8% (5)	3.8% (5)
Kapan	8.3% (6)	8.3% (6)
Goris	5.7% (2)	11.4% (4)
Sisian	8.3% (2)	-

Table 13. Respondents' exposure to smoking-related programs (n=186)

Qs: How did the programs/articles portray smoking?

Response	% (N)
<i>Pro-smoking</i>	14.5% (27)
<i>Equally pro -and anti-smoking</i>	24.2% (45)
<i>Anti-smoking</i>	61.3% (114)

Table 14. Attitude of people towards tobacco products accessibility to children

Statement: Tobacco products are easily accessible for children

<i>Place of residence</i>	<i>Response</i>		
	<i>Agree or strongly agree</i>	<i>Disagree or strongly disagree</i>	<i>Neither agree nor disagree</i>
	<i>% (N)</i>	<i>% (N)</i>	<i>% (N)</i>
<i>Yerevan</i>	91.2% (219)	6.7% (16)	2.1% (5)
<i>Shirak</i>	33.4% (80)	51.7% (124)	15.0% (36)
<i>Sunik</i>	71.3% (171)	23.0% (55)	5.8% (14)

Table 15. Attitudes toward sales of tobacco products to children under 18 years.

Statement	Response	Non-smokers	Ex-smokers	Current smokers
To your opinion should the law in Armenia prohibit sale of tobacco products to children under 18 years	Yes	98.5% (393)	95.7% (44)	92.1% (234)
	No	1.5% (6)	4.3% (2)	7.9% (20)
To your opinion should the law in Armenia prohibit sale of tobacco products by children under 18 years	Yes	95.4% (376)	95.7% (45)	87.4% (222)
	No	4.6% (18)	4.3% (2)	12.6% (32)
To your opinion should the law in Armenia prohibit sale of tobacco products per item	Yes	82.8% (312)	81.8% (36)	68.6% (168)
	No	17.2% (65)	18.2% (8)	31.4% (77)

Table 16. Attitudes toward sales of tobacco products to children under 18 years by the place of residence

Statement	Response	Yerevan	Shirak	Sunik
To your opinion should the law in Armenia prohibit sale of tobacco products to children under 18 years*	Yes	92.8% (219)	96.9% (218)	98.3% (235)
	No	7.2% (17)	3.1% (7)	1.7% (4)
To your opinion should the law in Armenia prohibit sale of tobacco products by children under 18 years*	Yes	88.9% (208)	92.0% (208)	96.6% (228)
	No	11.1% (26)	8.0% (18)	3.4% (8)
To your opinion should the law in Armenia prohibit sale of tobacco products per item*	Yes	64.3% (142)	90.0% (198)	78.3% (177)
	No	35.7% (79)	10.0% (22)	21.7% (49)

* The difference is statistically significant for all cases, p<0.01

Table 17. Awareness of the law regulating sales of cigarettes in Armenia

Qs: "To your knowledge, is there a law regulating sales of cigarettes in Armenia?"

Response	Education		
	School education % (N)	Secondary special education % (N)	Undergraduate and graduate degree % (N)
Yes	7.1% (17)	15.2% (30)	14.8% (39)
No	69.7% (168)	53.0% (105)	56.1% (148)
Don't know	23.2% (56)	31.8% (63)	29.2% (77)

Table 18. Respondents' attitudes toward smoking restrictions

Statement	Agree or strongly agree	Disagree or strongly disagree	Neither agree nor disagree
Smoking should be avoided inside the house/room	91.6% (659)	4.2% (30)	4.3% (31)
Smoking should be banned in all medical, educational and cultural institutions	92.8% (668)	2.8% (20)	4.4% (32)
Smoking should be banned in all state and private institutions	78.9% (568)	8.6% (62)	12.5% (90)
Smoking should be banned in all restaurants and cafes	58.2% (418)	24.7% (178)	17.0% (122)
Separate smoking sections for smokers should be designed in all restaurants and cafes	81.1% (584)	11.5% (83)	7.4% (53)
Separate smoking sections should be designed for smoking in all worksites	91.0% (655)	4.3% (31)	4.7% (34)
Smoking should be banned on all public transportation, including bus, micro-buses, taxis, etc	95.8% (690)	1.8% (13)	2.4% (17)
Smoking should be allowed only outdoors	87.3% (628)	5.5% (40)	7.1% (51)

Table 19. Smoking in households

Qs: "Within the last month how often did smoking occur in your household?"

Response	% (N)
Frequently (almost every day)	56.7% (363)
Occasionally (3-5 times a week)	13.1% (84)
Seldom (1-2 times a week)	20.2% (129)
Never	10.0% (64)

Table 20. Likelihood of asking for not smoking by smoking status

Qs: "In general how likely would you ask someone not to smoke?"

Response	Smoking status		
	Non-smokers	Ex-smokers	Current smokers
Very likely	40.9% (167)	34.0% (16)	17.4% (46)
Likely	28.7% (117)	21.3% (10)	24.2% (64)
Somewhat likely	16.4% (67)	29.8% (14)	16.7% (44)
Unlikely	10.8% (44)	10.6% (5)	26.5% (70)
Very unlikely	3.2% (13)	4.3% (2)	15.2% (40)

Table 21. Worksite smoking practice by type of occupational setting (n=246)

Qs: "Is your place of work smoke-free?"

	Occupational settings			
	Industrial	Classrooms and hospitals	Restaurants and bars	Others
	% (N)	% (N)	% (N)	% (N)
<i>Completely smoke-free</i>	45.5% (10)	54.7% (35)	25.0% (2)	31.6% (48)
<i>Special indoor places for smoking</i>	27.3% (6)	6.3% (4)	-	7.2% (11)
<i>Not smoke-free</i>	27.3% (6)	39.1% (25)	75.0% (6)	61.2% (93)

Figure 1. Survey participants by age.

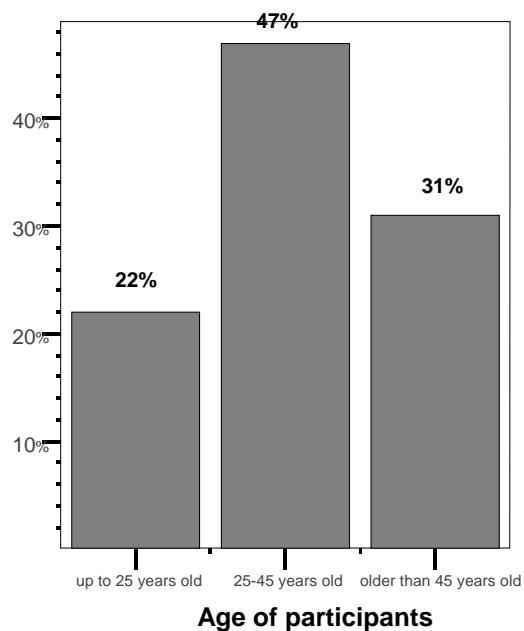


Figure 2. Survey participants by smoking status.

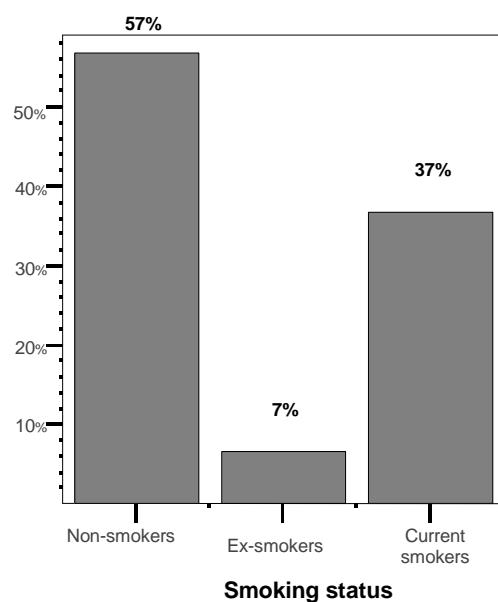


Figure 3. Gender of participants and smoking status

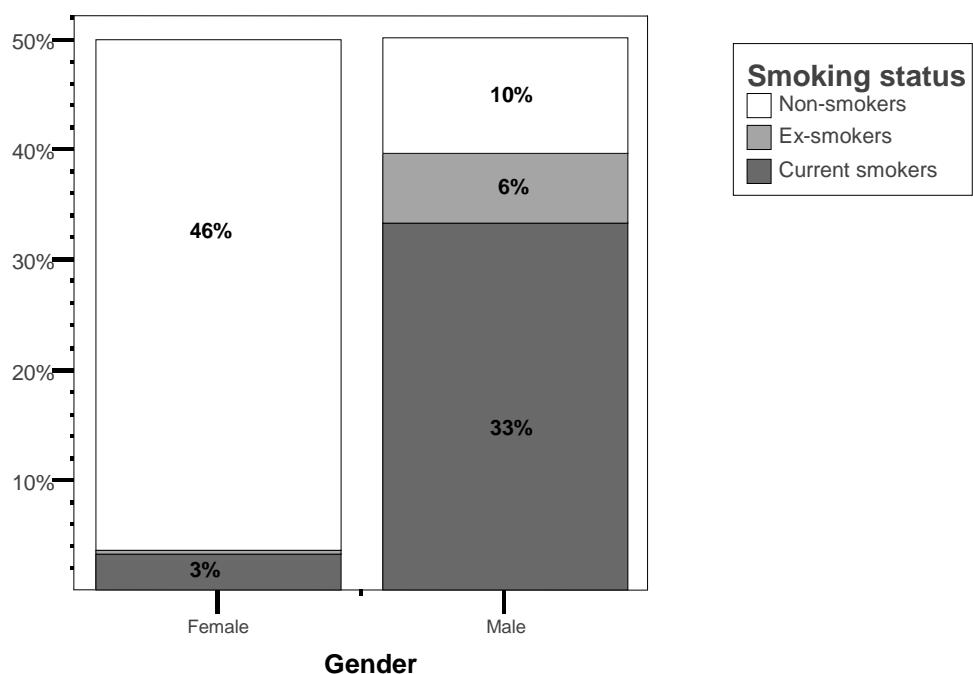


Figure 4. Knowledge of health effects of smoking

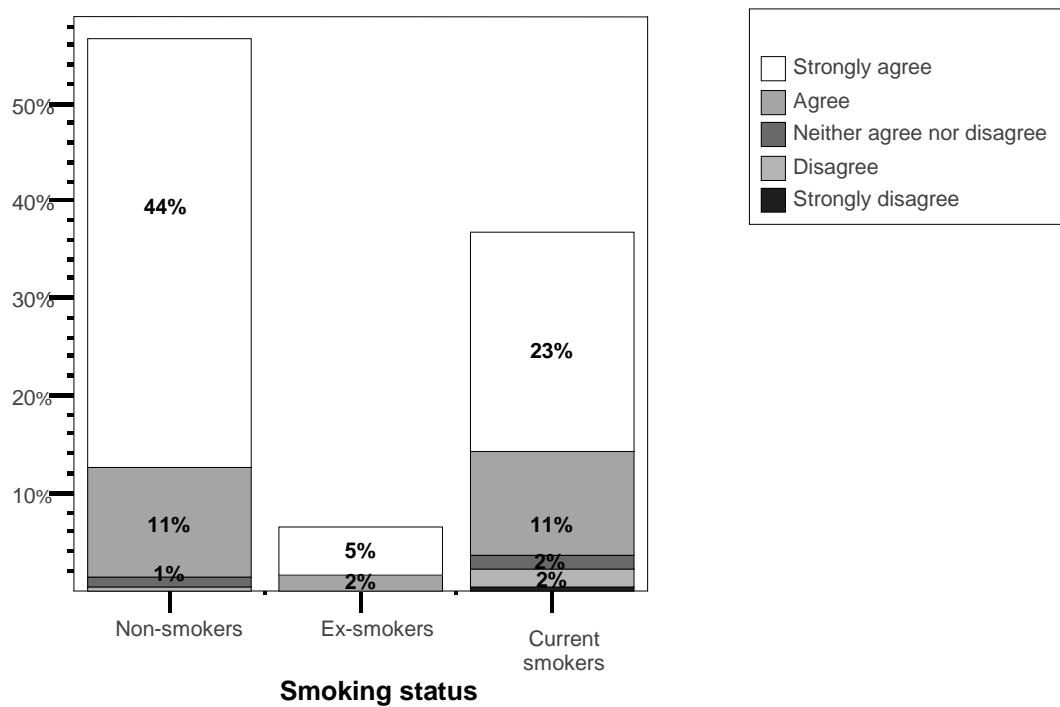


Figure 5. Belief of participants about light cigarettes

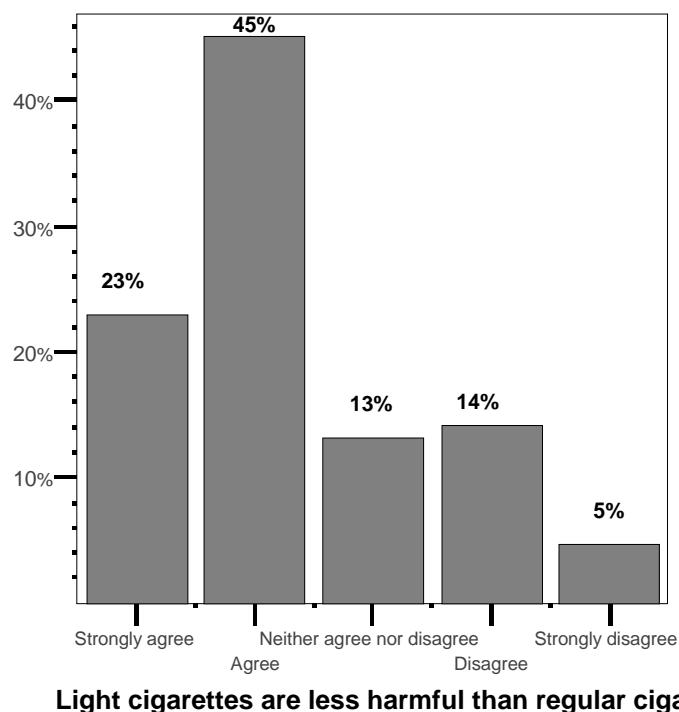
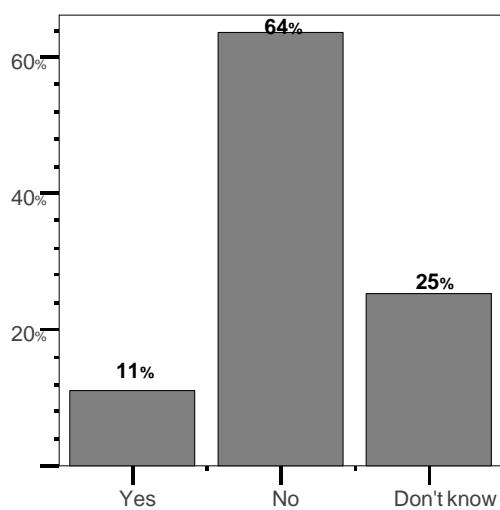
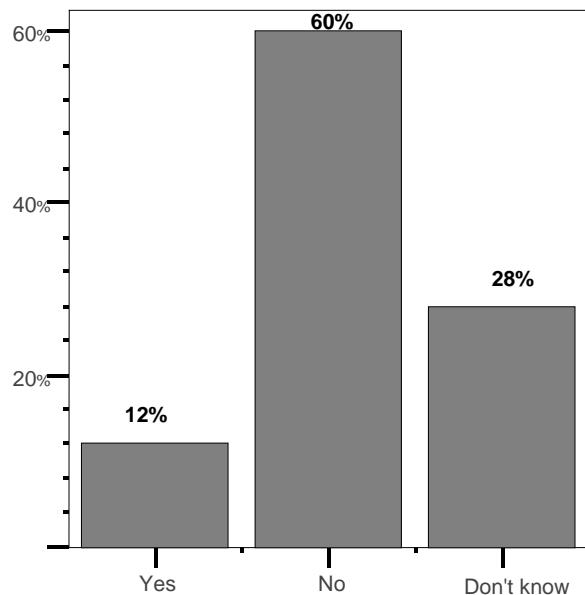


Figure 6. Awareness of law on banning tobacco advertising



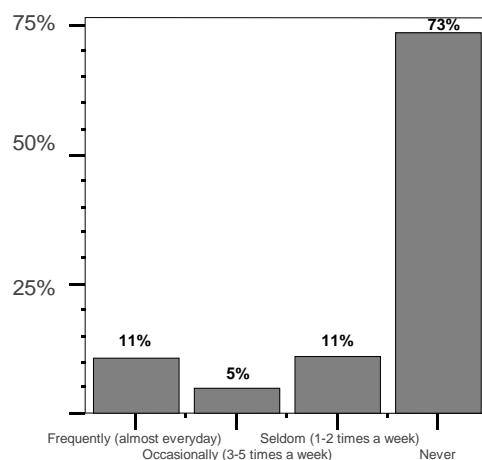
To your knowledge is there a law banning advertising of the tobacco products in Armenia?

Figure 7. Awareness of law, regulating sales of tobacco products



To your knowledge is there a law regulating sales of cigarettes in Armenia?

Figure 8. Sale of tobacco products to minors



Within last month how often did you sent a person under 18 to buy a cigarette for you or one of your family members?

Figure 9. Cost of tobacco products

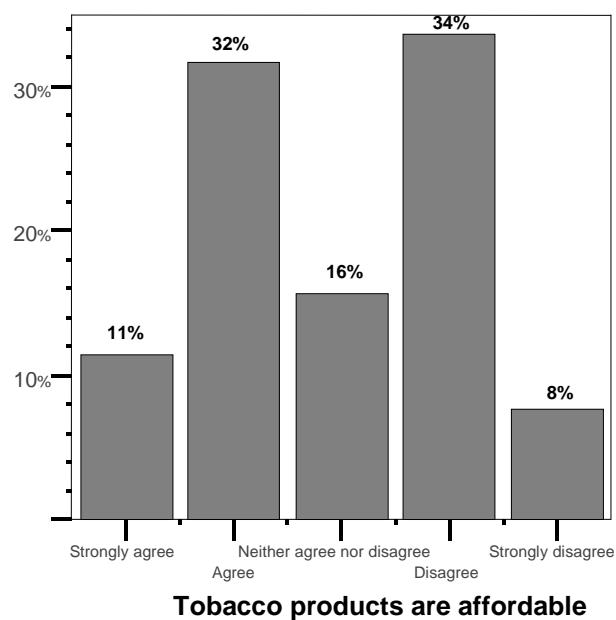
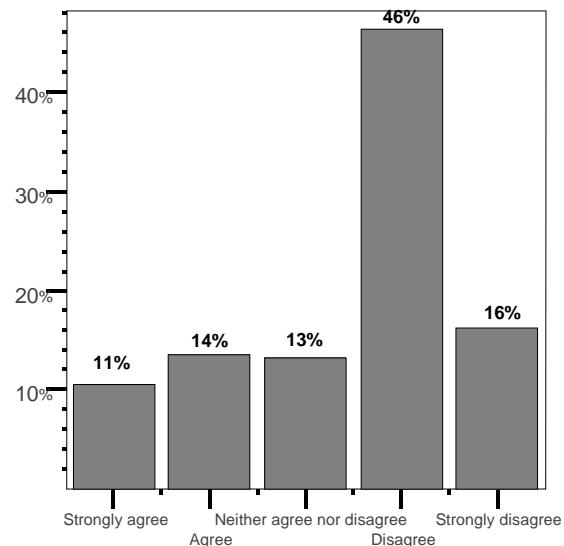


Figure 10. Relationship between the price of cigarettes and smoking habits



Increase of prices of cigarettes could prevent youth from starting to smoke

Figure 11. Smoking rules/restrictions in households

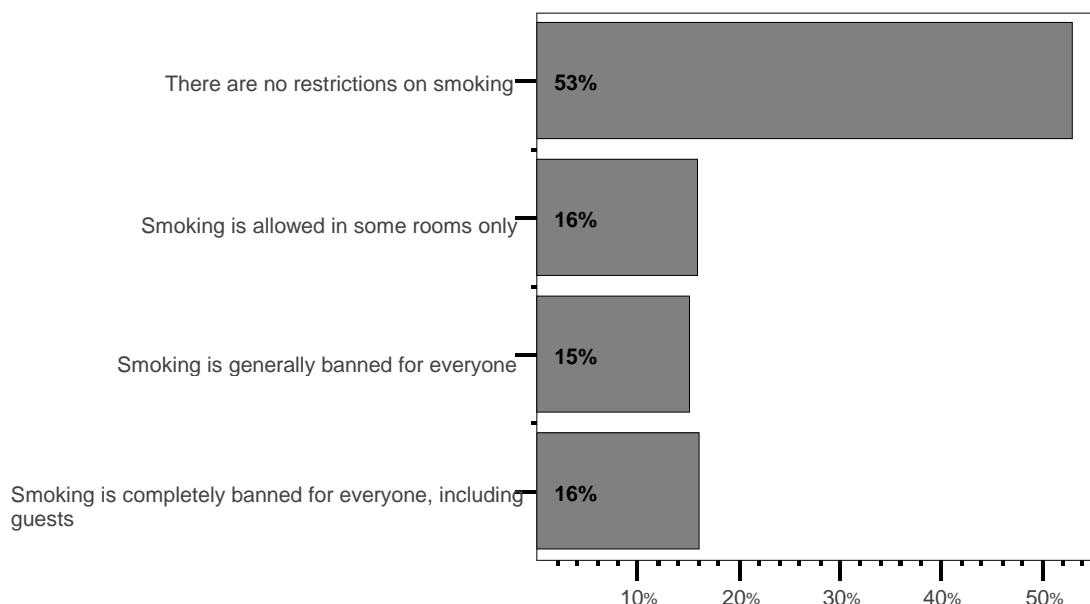
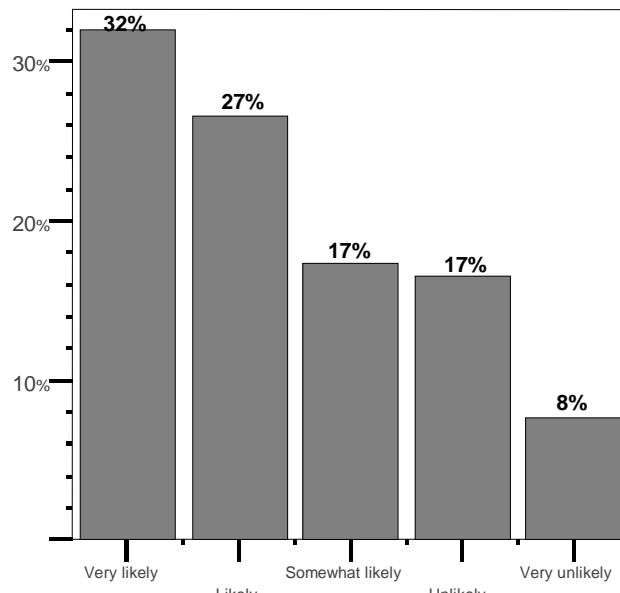
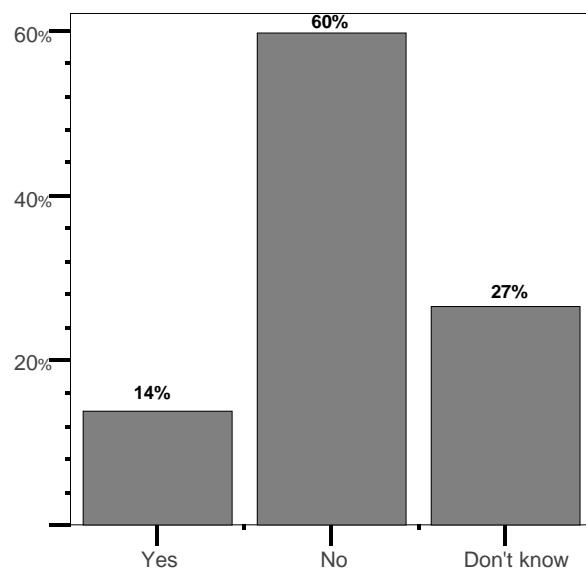


Figure 12. Readiness to ask for not smoking



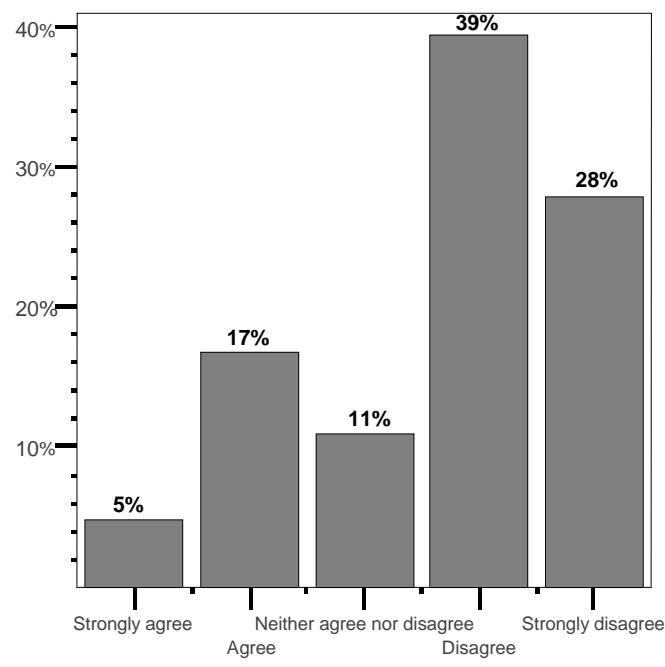
In general how likely would you ask someone not to smoke?

Figure 13. Awareness of law, restricting smoking in public areas



To your knowledge is there a law restricting smoking in public areas in Armenia?

Figure 14. Warning labels of tobacco products



Are the warning labels on cigarettes effective?

QUESTIONNAIRE.

**Armenian Public Health Alliance
American University of Armenia
Center for Health Services Research and Development**

Open Society Institute Assistance Foundation

Population Survey on Tobacco Control Policy in Armenia

ID NUMBER* ____/____/____

The coding for ID number:

Digit 1-2	Region ID*
Digit 3-5	Cluster number
Digit 6-7	Number of visit from the journal form

*Region ID (digit 2-3 in the ID number)

Yerevan	01
Gyumri	02
Artik	03
Maralik	04
Azatan	05
Akhurian	06
Amasia	07
Arapi	08
Bayandur	09
Gusanagyugh	10
Lernut	11
Haykavan	12
Hovit	13
Maisyan	14
Meghrashen	15
Voghchi	16
Jrarat	17
Saratak	18
Panik	19

Kapan	20
Agarak	21
Goris	22
Dastakert	23
Meghri	24
Sisian	25
Kajaran	26
Agarak	27
Ashotavan	28
Brnakot	29
Darbas	30
Khnatsakh	31
Khot	32
Hartashen	33
Shaghat	34
Shinuhayr	35
Syunik community	36
Verin Khotanan	37
Tandzaver	38
Ujts	39

This questionnaire targets Armenian population (males and females) 18-60 years of age

RECORD INTERVIEW DATE

DAY	MONTH	YEAR

INTERVIEWER: _____

TIME INTERVIEW STARTED: __ __ : __ __

A. GENERAL INFORMATION

1. How old are you?

AGE OF RESPONDENT IN YEARS: ____ IF THE AGE OF THE RESPONDENT IS NOT 18-60 YEARS, STOP THE INTERVIEW

2. Gender

1. Female
2. Male

3. What is your marital status?

1. Married
2. Divorced/married but living apart
3. Widowed/widower
4. Single (never married)
88. Don't know/Refuse to answer

4. What is your education status?

1. Incomplete primary education
2. School education (primary, secondary education)
3. Incomplete secondary-special education (includes current students)
4. Secondary-special education
5. Incomplete undergraduate (includes current students of institutes and universities)
6. Undergraduate (institute, universities)
7. Incomplete graduate education (includes current post-graduate students and candidates to scientific degrees)
8. Graduate (post-institute, post-university education, such as master degree, PhD, candidate of science)
88. Don't know
99. Refuse to answer

5. How many people live in your household including yourself?

- a) _____ people, of them:
- b) _____ adults (above 18 years old)
- c) _____ children (18 and below)

6. How many of your family members are currently smoking?

_____ people

88. Don't know
99. Refuse to answer

7. Would you say that in general your health is READ

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Very poor

B. SMOKING STATUS

Now I will ask you several questions regarding your smoking status and quitting practice (if any). Please respond to these questions sincerely. As I told before your answers are anonymous and confidential, they will be available only to the research team of the American University of Armenia, so please be as sincere as you can.

8. Have you ever smoked cigarettes? (smoke at least one cigarette)
1. Yes
 2. No → Skip to SECTION C
 88. Don't know
 99. Refuse to answer
9. Have you smoked at least 100 cigarettes during your lifetime?
1. Yes
 2. No → SKIP TO SECTION C
 88. Don't know
 99. Refuse to answer
10. How often do you smoke currently?
1. Every day
 2. Some days
 3. Not at all → SKIP TO QUESTION 13
 88. Don't know
 99. Refuse to answer
11. On average how many cigarettes do you smoke each day/on the day you smoke?
_____ pieces
12. How soon after you wake up do you smoke your first cigarette?
1. Within 5 minutes
 2. Within 5-30 minutes
 3. Within 31-60 minutes
 4. After 60 minutes
13. Do you usually buy cigarettes or roll your own?
1. Buy cigarettes
 2. Roll own
- GO TO QUESTION 18
14. When did you quit?
1. More than 1 year ago
 2. Within the last 12 months
 3. Within the last 3 months
 4. Within the last month
15. What were the reasons for quitting? (READ AND CIRCLE ALL THAT APPLY)
1. The cost of cigarettes
 2. Health problem/Doctor's advice
 3. Concern for health in the future
 4. The effect your smoking had on others
 5. Pressure from your family and friends
 6. Setting a good example for your children
 7. Public image
 8. Restriction of smoking at worksite
 9. Pregnancy
 10. Other reason (specify) _____
88. Don't know
99. Refuse to answer

16. Of all reasons you mentioned what was the most important reason for you to quit? (CHECK ONLY ONE RESPONSE)

1. The cost of cigarettes
2. Health problem/Doctor's advice
3. Concern for health in the future
4. The effect your smoking had on others
5. Pressure from your family and friends
6. Setting a good example for your children
7. Public image
8. Restriction of smoking at worksite
9. Pregnancy
10. Other reason (specify) _____
88. Don't know
99. Refuse to answer

17. What kind of assistance/support for quitting did you use? CIRCLE ALL THAT APPLY. PROBE: ANYTHING ELSE?

1. Psychological counseling/advice
2. Physician's advice
3. Books/booklets
4. Experience/advice of others
5. Nicotine gum
6. Nicotine patch
7. Zyban/Welbutrin
8. Tabex
9. Acupuncture
10. Gradually decreased the number
11. Hypnosis
12. No method
13. Other methods (Specify) _____
88. Don't know
99. Refuse to answer

18. How many times have you ever tried to quit smoking?

_____ times (INSERT NUMBER, IF THE RESPONDENT IS NOT RESPONDING IN A NUMBER FORMAT, PROBE TO GET A NUMBER) IF NEVER WRITE 0

ASK THESE QUESTIONS ONLY OF THE RESPONDENT IS CURRENT SMOKER, IF HE/SHE IS NOT A SMOKER SKIP TO SECTION C.

19. During the past month, have you intentionally stopped smoking for at least one day or longer because you were trying to quit smoking?

1. Yes
2. No
88. Don't know
99. Refuse to answer

20. During the past month, have you intentionally cut down on the number of cigarettes for at least one day or longer because you were trying to quit smoking?

1. Yes
2. No
88. Don't know
99. Refuse to answer

21. Do you plan to quit in the future?
1. Yes
 2. No → SKIP TO SECTION C
 88. Don't know SKIP TO SECTION C
 99. Refuse to answer SKIP TO SECTION C
22. If you plan to quit smoking, by when do you plan to quit?
1. In 3 months
 2. In 6 months
 3. In 12 months
 4. In later than 12 months
 88. Don't know
23. What kind of assistance/support for quitting do you plan to use? CIRCLE ALL THAT APPLY
1. Psychological counseling/advice
 2. Physician's advice
 3. Books/booklets
 4. Experience/advice of others
 5. Nicotine gum
 6. Nicotine patch
 7. Zyban/Welbutrin
 8. Tabex
 9. Acupuncture
 10. Gradually decreased the number
 11. Hypnosis
 12. No method
 13. Other methods (Specify) _____
 88. Don't know
 99. Refuse to answer

C. HEALTH EFFECTS OF SMOKING

Let's now talk about the health effects of smoking. Please give us your opinion for the following statements. You can respond strongly agree, agree, neither agree nor disagree, disagree, strongly disagree.

24. Please tell if you think that smoking is harmful to a smoker's health.
1. Strongly agree
 2. Agree
 3. Neither agree nor disagree
 4. Disagree
 5. Strongly disagree
25. Tell me if you think smoking or breathing smoke from another person's cigarette definitely increases, probably increases, probably does not , or definitely does not increase a person's chances of getting the following problems:

	Yes	No	DK
a. Chronic bronchitis	1	2	88
b. Stroke	1	2	88
c. Cancer of the larynx or voice box	1	2	88
d. Lung cancer	1	2	88
e. Coronary heart disease	1	2	88
f. Bronchial asthma	1	2	88
g. Impotence in male smokers	1	2	88
h. Lung cancer from passive smoking	1	2	88
i. Coronary heart disease from passive smoking	1	2	88

D. ADVERTISING

Now let's talk about your knowledge, attitude and experience regarding advertising of tobacco products. Please remember that this is not an exam or a test. Please be as honest as you can for responding to the questions. Please give us your opinion for the following statements. You can respond strongly agree, agree, neither agree nor disagree, disagree, strongly disagree.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
26. Advertising of tobacco products promotes use of cigarettes among youth.	1	2	3	4	5
27. Tobacco companies should not be allowed to offer promotional items (such as t-shirts).	1	2	3	4	5
28. Tobacco companies should not be allowed to offer free samples of cigarettes.	1	2	3	4	5
29. Tobacco and tobacco company advertising in the media should be banned.	1	2	3	4	5
30. Cigarette advertising on the billboards should be banned.	1	2	3	4	5
31. Sponsorship of sports and cultural events by tobacco companies should be banned.	1	2	3	4	5
32. Advertising tobacco products at sports events should be banned.	1	2	3	4	5

33. To your knowledge is there a law banning advertising of the tobacco products in Armenia?

- 1. Yes
- 2. No → SKIP TO QUESTION 35
- 88. Don't know → SKIP TO QUESTION 35
- 99. Refuse to answer → SKIP TO QUESTION 35

34. What does this ban prohibit? READ THE RESPONSES, CIRCLE ALL THAT APPLY

1. Advertising in electronic media (TV, radio)	Yes	No	DK
2. Advertising in print media (magazines, newspapers)	1	2	88
3. Advertising on billboards	1	2	88
4. Offering free promotional items, such as t-shirts, etc	1	2	88
5. Offering free cigarettes.	1	2	88
6. Other (specify) _____	1	2	88

35. Within the last month how many times did you see tobacco or tobacco company advertising on the Armenian TV?

- 1. Frequently (almost everyday)
- 2. Occasionally (3-5 times a week)
- 3. Seldom (1-2 times a week)
- 4. Never
- 88. Do not watch TV

36. Within the last month how many times did you hear tobacco or tobacco company advertising on the Armenian radio?

- 1. Frequently (almost everyday)
- 2. Occasionally (3-5 times a week)
- 3. Seldom (1-2 times a week)
- 4. Never
- 88. Do not listen to radio

37. Would you say that there is more or less cigarette advertisements on Armenian TV and radio now as compared with 6 months ago?

1. There is more advertising now than 6 months ago
2. There is less advertising now than 6 months ago
3. There is equally advertising now and 6 months ago
88. Don't know
99. Refuse to answer

38. Now I want to ask you about the media more generally. First, thinking about media programs and/or articles about smoking or tobacco companies that might have been on TV, radio, or in the newspapers. In the last 1 month about how often have you seen or listen smoking related program or read an article?

1. Frequently (almost everyday)
2. Occasionally (3-5 times a week)
3. Seldom (1-2 times a week)
4. Never → SKIP TO QUESTION 40
5. Do not watch TV, listen radio or read newspapers
88. Don't know → SKIP TO QUESTION 40
99. Refuse to answer → SKIP TO QUESTION 40

39. On balance, how did the programs/articles portray smoking?

1. Pro-smoking
2. Equally pro- and anti-smoking
3. Anti-smoking

40. Within the last month how frequently did you see the billboards with tobacco advertising?

1. Frequently (almost everyday)
2. Occasionally (3-5 times a week)
3. Seldom (1-2 times a week)
4. Never
88. Don't know
99. Refuse to answer

41. Within the last 6 months how often did you see the tobacco advertising on the public/political events?

1. Frequently (almost everyday)
2. Occasionally (3-5 times a week)
3. Seldom (1-2 times a week)
4. Never
88. Don't know
99. Refuse to answer

42. Within the last 6 months have you been offered a promotional item, such as free t-shirt, mug, etc from a tobacco company?

1. Yes
2. No
88. Don't know
99. Refuse to answer

43. Within the last 6 months have you been offered to try a free tobacco product by the tobacco company representative?

1. Yes
2. No
88. Don't know
99. Refuse to answer

E. TOBACCO SALES

Now we will talk a little bit about sales of tobacco products. Please indicate your level of agreement for the statements, which I will read. As in the earlier sections you can respond strongly agree, agree, neither agree nor disagree, disagree, strongly disagree.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
44. Tobacco products are easily accessible for children.	1	2	3	4	5
45. Police should be responsible for enforcing laws against tobacco sales to minors.	1	2	3	4	5
46. Minors should not be allowed to buy cigarettes.	1	2	3	4	5
47. Laws should impose financial penalties for the sale of tobacco products to minors.	1	2	3	4	5
48. Store owners should need a license to sell cigarettes (just like alcoholic beverages).	1	2	3	4	5
49. Penalties should be gradually increased for store owners who repeatedly sell cigarettes to minors.	1	2	3	4	5

50. Within the last month how often did you sent a person under 18 to buy a cigarette for you or one of your family members?
1. Frequently (almost everyday)
 2. Occasionally (3-5 times a week)
 3. Seldom (1-2 times a week)
 4. Never
 88. Don't know
 99. Refuse to answer
51. Within the last month how often did you see a minor selling a cigarette?
1. Frequently (almost everyday)
 2. Occasionally (3-5 times a week)
 3. Seldom (1-2 times a week)
 4. Never
 88. Don't know
 99. Refuse to answer
52. Within the last month how often did you see a person under 18 buying a cigarette?
1. Frequently (almost everyday)
 2. Occasionally (3-5 times a week)
 3. Seldom (1-2 times a week)
 4. Never
 88. Don't know
 99. Refuse to answer
53. Within the last month how often did you see the per item sale of cigarettes?
1. Frequently (almost everyday)
 2. Occasionally (3-5 times a week)
 3. Seldom (1-2 times a week)
 4. Never

54. To your opinion should this law prohibit... READ THE RESPONSES, CIRCLE ALL MENTIONED

	Yes	No	DK
1. Sale of tobacco products to children under 18	1	2	88
2. Sale of tobacco products by children under 18	1	2	88
3. Sale of tobacco products per item	1	2	88
4. Other (specify) _____	1	2	88

55. To your knowledge is there a law regulating sales of cigarettes in Armenia?

- 1. Yes
- 2. No → SKIP TO QUESTION 55
- 88. Don't know
- 99. Refuse to answer

56. To your knowledge what does this law prohibit? READ THE RESPONSES, CIRCLE ALL THAT APPLY

- 1. Sale of tobacco products to children under 18
- 2. Sale of tobacco products by children under 18
- 3. Sale of tobacco products per item
- 4. Other (specify) _____
- 88. Don't know
- 99. Refuse to answer

57. To your knowledge are there any penalties to those who sell tobacco products to minors?

- 1. Yes
- 2. No
- 88. Don't know
- 99. Refuse to answer

F. TAXES AND FEES/COST OF TOBACCO PRODUCTS

In this section I will ask questions about fees and costs of tobacco products. Please indicate your level of agreement for the following statements. You can respond strongly agree, agree, neither agree nor disagree, disagree, strongly disagree.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
58. Tobacco products are affordable.	1	2	3	4	5
59. Increase of prices of cigarettes will prevent youth from starting to smoke.	1	2	3	4	5
60. Cigarette taxes should be used to pay for smoking-related health care costs.	1	2	3	4	5
61. The price of cigarettes should be increased.	1	2	3	4	5

62. Tobacco products have excise tax because READ THE OPTIONS, CIRCLE ALL THAT APPLY

	Yes	No	DK
1. Tobacco is a harmful product	1	2	88
2. Tobacco production is very profitable	1	2	88
3. The excise tax covers health care costs	1	2	88
4. Other (specify) _____	1	2	88

63. Does the price of cigarettes influence on ... READ THE RESPONSES, MENTION ALL THAT APPLY

	Yes	No	DK
1. Their desire to quit	1	2	88
2. How much people smoke	1	2	88
3. On switching to cheap cigarettes	1	2	88
4. Other (specify) _____	1	2	88

G. RESTRICTION ON SMOKING

Please express your lever of agreement with the following statements. You can answer strongly agree, agree, neither agree nor disagree, disagree, strongly disagree.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
64. Breathing smoke from another person's cigarette is harmful to non-smoker's health.	1	2	3	4	5
65. Smoking should be avoided inside the house/room.	1	2	3	4	5
66. Smoking should be banned in all medical, educational and cultural institutions.	1	2	3	4	5
67. Smoking should be banned in all state and private establishments/institutions.	1	2	3	4	5
68. Smoking should be banned in all restaurants and cafes.	1	2	3	4	5
69. Separate smoking sections for smokers should be designed in all restaurants and cafés.	1	2	3	4	5
70. Special smoking areas should be designated for smoking in all worksites.	1	2	3	4	5
71. Smoking should be banned on all public transportation, including bus, micro-buses, taxis, etc.	1	2	3	4	5
72. Smoking should be allowed only outdoors.	1	2	3	4	5

73. What are the smoking rules/restrictions in your household, if any?

1. Smoking is *completely* banned for everyone, including guests → SKIP TO QUESTION 79
2. Smoking is *generally* banned for everyone
3. Smoking is allowed in some rooms only
4. There are no restrictions on smoking

74. Within the last month about how often did smoking occur in your household?

1. Frequently (almost everyday)
2. Occasionally (3-5 times a week)
3. Seldom (1-2 times a week)
4. Never

75. Now let's talk about exposure to smoking in the place where you work. Are you currently employed outside the home?

1. Yes
2. No → SKIP TO QUESTION 82
88. Don't know

76. Do you currently work in an indoor setting, such as an office, plant or store?

1. Yes
2. No → SKIP TO QUESTION 82
88. Don't know → SKIP TO QUESTION 82
99. Refused to answer → SKIP TO QUESTION 82

77. What does best describe where you currently work?
1. In an office
 2. In a plant factory
 3. In a store or warehouse
 4. In a classroom
 5. In a hospital
 6. In a restaurant or bar
 7. In a vehicle
 8. In some other indoor setting
 9. Outdoors
 10. Other (specify) _____
 88. Don't know
 99. Refuse to answer

78. What is the total number of employees in the building where you work?
1. 1-5 employees
 2. 6-50 employees
 3. 51-100 employees
 4. More than 101
 88. Don't know
 99. Refuse to answer

79. Is your place of work smoke-free?
1. Yes, completely smoke-free in-doors
 2. There are special indoor places for smoking
 3. No, it is not smoke-free
 88. Don't know
 99. Refuse to answer

80. For each of the following indoor areas at your workplace, is smoking allowed in...

	Yes	No	N/A	DK	RF
a. Any indoor work area?	1	2	77	88	99
b. A special smoking room or lounge?	1	2	77	88	99
c. A break room or cafeteria?	1	2	77	88	99
d. A hallway or lobby?	1	2	77	88	99

81. During the past two weeks has anyone smoked in the area in which you work?
1. Yes
 2. No
 3. Didn't work in the past two weeks
 88. Don't know
 99. Refuse to answer

82. During the past two weeks did you ask anyone not to smoke ...

	Yes	No	N/A
a. At your home	1	2	77
b. At your workplace	1	2	77
c. On the public	1	2	77

83. In general how likely would you ask someone not to smoke?
1. Very likely
 2. Likely
 3. Somewhat likely
 4. Unlikely
 5. Very unlikely

84. Within the last month have you been in educational, medical or cultural institutions?
1. Yes
 2. No → SKIP TO QUESTION 86
 88. Don't know → SKIP TO QUESTION 86
 99. Refuse to answer → SKIP TO QUESTION 86
85. Within the last month have you seen someone smoking in educational, medical or cultural institutions?
1. Yes
 2. No
 88. Don't know
 99. Refuse to answer
86. Within the last month have you used any means of public transportation, such as bus, micro-bus, taxi or other?
1. Yes
 2. No → SKIP TO QUESTION 88
 88. Don't know → SKIP TO QUESTION 88
 99. Refuse to answer → SKIP TO QUESTION 88
87. Within the last month have you seen anyone smoking within the public transportation, including the driver?
1. Yes
 2. No
 88. Don't know
 99. Refuse to answer
88. Do you think a law restricting smoking in public areas should be adopted in Armenia?
1. Yes
 2. No → SKIP TO QUESTION 90
 88. Don't know → SKIP TO QUESTION 90
 99. Refuse to answer → SKIP TO QUESTION 90
89. What public enclose places should this law refer to? READ THE OPTIONS, CIRCLE ALL THAT APPLY

	Yes	No	DK
1. Educational institutions	1	2	88
2. Medical institutions	1	2	88
3. Governmental buildings	1	2	88
4. Cafes/restaurants	1	2	88
5. Cultural institutions	1	2	88
6. Private offices	1	2	88
7. Public transportation	1	2	88
8. All worksites	1	2	88
9. Other (specify) _____	1	2	88

90. To your knowledge is there a law restricting smoking in public areas in Armenia?

1. Yes
2. No → SKIP TO QUESTION 92
88. Don't know → SKIP TO QUESTION 92
99. Refuse to answer → SKIP TO QUESTION 92

91. What public enclosed places this restriction refers? READ, CIRCLE ALL THAT APPLY

	Yes	No	DK
1. Educational institutions	1	2	88
2. Medical institutions	1	2	88
3. Governmental buildings	1	2	88
4. Cafes/restaurants	1	2	88
5. Cultural institutions	1	2	88
6. Private offices	1	2	88
7. Public transportation	1	2	88
8. All worksites	1	2	88
9. Other (specify) _____	1	2	88

92. Do you think that the current law should be modified/changed to add new restrictions?

- 1. Yes
- 2. No
- 3. Don't know details about the current law
- 88. Don't know
- 99. Refuse to answer

H. PACKAGING/LABELING/ LIGHT CIGARETTES

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
93. Would you agree that the warning label on cigarette packs is effective?	1	2	3	4	5
94. Would you agree that message and design of the warning labels should be changed?	1	2	3	4	5
95. Would you agree that the Armenian national values should be used for advertising tobacco products	1	2	3	4	5

96. Light cigarettes are less harmful than regular cigarettes.

- 1. Strongly agree
- 2. Agree
- 3. Neither agree nor disagree
- 4. Disagree
- 5. Strongly disagree

We have two more questions to ask you and we will finish the interview

97. Please tell us: Last month, the approximate amount of household income spent by all household members was how many drams?

_____ drams: RECORD IN ARMENIAN DRAMS, IF THE REONSES IS NOT IN NUMBER FORMAT, PROBE TO GET A NUMBER

98. Please, mention whether this household or any member of it has the following working items
READ OPTIONS, CIRCLE ALL THAT APPLY

1. Indoor toilet
2. Hot water
3. Color television
4. VCR
5. Automobile
6. Auto washing machine
7. Telephone
8. Personal Computer
9. Cable/satellite TV
10. Vacation home/villa
11. Cellular phone
12. Refrigerator
13. Dish-washing machine
88. Nothing from mentioned list

RECORD INTERVIEW END TIME: ____: ____

Thank you for your time and participation in the survey.



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POLICY BRIEF

Results of the Adult Population Survey on Tobacco Control Policy in Armenia

(The research was conducted within the framework of the OSI-funded Tobacco Control Policy Project of the Armenian Public Health Alliance)

Prepared by

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April 2006

Yerevan

Introduction

Since February 27, 2005, World Health Organization (WHO) Framework Convention on Tobacco Control is in force in Armenia. In addition, the Law of the Republic of Armenia on “Limitations on Sale, Consumption, and Use of Tobacco” has been enacted since March 2, 2005.

Since December 15, 2003, the Armenian Public Health Alliance composed of the Armenian Association of Public Health, the Armenian Union of Public Health and the American University of Armenia has been implementing the project on anti-tobacco policy improvement in Armenia. This project is funded by Open Society Institute Assistance Foundation grant.

In 2005, within the scope of this project, the Center for Health Services and Research Development of American University of Armenia (CHSR/AUA) conducted a population survey on tobacco control policy. The purpose of the survey was to assess population knowledge, attitude and practice on tobacco control policy in Armenia. Also, the results of the survey would help to evaluate effectiveness of the current tobacco control policy in Armenia and provide policy recommendations. The achievement of these goals would greatly assist in the implementation of WHO Framework Convention on Tobacco Control in Armenia.

The survey was administrated in 2005, May and June, in capital city of Yerevan and provinces of Shirak and Sunik. The participants composed of 720 (males and females were distributed equally), aged 18-60 living in urban and rural areas of these regions, who represent 47.9% of de jure population of Armenia. Geographic location served as basis for selection of the regions. The CHSR/AUA team used a multi-stage cluster sampling both in Yerevan and provinces to provide appropriate selection probability for regions and participants.

Tobacco advertising

The results of the survey showed that the considerable proportion of population supported tobacco advertising ban. Particularly, 73.0% of respondents agreed that tobacco advertisement in media should be banned. In addition, 66.8% mentioned that tobacco advertisement on the billboards should be banned. The majority of respondents (77.9%) stated that promotion of free cigarette samples should be banned, and 60.1% of participants acknowledged that the promotion of free tobacco symbol containing items should be banned. Finally, 73.0% of respondents supported the ban of sponsorship for sports and cultural events by tobacco companies.

About half of those respondents (53.4%) who watched TV within the last month observed tobacco company advertising on Armenian TV. Tobacco advertising on the TV was more prevalent in provinces: 54.2% in Shirak and 66.1% in Sunik:

Conclusion 1. In spite of the ban under legislation of the Law of Republic of Armenia “About advertistment”, the considerable proportion of Armenian population is exposed to tobacco advertising on the TV.

Recommendation 1. To improve policy by implementation of modifications in the Law of Republic of Armenia “About advertising.” This changes would be included but not limited to prohibition of advertising of tobacco products and tobacco industry (indirect, concealed) on Armenian TV and radio.

Conclusion 2. There is a significant public support to implementation of total ban of tobacco advertising as it was suggested by Article 13 of Framework Convention. The results of the survey showed that the overwhelming majority of population supports tobacco advertising ban on the TV and radio, on the billboards and during sport events.

Recommendation 2. To improve policy by implementation of modifications in the Law of Republic of Armenia “About advertising.” This changes would be included but not limited to prohibition of advertising of tobacco products and tobacco industry on the billboards and during sport and cultural events.

Availability of tobacco products

The majority of respondents (65.3%) believed that tobacco products are easily available to children. However, 62.6% of respondents did not agree that increase of tobacco cost would prevent youth from smoking. Meanwhile, international experience unanimously shows that appropriate use of economic measures (taxation) has been the most effective tool to decrease tobacco consumption. Moreover, this international experience was summarized in part 1 of article 6 of the Framework Convention. According to that parties agree that price and taxation issues in various subgroups of population, especially in youth are effective and important measures for tobacco consumption.”

The overwhelming majority of respondents (82.0%) observed sale of tobacco products to minors and 54.0% of surveyed population observed minors selling cigarettes. In addition, almost half of

smokers (45.4%) stated that they send minors to buy cigarettes for them; 18.0% of them did it very frequently (every day). Only 12.0% of survey participants were aware of the existing law of Republic of Armenia restricting tobacco sale.

Conclusion 1. Awareness of population of price issues as measures of control of tobacco consumption is extremely poor.

Recommendation 1. To inform/convince the public on the role of price policy in decreasing tobacco consumption based on the Framework Convention regulations.

Conclusion 2. Population is not aware of the law that prohibits sale of tobacco products to minors and by minors. The violations of law are common and widespread. Involvement of minors in tobacco sale is highly prevalent practice among Armenian population. This fact allows us to assume that without administrative penalties and mass education, regulations of Article 8, part 1 of the law of Republic of Armenia will not be enforced.

Recommendation 2. (a) To promote media campaign to increase awareness of the law; (b) to implement administrative penalties coupled with demonstrative actions regarding violations of the law; and c) to highlight the addictive role of tobacco with emphasis on unadmissibility of involvement of minors in tobacco sale issues.

Restrictions on smoking

According to Article 11, point 1 of the law of the Republic of Armenia “Restrictions on sale, consumption and use of tobacco products”, smoking is prohibited in all medical, educational and cultural institutions, public transportation and is restricted in all worksites.

However, more than half of employed participants (57.5%) mentioned that their worksite was not smoke free. Meanwhile, 87.3% of respondents agreed the smoking should be allowed only outdoors. Citing Article 8, part 1 of WHO Framework Convention we should underline once more that “scientific evidences definitely confirm that passive smoking is the cause of morbidity and mortality.” Moreover, international experience showed that partial restriction on smoking is not effective; the only effective option is complete smoking prohibition indoors.

Conclusion 1. There are continuous violations of non-smokers rights in worksites. Meanwhile, the overwhelming majority of the population supports smoking ban indoors at worksites.

Recommendation 1. To improve policy by modifications of Article 11 of the law of the Republic of Armenia regarding “ Restriction on Tobacco products sale, consumtpion and practice” by implementaion of prohibition of smoking indoors at all worksites.

Hazardous effects of smoking on human health

Interestingly, the overwhelming majority of participants (88.0%) were aware of risk of smoking on the development of lung cancer, while the risk of coronary heart disease was aknowledged far less often (62.0%): Moreover, only 47.1% of respondents acknowledged the effect of passive smoking (secondary smoking) on the risk of the development of coronary heart disease. Even more, the least awareness was demonstrated related to the link between the tobacco use and impotence in male smokers (35.8%). In general, smokers were less aware of health effects of smoking as compared with non-smokers.

Finally, 61.8% of respondents had false belief that “light” cigarettes are less harmful than regular ones. The definition of cigarettes as “light”, “mild” etc. has been prohibited in EU since September 30, 2003 (2001/37/EC directive). Moreover, in response to complaint by one tobacco company, the European Court of Justice made a decision that “mild”, “light” and similar definitions of tobacco products mislead the consumer. As a result, the court prohibited the use of these labels on European Union Territory. Meanwhile, this ban is not spread on export-related tobacco industry.

Conclusion 1. The packaging and labeling of tobacco products as “light,” “mild” and other misleading definitions, creates a misbelief among consumers that these kinds of cigarettes are less harmful.

Recommendation 1. It is neccessary to completely prohibit use of “light,” “mild” and other misleading labels on tobacco products.

Summary

In conclusion, we would like to mention that results of this survey definitely show that current tobacco control measures in force are not satisfactory enough to keep our population healthy.

We are considering the following three reasons:

1. The overwhelming majority of Armenian population is not aware of policy changes in the field of tobacco control.
2. Continuous improvement of the tobacco control policy is necessary to meet the requirements and standards set by the WHO Framework Convention on Tobacco Control.
3. Development of specific enforcement mechanisms is necessary to fully implement tobacco control policy. Administrative penalties should be imposed to juridical individuals violating the Law.