AMERICAN UNIVERSITY OF ARMENIA

CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT

ATTITUDES, PRACTICES, AND BELIEFS TOWARD WORKSITE SMOKING POLICY AMONG PRIVATE AND PUBLIC ADMINISTRATORS IN ARMENIA

Prepared for the International Development Research Center, Ottawa, Canada

Prepared by Narine Movsisyan

with Michael Thompson and Varduhi Petrosyan

Center for Health Services Research and Development

American University of Armenia

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1. BACKGROUND

1.1. Introduction

Armenia is a country with a population of approximately 3.1 million that started a painful transition from a soviet to a market economy in 1991. Health indicators have dramatically deteriorated through this transition period. The effects of the political and economic upheaval were exacerbated by other factors such as a massive 1988 earthquake, a protracted military conflict with neighbouring Azerbaijan, and an ensuring blockade of its borders with both Azerbaijan and Turkey. Though the political situation has stabilized and economic indicators are improving, the positive dynamics of health indicators has not been significant after a decade of independence [1]. The health of public is endangered by the inherited from soviet era unhealthy lifestyles and insufficient access to quality healthcare services [2].

During the last two years the anti-tobacco movement has been quite active in Armenia. In November 2004, Armenia acceded to (signed and ratified the treaty in one step) the Framework Convention on Tobacco Control (FCTC), becoming one of the first 40 nations to do so. Furthermore, according to Armenia's Constitution, an international treaty to which Armenia accedes prevails over national laws. By acceding to the FCTC, the country has committed itself in the eyes of the international community to improving the public's health through comprehensive tobacco control measures.

Following this milestone event, the National Assembly adopted "The Law of the Republic of Armenia on tobacco realization, consumption and usage limitations" on December 24, 2005. Along with other provisions, the law restricts smoking in public places [3]. Article 11 of the Law is cited below (*an unofficial translation*):

Article 11. Limitations of tobacco usage

1. Smoking is prohibited in:
    a) Educational institutions including: training institutions, schools, pre-school institutions, etc.
    b) Cultural institutions including: theatres, cinemas, sport halls, circuses, concert-halls, museums, libraries, halls, auditoriums, exhibitions, as well as in the places envisaged for relaxation and amusement of the people under 18.
    c) Health institutions including: hospitals, policlinics, ambulatories, sanatoriums, and other health facilities.

d) All organizations, agencies and institutions except for those places designated for smoking.
e) Those places where smoking is prohibited in accordance with the fire safety rules.
f) Urban transport including buses, itinerary taxis, trains (except for cabins anticipated for smoking), as well as airports, bus and train stations etc.

2. The directors of agencies and organizations initiate appropriate measures to provide separate zones for smoking. They place precautions in visible places about the prohibition of smoking.
3. The directors of agencies and organizations are obliged to initiate measures to create appropriate conditions for smoking in closed rooms during the working hours, (including the lunch and rest breaks), in order the smokers do not disturb the non-smokers taking into account their preference. Such measures include but are not limited to:
   a) Provision of specified separate zones for smoking during the breaks.
   b) Permission for smoking only in individual closed premises
4. In restaurants, cafés and other organizations of public food taking there may be separated places, rooms, zones for smoking.

1.2. Smoke-free workplaces

The health risks of exposure to second hand smoke (SHS), also referred to as passive smoking, were demonstrated through a number of studies [4-8]. Exposure to involuntary smoking can occur in households, public places, and workplaces. National legislation, local ordinances and/or voluntary agreements can help ensure smoke-free places and protection of workers from exposure to SHS.

Workplace smoking is a significant problem in many countries today [5]. The economic and health costs of smoking and passive smoking include, but are not limited to, a higher absenteeism through illness and lower productivity, as well an excess disability due to chronic obstructive pulmonary disease and asthma. In addition, employers may bear a higher risk of fire damage [4,5].

Data suggest that employees in lower socioeconomic groups (blue-collar employees) are at a higher risk of the SHS exposure. At the same time, the level of protection against worksite exposure to tobacco smoke varies drastically between regions and countries. For example, in the US, almost seven out of ten employees (69%) worked in places that are smoke-free, while in the UK fewer than half (44%) of workers were employed in smoke-free workplace (1999-2000), about 40% worked in places with designated smoking areas, and 11% worked in places with no smoking restrictions [5,8].

No data were available on the issues of smoke-free workplaces in Armenia, neither before nor after ratification of the FCTC.

1.3. Purpose of the research

The purpose of the research project, entitled "Attitudes, practices, and beliefs toward worksite smoking policy among business owners and public administrators in Armenia" was to identify feasible options and possible obstacles for implementing smoke-free workplace policies at public and private workplaces in Armenia. The ultimate aim was to improve the public's health by supporting FCTC enforcement by providing local evidence and sound policy advice on the issue of smoke-free workplaces.

Just prior to the start of the project, an important change took place in the worksite smoking policy in Armenia. On 24 December 2004, the Armenian Parliament adopted a law that banned smoking in educational, healthcare, and cultural worksites and restricted smoking in all other institutions (*See the article 11 of the RoA Law on Tobacco Realization, Consumption and Usage Limitations, in 1.1*). As a result, the range of options for workplace smoke-free policies was defined by the new law. Nonetheless, the research project remained timely as the law should be monitored for its effectiveness and for its compliance with FCTC provisions.

2. RESEARCH OBJECTIVES

The objectives of the research project were adjusted due to these legislative changes:

A. **identify attitudes, practices, and beliefs toward worksite smoking policies among administrators at private and public worksites in Armenia;**
B. **identify reinforcing factors and obstacles for implementation of non-smoking policies in workplaces;**
C. **make recommendations to policymakers based on the research findings**.

3. METHODS

3.1. Study design

A combination of qualitative and quantitative research designs were used to address the research questions.

The qualitative component included focus group discussions (FGD) with administrators of public and private institutions. They were aimed at exploration of the attitudes, beliefs and smoking-related worksite practices and generation of ideas for designing the quantitative survey.

The cross-sectional survey group study design was used to measure the attitudes, beliefs, and practices of administrators and managers of the public and private institutions in three cities of Armenia at one point in time.

3.2. Study population

The study population included a senior managerial staff of public and private settings in three major cities of Armenia (Yerevan, Gyumri and Vanadzor).
We used the following inclusion criteria:

- public institutions in health, education, culture and governance areas
- registered business enterprises with at least 15 permanent employees

We excluded private businesses with less than 15 employees.

3.3. Sample size

The sample size of 245 was calculated for the quantitative survey with 95% confidence interval. Proportional to the size of population in three cities, 196 interviews were planned for Yerevan, 29 for Gyumri and 20 for Vanadzor.

3.4. Sampling strategy

3.4.1. FGDs participant recruitment

The research team contacted the administrators of public and private institutions (schools, health clinics, higher education institutions, municipalities and businesses) purposively selected from the Yellow Pages. First, a representative of a top management of the institution would be provided a clear explanation of the research purpose, then invited to a group discussion.

3.4.2. Survey sampling strategy

The three largest cities, including the capital and two central cities of the most urbanized marzes (regions), were arbitrarily selected for the study (Yerevan, Gyumri, Vanadzor). The exclusion of the rural areas from the survey sample was made 1) based on the assumption that the majority of middle and large businesses are located in urban areas of Armenia and 2) because of convenience of a higher concentration of the sampling units (a worksite) in urban areas.

A stratified randomized method was used for the survey sampling to increase the heterogeneity of the sample and the generalizability of the results. The worksites were chosen from the following strata:
a) state/municipal organizations,
b) health care facilities,
c) educational institutions,
d) cultural organizations,
e) business enterprises.
The most comprehensive available list of institutions in these strata was obtained from the Yellow Pages Armenia 2005. Within each stratum, all listed institutions were assigned a unique number and then a random selection was made.

3.5. Research instruments.

3.5.1. Focus group discussion guide.

A focus group discussion guide was developed to assist the moderator in facilitating the focus group discussion process (Attachment 1). This guide was designed for 1.5 hour discussion and covered the following topics:

- Knowledge and awareness about adverse effects of passive smoking
- Attitudes toward smoking at workplaces
- Existing non-smoking policies
- Adherence to existing non-smoking policy
- Attitude to changing the policy
- Beliefs about enforcement of law
- Knowledge of FCTC/ local law

3.5.2. Survey questionnaire.

After reviewing the literature and analyzing the results of the FGDs, a survey questionnaire was developed (Attachment 2). The questionnaire consisted of 60 questions covering the following sections:

- general information about the institution
- attitude toward worksite smoking in general
- attitude and practice at the particular worksite
- personal attitude toward smoking
- interviewer's observations (to validate reported practices).

The questionnaire was tested in a field and final adjustments were made.

3.6. Interviewers training

A manual for interviewers was developed in Armenian to assist the training process of interviewers. A team of interviewers (four senior-level medical and public health students) were trained by the Principal Investigator (PI) during a half-day intensive training.

3.7. Ethical considerations

The AUA Institutional Research Board (IRB) approved the research protocols and instruments. Oral consent was obtained from all participants.

4. RESULTS

4.1. FGDs

In total, three FGDs were conducted with the administrators of state, health, educational and business institutions, with 4-5 participants in each. Each focus group discussion was audio taped and transcribed (in Armenian).

A broad variety of opinions was revealed through the focus group discussion. In general, the FGDs participants were aware of hazards of passive smoking and would support such measures. However, there was a lack of understanding of policy implications of the anti-smoking measures at workplaces. The majority of participants were not aware of the FCTC and the national law.

The findings from the FGDs were utilized in the design of the survey questionnaire.

4.2. Survey

4.2.1. Survey response rate

In total, the team of interviewers attempted to contact 346 institutions. Seventy-one percent of these attempts resulted in completion of 246 interviews (Tables 1 and 2). Three interviews were excluded[1] from the sample because of a double interviewing of the same institutions. The response rate varied across the strata with the highest at the state institutions (100%) and the lowest at business enterprises (58.1%).

4.2.2. Survey participants

The survey participants were senior managers and administrators in 243 public and private institutions in three cities of Armenia. The majority of public institutions were middle and large size having from 50 to 100 and more employees. Relatively large proportion of private settings fell in the category of small enterprises having 15-25 employees. However, 33% of the businesses had more than 100 employees. The information on study participants is summarized in the Table 3.

In addition to the institutional information, demographic data were collected, including age, gender, level of education, and smoking status (Table 4). The majority of the respondents (96.0%) had university level education. The male / female ratio was near 2:1 (158 vs. 83). Mean age of the respondents was 47.6 (sd=12) in a range 21.0-78.0 yrs. Daily smokers comprised 35.3% of the sample, with a five-fold higher prevalence in men (48.7% in men vs. 9.6% in women). Compared to smoking rates in the general population, a lower proportion of the male managers reported smoking (48.7% vs. 65.0% of the general population) and a higher proportion of female managers (9.6% vs. 3.0% of the general population) [9].

4.2.3. Attitudes toward smoke-free workplace

The overwhelming majority (95.5%) of respondents supported banning smoking in health, educational and cultural institutions. Eighty one percent showed support for banning smoking in all state and private worksites. Total ban of indoor smoking was supported by nearly 70.0% of the respondents (Table 5).

The attitudes toward smoke-free workplace did not significantly differ among managers of state and private settings, by geographical location, gender, and occupation. However, the attitudes toward banning smoking in all state and private worksites significantly differed by the smoking status of respondents (Table 6). The number of employers who supported banning smoking in all state and private worksites was significantly higher ($p<0.001$) among non-smokers (89.2%) than smokers (65.9%).

[1] The selection was made based on the respondent position: out of two questionnaires filled for the same institution, the one with a top-ranked representative was included in the sample.

4.2.4. Beliefs toward smoking and smoke-free policies

Survey participants were asked for their opinions regarding tobacco smoke. Of 243 respondents, 86.8% believed that tobacco smoke contains carcinogens, 6.0% disagreed and about 7.0% were uncertain about this statement. More than half of respondents (63.2%) thought that banning smoking may have positive effect on the work productivity, and 36.8% disagreed. When asked about the possible effects on economic impact of non-smoking policies, 58.3% of the plant/factory managers believed that restricting smoking at workplace might have a positive effect on profits.

Sixty-seven percent of the respondents agreed or strongly agreed that strong leadership is essential for banning smoking at workplace. The issue of introducing fines and other punitive measures generated controversy: strong support and disagreement with such measures as a tool for reducing exposure to tobacco smoke were equally frequent. However, non-smokers were more supportive of the fines and other punitive measures than smokers ($p< 0.001$) (Table 7).

4.2.5. Awareness of the tobacco control regulations / law

More than half of the managers (55.6%) reported having some regulation of smoking at the worksite. Within the subgroups, smoking restrictions were more common at medical and cultural settings (76.0% and 72.0%, respectively). Healthcare administrators significantly more often reported having such regulation.

According to the respondents, nearly half of the educational settings (56.5%) and offices (66.7%) did not have smoke-free policies. Among the managers who reported having worksite smoking restrictions, the majority (76.0%) believed that they were set at the institutional level and only 13.6% were aware of state law regulating smoking at workplaces.

Overall, the proportion of managers who were aware of the Armenian state law that restricts smoking at workplaces comprised 38.0% (Figure 1).

4.2.6. Worksite smoking practices

Thirty-seven percent reported that their workplace was completely smoke-free, while 59.0% of the managers believed their workplace was not free of tobacco smoke (Figure 2).
However, in 27.8% of the workplaces where managers reported being smoke-free, the interviewers observed smoking or presence of ashtrays.

Smoking-related practices differed significantly across the institutions. The majority of state and industrial workplaces did not have smoke-free policy, while about a half and more medical, educational, cultural institutions reported being smoke-free (Figure 3). The proportion of smokers in the institution was related to the reported smoke-free status of a workplace: the institutions with fewer smokers more often than the others were smoke-free.

The respondents, who did not report having smoke-free workplace, were asked if they would

have such in 6 months. Only 20.0% believed that their workplace would become smoke-free in 6 months. Forty three percent of the respondents, who didn't have smoke-free workplaces at the time of the survey, were sceptical about a radical change to occur in 6 months.

Twenty-three percent of the respondents said smoking is permitted in all indoor areas, 35.8% – in hallways, 19.3% - in a break room/cafeteria, 13.6% - in a separately ventilated smoking room. Managers of health facilities reported being compliant with smoke-free policy in their rooms twice as frequently ($p<0.001$) compared to other facilities (Figure 4).

"No Smoking" signs were placed in 89 worksites (36.6%); more often in hallways. However, according to observations made by the interviewers at the time of an interview, only 85 of the worksites had visible "No Smoking" signs. "No Smoking" signs were placed in a hallway of each second surveyed educational setting, and in three out of five medical settings.

4.2.7. Perceived reinforcing factors for implementation of smoke-free worksite policies

About 40.0% of the managers shared an opinion that employees demand would be helpful for the implementation of a non-smoking policy at the worksite. For 35.0% of private and state employers, health of employees and a state law would be equally important reinforcing factors. Liability of the employers and work safety were perceived as less important factors (31.3% and 27.5%, respectively). A public image was of concern among 18.0% of the respondents (Figure 5).

However, the attitude toward state regulation of worksite smoking differed significantly among state and private managers ($p=0.001$). Private managers favoured less the state law as an assisting tool compared to state administrators (22.2% vs. 47.0%) (Figure 6).

4.2.8. Perceived obstacles for implementation of smoke-free worksite policies

Each second respondent mentioned mentality/culture of tolerance as an obstacle for implementation of smoke-free policies at worksite (51.9%). Lack of enforcement mechanisms, such as fines, and lack of follow up were perceived as obstacles to implementation of the policy by 21.4% and 26.3% of respondents, respectively.

Some potential obstacles, such as lack of space, incentives, and cost of implementation were not perceived as important factors. The lack of information on existing regulations was mentioned by 16.7%. One of five respondents (19.8%) believed that no barriers existed to implement smoke-free policies. Interestingly, the proportion of managers who believed that there were no barriers to implementation of smoke-free policy, was two times higher at those workplaces that were reported to be smoke-free ($p=0.001$).

5. DISCUSSION

This research provides important descriptive data on smoking-related workplace policies, practices, attitudes and beliefs toward smoke-free workplaces among mid-level administrators in Armenia.

Similar to findings from other studies [5,8] of support for non-smoking policies, smoking status was related to the support for smoking restrictions at workplace. Smokers were less supportive for the smoke-free worksite policy than non-smokers. There was no gender difference in the support for smoke-free policy.

Medical, educational, and cultural institutions were more prone to have smoke-free policies and adhere to them. This is consistent with findings from other countries [4,5,8].

The study results revealed a common misunderstanding among public and private administrators of the notion "indoor smoking ban": a significant proportion of the survey respondents favored both banning indoor smoking and allowing smoking in the special and/or ventilated areas.

The study demonstrated that the level of awareness among public and private administrators on the national law regulating worksite smoking remained quite low. Furthermore, the adherence to smoke-free policy at the worksite did not relate to the level of awareness of the managers and administrators.

Therefore, while the US experience showed that smoke-free ordinances and laws can be self-enforcing, the results of our study suggested that the law enforcement process in Armenia may differ from that in the US or other countries [10-12].

6. STUDY LIMITATIONS

The sampling methodology was limited. The stratified random sampling from purposefully selected cities was limited to five categories of workplaces. Other categories, such as hotels, cafes, restaurants, public transportation, and others, were left out of the study. In addition, the sample size and methodology did not allow statistical comparisons across geographical location and occupational strata. Furthermore, rural worksites were excluded from the survey. Therefore, the results of the survey could be generalized to urban worksites only, and only with limitations.

Another limitation of the study relates to the instruments used. The survey questionnaire was developed after analysing the focus group discussions and reviewing the literature. While it was pre-tested, it, like many surveys, was not validated.

7. UTILIZATION OF RESULTS

During October of 2005, the results of the study were presented and discussed in group and face-to-face meetings with various stakeholders, including state/municipal officials, policymakers, public administrators, and the public Coalition for Tobacco Free Armenia.

- Based on the findings, a set of recommendations was prepared and sent to the Ministry of Health and Government of RoA and the relevant Parliamentary Committees (Attachment 3).

- A press conference was held on October 12 with the media representatives on the study results. This event was covered by two TV channels and a number of newspapers.

- The results will be discussed at the media training in December 2005 and at the tobacco control workshop in 2006 as well as at any other relevant event for the advocacy purpose.

- The abstract of the study has been submitted to the 13th World Conference on Tobacco or Health.

8. REFERENCES

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Tables 1-7.

Table 1. Stratified survey sample: desired vs. actual

City	Population*	Sample size	
		Desired	Actual
Yerevan	1,103488	196	193
Gyumri	159117	29	32
Vanadzor	107394	20	18
Total	**1,369999**	**245**	**243**

*2001 Census, National Statistical Service, RoA.

Table 2. Response rates in the survey strata.

Strata	Completed interview *% (n)*	Institution is closed *% (n)*	Institution does not meet inclusion criteria *% (n)*	Respondent is not available *% (n)*	Incomplete interview *% (n)*	Refusal *% (n)*
Education	77.0 (47)	6.6 (4)		1.6 (1)	3.3 (2)	11.5 (7)
Medical	92.7 (51)	1.8 (1)	1.8 (1)	1.8 (1		1.8 (1)
State	100 (18)					
Business	58.1(104)	6.7(12)	12.8 (23)	8.4 (15)	2.2 (4)	11.7 (21)
Cultural	78.8 (26)	9.1(3)	12.1(4)			
Total	**71.1(246)**	**5.8(20)**	**8.1(28)**	**4.9(17)**	**1.7(6)**	**8.4(29)**

Table 3. Respondents by type of institutions and number of employees (n=243)

Type of institution	**Number of permanent employees % (n)**				
	< 15	*15 - 25*	*26 - 50*	*51 - 100*	*100+*
Private (n=117)	-	38.5 (45)	19.7 (23)	13.7 (16)	28.2 (33)
State/municipal (n=117)	2.6 (3)	11.1 (13)	15.4 (18)	25.6 (30)	45.3 (53)
Mixed (private and state) (n=5)	-	20.0 (1)	-	20.0 (1)	60.0 (3)
Other[2] (n=4)	25.0 (1)	25.0 (1)	25.0 (1)		25.0 (1)
Total (n=243)	**1.6 (4)**	**24.7 (60)**	**17.3 (42)**	**19.3 (47)**	**37.0 (90)**

[2] The institutions that were not identified as state, private or mixed property.

Table 4. Respondents by gender and smoking status (n=241)

	Female % (n)	Male % (n)	Total
Non-smokers	90.4% (75)	51.3% (81)	64.7% (156)
Daily smoker	9.6% (8)	48.7% (77)	35.3% (85)
Total	**83**	**158**	**241**

Table 5. Attitudes toward smoke-free policy among survey participants

Statement:	*Strongly agree % (n)*	*Agree % (n)*	*Neither agree nor disagree % (n)*	*Disagree % (n)*	*Strongly disagree % (n)*
Indoor smoking should be banned in all health, educational and cultural institutions (n=242)	78.6(191)	16.9(41)	1.2(3)	2.9(7)	0.4(1)
Indoor smoking should be banned in all state and private institutions (n=242)	60.5(147)	20.2(49)	8.3(20)	9.1(22)	1.7(4)
Smoking should be allowed only outdoors	36.6(89)	32.9(80)	9.9(24)	18.9(46)	1.6(4)
Smoking areas should be designated at all worksites (n=243)	52.3(127)	35.4(86)	3.3(8)	6.2(15)	2.9(7)
Smoking areas should have a separate ventilation system	58.0 (141)	37.0(90)	0.8(2)	4.1(10)	-

Table 6. Indoor smoking should be banned in all state and private institutions (n=242)

Smoking status	*Strongly agree % (n)*	*Agree % (n)*	*Neither agree nor disagree % (n)*	*Disagree % (n)*	*Strongly disagree % (n)*
Non-smokers (n=157)	65.6 (103)	23.6 (37)	4.5 (7)	4.5 (7)	1.9 (3)
Daily smokers (n=85)	51.8 (44)	14.1(12)	15.3 (13)	17.6 (22)	1.7 (4)

Table 7. Fines and other punitive measures to enforce smoking ban would be helpful to reduce exposure to tobacco smoke at workplaces (n=240)

Smoking status	*Strongly agree % (n)*	*Agree % (n)*	*Neither agree nor disagree % (n)*	*Disagree % (n)*	*Strongly disagree % (n)*
Non-smokers (n=155)	21.3 (33)	34.8 (54)	7.1 (11)	27.7 (43)	9.0 (14)
Daily smokers (n=85)	16.5 (14)	16.5(14)	5.9 (5)	36.5 (31)	24.7 (21)

Figures 1-6.

Figure 1. Awareness of the state law regulation smoking at workplaces among the administrators of private and public institutions

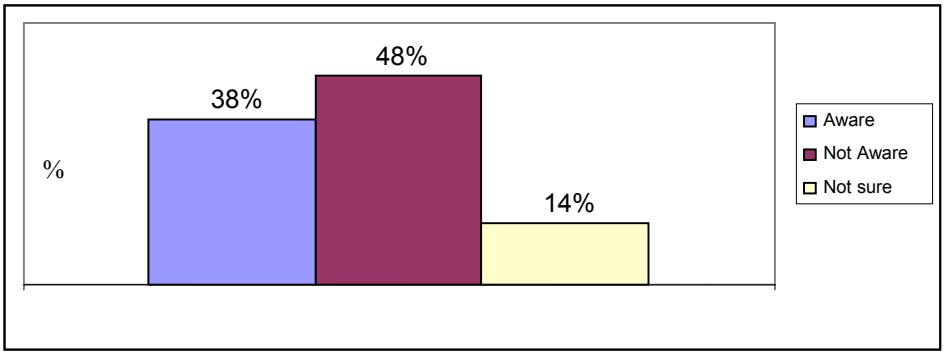


Figure 2. Worksite smoke-free practices (n=243)

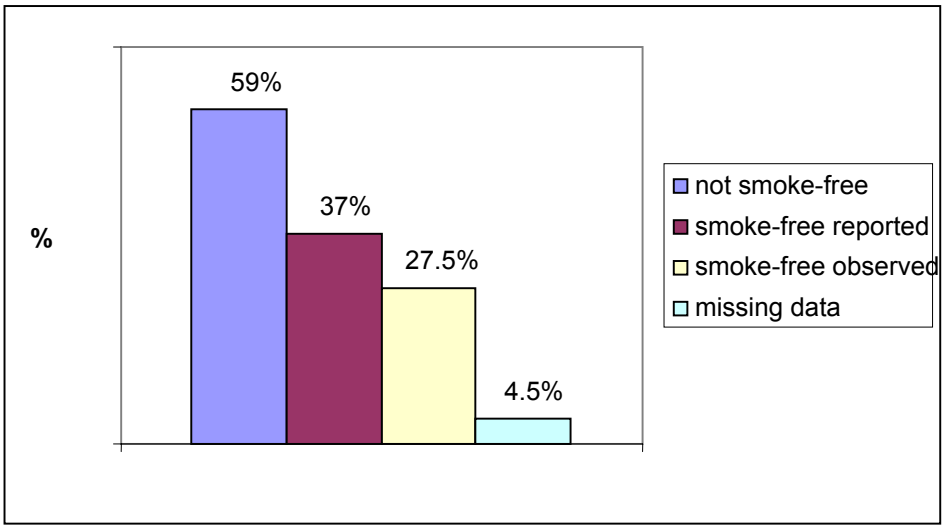


Figure 3. Smoking-related practices by type of institutions.

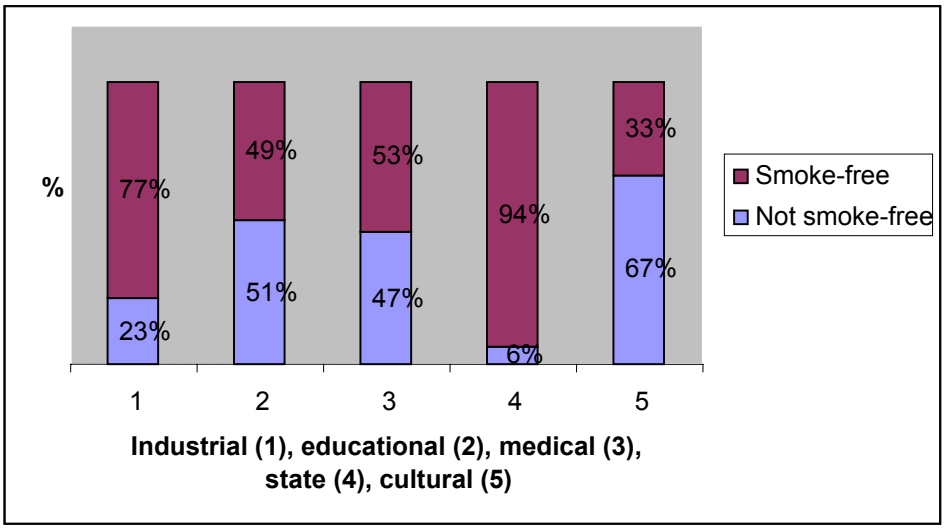


Figure 4. Compliance with smoke-free policy by type of institutions.
[Question: Has anybody smoked in your office during past two weeks, including yourself?]

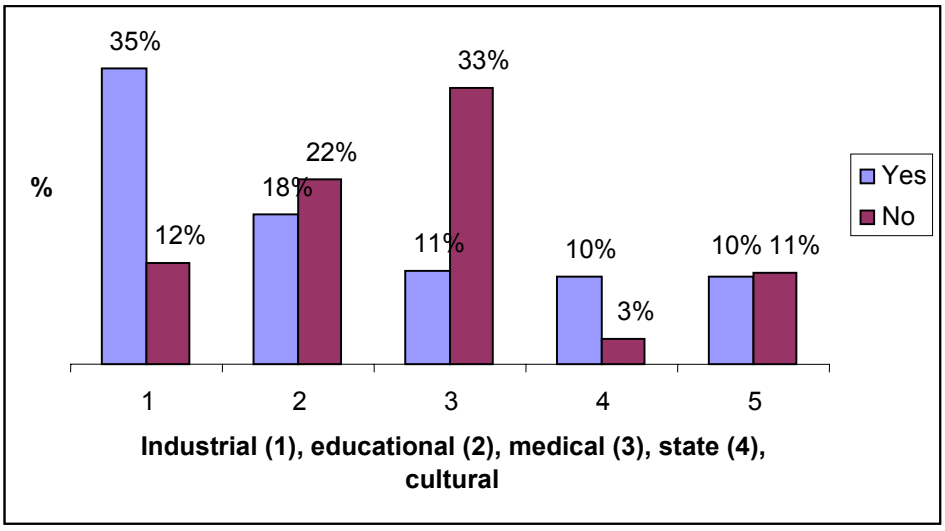


Figure 5. Reinforcing factors for adoption of smoke-free policy

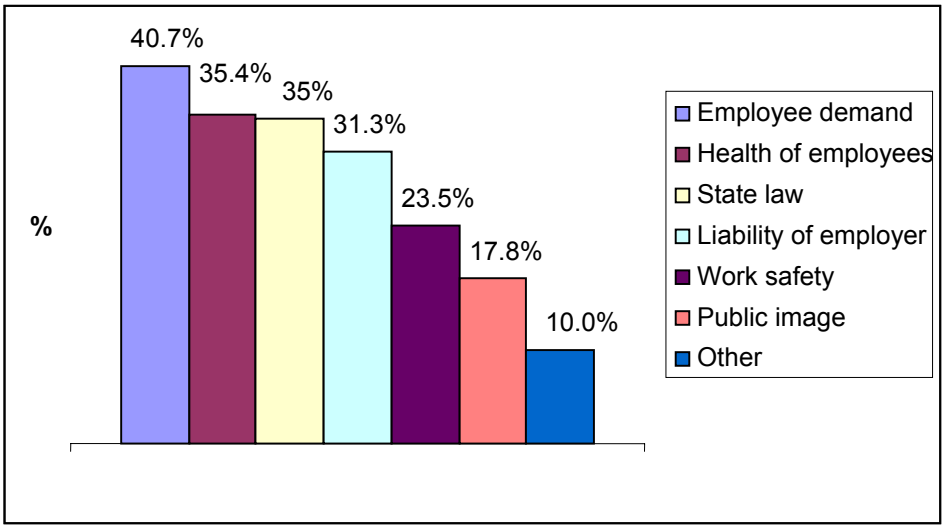
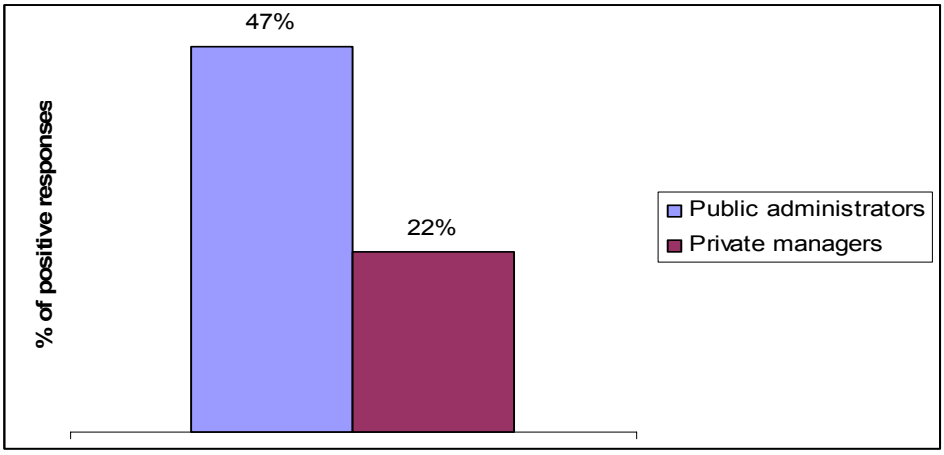


Figure 6. The perceived importance of a state law in adoption of a smoke-free policy [Question: Can a state law assist in adoption of a smoke-free policy at your workplace?]



Attachment 1.

FOCUS GROUP DISCUSSION MODERATOR GUIDE
FOCUS GROUP DISCUSSION WITH BUSINESS MANAGERS AND PUBLIC ADMINISTRATORS

This guide is divided into 5 sections. The guide is designed for 1.5 hour discussion with middle-level managers. It covers the following areas:

1. Knowledge and awareness about adverse effects of passive smoking
2. Attitudes toward smoking at workplace
3. Existing non-smoking policies
4. Adherence to existing non-smoking policy
5. Attitude to changing the policy
6. Beliefs about enforcement of law
7. Knowledge of law/FCTC

I. Introduction.
To explain the purpose and format of the FGD and receive their verbal consent for participation.
Hello! My name is _____ . Thank you for your agreement to participate in the discussion. The American University of Armenia is conducting this study on behalf of the International Development Research Center, Canada. The purpose of the meeting today is to get know your opinions that are very important and valuable in planning the future survey regarding the smoking policies at workplaces in Armenia. Your responses will help to identify feasible options and potential obstacles for the future implementation of the mentioned policies. The discussion will last approximately 1,5 hour and will be recorded for the further detailed analysis.
Your individual responses will remain confidential. Only aggregate/summary data will be used in the further research. The participation in this discussion is completely voluntary. It is your right to withdraw whenever you want; nothing will consequently happen.

Please feel free to share and present your any opinion on the discussion questions, because all different opinions are equally important and respected.
Here is the card with contact information for the research team. If you have any questions or problems related to the study you are welcome to contact the office.

Can we start? Thank you. Please introduce yourselves, and we will start.

II. Awareness of ETS.

Could you please define what is environmental tobacco smoke (ETS)?
Probe: passive smoking? Probe: inhaling smoke from other people's cigarettes?

What are proven adverse effects of ETS?

What other problems related to involuntary smoking at workplace can be mentioned other than health?
Probe: else? (human rights? Work safety? Liability of employee?)

III. Attitude toward non-smoking policy &Practices

Do you think that smoking should not be allowed in indoor work areas? *Probe*: do you think that smoking should be not allowed at all areas, in some areas, or not allowed at all?

Would you please describe the existing practices on smoking at your workplace?
Probe: Is smoking is allowed at all areas, in some areas, or not allowed at all?
Probe: Would you say your workplace is very smoky, somewhat smoky or not very smoky?

Are you aware of any formal non-smoking policy/regulation at your workplace? What is that like?
Are you aware of a voluntary/ any policy at your workplace?

Would you prefer having a stricter policy at your workplace? Why? Why not?
Probe: would you prefer no change of a policy at your workplace? Why? Why not?

Could you please mention any example of a workplace with non-smoking policy that you are aware? More examples (including local settings)?

Would you like to work at such places? Why? Why not?

Who in your opinion shall be responsible for introducing non-smoking policy at workplace?

Who shall be responsible for enforcing and adhering to non-smoking policy at the workplace?
Probe: What kind of administrative measures would work for enforcing and adhering the policy? Could you bring an example please?

An opinion exists, that Armenians doesn't adhere the law so laws exists independently of practice. What is needed to be changed for successful enforcement of a law in general? Tobacco control law in particular?

One of the most important reasons why we are having today this meeting is we want the law to be feasible. How can the rights of both smokers and non-smokers be respected and at the same time no additional expenses be placed to the employers like sophisticated systems of ventilation for specially designated areas for smoking. What options seem to be the most applicable in your opinion? Probe: other options?

IV. Awareness of FCTC/Law

Are you aware of the Armenian law that prohibits smoking at workplaces?

If such law will be enacted, will it work? Why? Why not?

How easy is to introduce any change in regulations/policy at your workplace? At your workplace, what would be needed to make and sustain the change?

Are you aware of the international treaty on regulation tobacco that Armenia has joint? How important and suitable this issue today in Armenian context or not? Why it's important? Why not?

What were so far information sources for you on ETS? Do you need more information? If no need in additional information, what other kinds of assistance are important for you as managers?

V. Closure

Thank you all for your active participation. Your opinions are very important and were very helpful.

Please do not hesitate to ask questions now if any.

Attachment 2.

SURVEY QUESTIONNAIRE

American University of Armenia
Center for Health Services Research and Development

ATTITUDES, PRACTICES, AND BELIEFS TOWARD WORKSITE SMOKING POLICY AMONG MEDIUM AND LARGE BUSINESS OWNERS AND PUBLIC ADMINISTRATORS IN ARMENIA

ID NUMBER __ /__ __ __ __/__

The coding for ID number:

Digit 1	Region ID
Digit 2-3-4-5	# of the organization
Digit 6	Interviewer ID

Region ID (digit 1 in the ID number):

Yerevan	1
Gyumri	2
Vanadzor	3

This questionnaire targets managers/administrators of private (medium and large) and state organizations.

RECORD INTERVIEW DATE

DAY		MONTH		YEAR	

TIME INTERVIEW STARTED: __ __: __ __

A. GENERAL INFORMATION ABOUT ORGANIZATION

1. What is your role in this institution/establishment?
    1. Owner
    2. Director / manager
    3. Both owner and manager
    4. Deputy director / Deputy manager
    5. Employee (non-manager)
    6. Other (specify) _____

2. Is this institution/enterprise
    1. Private property
    2. State/municipal property
    3. Both private and state
    4. Neither one
    5. Don't know/Not sure
    6. Other (specify) _____

3. On average, what is the total number of permanent employees in your organization?
    1. Less than 15
    2. Between 15 and 25
    3. Between 26 and 50
    4. Between 51 and 100
    5. More than 100

B. ATTITUDE TOWARD WORKSITE SMOKING

Now I will ask you a few questions on your opinion toward smoking at workplaces. Please give us your opinion for the following statements. You can respond strongly agree, agree, neither agree nor disagree, disagree, strongly disagree.

4. Tobacco smoke contains human carcinogens.
    1. Strongly agree
    2. Agree
    3. Neither agree nor disagree
    4. Disagree
    5. Strongly disagree

5. Indoor smoking should be banned in all health, educational and cultural institutions.
    1. Strongly agree
    2. Agree
    3. Neither agree nor disagree
    4. Disagree
    5. Strongly disagree

6. Indoor smoking should be banned in all state and private institutions.
    1. Strongly agree
    2. Agree
    3. Neither agree nor disagree
    4. Disagree
    5. Strongly disagree

7. Smoking areas should be designated at all worksites.
    1. Strongly agree
    2. Agree
    3. Neither agree nor disagree
    4. Disagree
    5. Strongly disagree

8. Administrators / heads of institutions are responsible for designating smoking areas at worksites.
    1. Strongly agree
    2. Agree
    3. Neither agree nor disagree
    4. Disagree
    5. Strongly disagree

9. Smoking areas should have a separate ventilation system.
    1. Strongly agree
    2. Agree
    3. Neither agree nor disagree
    4. Disagree
    5. Strongly disagree

10. Smoking should be allowed only outdoors.
    1. Strongly agree
    2. Agree
    3. Neither agree nor disagree
    4. Disagree
    5. Strongly disagree

11. Fines and other punitive measures to enforce smoking ban would be helpful to reduce exposure to tobacco smoke at workplaces.
    1. Strongly agree
    2. Agree
    3. Neither agree nor disagree
    4. Disagree
    5. Strongly disagree

12. Strong leadership is essential to ban smoking in workplaces.
    1. Strongly agree
    2. Agree
    3. Neither agree nor disagree

4. Disagree
5. Strongly disagree

C. ATTITUDE / PRACTICE TOWARD SMOKING AT PARTICULAR WORKSITE

Now let's talk about smoking related issues at your institution/enterprise.

13. What best describes your workplace. READ
    1. Plant/factory
    2. Service
    3. Education setting
    4. Medical setting
    5. State institution
    6. Office
    7. Cultural institution
    8. Other indoor setting (specify) _____
    88. Don't know
    99. Refuse to answer

14. Approximately what proportion of your permanent employees smoke at the workplace? READ
    1. All
    2. Most of them
    3. More than half
    4. Half
    5. Less than half
    6. Few
    7. None
    88. Don't know
    99. Refuse to answer

15. During the past two weeks has anyone smoked in your working room, including yourself?
    1. Yes
    2. No
    3. Didn't work in the past two weeks
    88. Don't know
    99. Refuse to answer

16. Does your institution have <u>any</u> regulation regarding worksite smoking?
    1. Yes
    2. No – SKIP TO QUESTION #18
    88. Don't know
    99. Refuse to answer

17. Is this regulation determined by the state regulation, institutional regulation or an informal voluntary agreement?
    1. State
    2. Institutional (contracts, orders)
    3. Voluntary / informal

4. Don't know
99. Refuse to answer

18-22. For each of the following areas at your workplace, please tell if smoking is currently allowed in…

		Yes	No	N/A	DK	RF
18.	All indoor work areas?	1	2	77	88	99
19.	A hallway or lobby?	1	2	77	88	99
20.	A break room or cafeteria?	1	2	77	88	99
21.	An enclosed special smoking room?	1	2	77	88	99
22.	A separately ventilated enclosed special smoking room?	1	2	77	88	99

23-26. Are there "No smoking" signs placed at your institution/enterprise in…?

		Yes	No	N/A	DK	RF
23.	Indoor work areas?	1	2	77	88	99
24.	A break room or cafeteria?	1	2	77	88	99
25.	A hallway or lobby?	1	2	77	88	99
26.	Other (specify)_____	1	2	77	88	99

27. Would you say that your current worksite smoking policy needs to be tightened?
1. Definitely yes
2. Probably yes
3. Probably no
4. Definitely no

28-32. Should be smoking allowed in…

		Yes	No	N/A	DK	RF
28.	Any indoor work area?	1	2	77	88	99
29.	A break room or cafeteria?	1	2	77	88	99

30. A hallway or lobby?					
31. An enclosed special smoking room?	1	2	77	88	99
32. A separately ventilated enclosed special smoking room?	1	2	77	88	99

33. Is your establishment completely smoke-free indoors? READ
1. Yes, completely smoke-free
2. No, not smoke-free
88. Don't know
99. Refuse to answer

	Very likely	Likely	Somewhat likely	Unlikely	Very unlikely
34. How likely that your establishment will become completely smoke-free in 6 months?	1	2	3	4 → SKIP TO QUESTION #37	5 → SKIP TO QUESTION #37
35. How likely that your establishment will become completely smoke-free in 3 months?	1	2	3	4 → SKIP TO QUESTION #37	5 → SKIP TO QUESTION #37
36. How likely that your establishment will become completely smoke-free in a month?	1	2	3	4	5

37. What can assist in adoption a smoke-free policy at your institution?
READ, CHECK ALL THAT APPLY

1. Public image
2. Health of employees
3. Liability of employer
4. Work safety
5. State regulation / law
6. Employee's request / demand
7. Other (specify) _____

38. What were / would be the barriers for adoption of the smoke-free policy?
READ, CHECK ALL THAT APPLY

1. Lack of enforcement mechanisms (disciplinary actions, fines)
2. Cost of implementation

3. Mentality / Culture of tolerance
4. Lack of control / follow up
5. Lack of space
6. Lack of leadership
7. Lack of incentives to adopt
8. Lack of information on the TCP law / provisions of the law
9. No barriers
10. Other (specify) _____

39. Do you think that the smoke-free policies will positively influence the work productivity in your institution?
    1. Definitely yes
    2. Probably yes
    3. Probably no
    4. Definitely no

40. Do you think that the restriction of smoking in your institution will have positive economic impact for the institution?
    1. Definitely yes
    2. Probably yes
    3. Probably no
    4. Definitely no

41. To your knowledge is there a state law regulating smoking at workplace in Armenia?
    1. Yes
    2. No → SKIP TO QUESTION #43
    88. Don't know → SKIP TO QUESTION #43
    99. Refuse to answer

42. Please indicate, smoking is <u>completely</u> prohibited by the law at…?

READ, CHECK ALL THAT APPLY

1. Educational institutions
2. Medical institutions
3. Governmental offices
4. Cafes/restaurants
5. Culture institutions (cinemas, theatres, museums)
6. Private offices
7. Public transportation
8. All worksites
9. Other (specify)_____
88. Don't know
99. Refuse to answer

D. PERSONAL ATTITUDE TOWARD SMOKING

Now let me ask you several questions regarding your own attitude toward tobacco. As you know your answers are anonymous and confidential, so please be as sincere as you can.

43. Your birth date _____

44. Gender: ___ Female ___ Male

45. The highest education level completed:
DON'T READ
    1. Incomplete secondary
    2. Secondary
    3. Incomplete higher
    4. Higher
    5. Other (specify) _____
    99. Refuse to answer

46. Would you say that in your household:
    1. Smoking is <u>completely</u> banned for everyone?
    2. Smoking is <u>generally</u> banned for everyone?
    3. Smoking is allowed in <u>some</u> rooms only?
    4. There are no restrictions on smoking?
    5. Other (specify) _____

47. Have you ever smoked a cigarette (at least one)?
    1. Yes → GO TO THE NEXT QUESTION
    2. No → STOP HERE and THANK for the time and participation in the interview.

48. Have you smoked at least 100 cigarettes during your lifetime?
    1. Yes
    2. No → STOP HERE and THANK for the time and participation in the interview.
    99. Refuse to answer

49. How often do you smoke currently (within last month)? READ
    1. Every day
    2. Some days
    3. Not at all → SKIP TO QUESTION #56
    88. Don't know
    99. Refuse to answer

50. On average how many cigarettes do you smoke per day? _____ cigarettes

51. How soon after you wake up do you smoke your first cigarette? READ
    1. Within first 5 minutes
    2. Within first 30 minutes
    3. Within first 60 minutes
    4. After 60 minutes

52. During the past 12 months, 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

53. Do you plan to quit smoking in the future?
    1. Yes
    2. No → STOP HERE and THANK for the time and participation in the interview.
    88. Don't know
    99. Refuse to answer

54. What would be the most important reason for you to quit smoking? (DON'T READ, CHECK ONE ONLY)

    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

55. Would you say that you plan to quit smoking within…? READ
    1. Within 3 months
    2. Within 6 months
    3. Within one year
    4. After one year
    88. Don't know

STOP HERE and THANK for the time and participation in the interview.

56. When did you quit smoking?
    1. More than 1 year ago
    2. Within the last 12 months
    3. Within the last 3 months
    4. Within the last month

57. What was the most important reason for you to quit smoking? (DON'T READ, CHECK ONE ONLY)
    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

Thank you for your time and participation in the survey.

TIME INTERVIEW ENDED**: __ __ / __ __**

THE INTERVIEWER OBSERVATION REPORT:

58. Have you seen a smoking person / persons in:

	Yes	No	N/A	DK
A hallway or lobby?	1	2	77	88
Any indoor work area?	1	2	77	88
A break room or cafeteria?	1	2	77	88
Other (specify) _____	1	2	77	88

59. Have you seen an ashtray / buts in:

	Yes	No	N/A	DK
A hallway or lobby?	1	2	77	88
Any indoor work area?	1	2	77	88
A break room or cafeteria?	1	2	77	88
Other (specify) _____	1	2	77	88

60. Have you seen “NO SMOKING” signs in:

	Yes	No	N/A	DK
A hallway or lobby?	1	2	77	88
Any indoor work area?	1	2	77	88
A break room or cafeteria?	1	2	77	88
Other (specify) _____	1	2	77	88

61. NOTES:

_____
_____
_____
_____
_____

Attachment 3. Policy Brief

AMERICAN UNIVERSITY OF ARMENIA
CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT

POLICY RECOMMENDATIONS BASED ON THE RESULTS OF RESEARCH ON "ATTITUDES, PRACTICES, AND BELIEFS TOWARD WORKSITE SMOKING POLICY AMONG PRIVATE AND PUBLIC ADMINISTRATORS IN ARMENIA"

(The research was conducted within the framework of the Small Grants Program administrated by the International Development Research Center, Canada)

Prepared by Narine Movsisyan
Center for Health Services Research and Development
American University of Armenia

December 2005

Yerevan

Through 2004, Armenia made a breakthrough in the area of tobacco control policy, becoming a party to the WHO's international treaty on tobacco control, the Framework Convention on Tobacco Control, and later on, adopting a the Law of Republic of Armenia "Tobacco Realization, Consumption and Usage Limitations".

However, even the best legislation cannot bring the desirable outcome, saved human lives, if not appropriately enforced. The research project, entitled "Attitudes, practices and beliefs toward worksite smoking policy among business owners and public administrators in Armenia" was conducted by the Center for Health Service Research and Development of the American University of Armenia to identify options and obstacles for implementation of non-smoking policies at public and private workplaces in Armenia, with the ultimate aim of supporting FCTC enforcement by providing local evidence and sound policy advice on the issue of smoke-free workplaces. This research project was supported by a grant from Research for International Tobacco Control (RITC), an international secretariat housed at the International Development Research Centre (IDRC) in Ottawa, Canada, and the financial support of the Canadian Tobacco Research Initiative (CTCRI) and the American Cancer Society (ACS).

The survey was conducted among the top managerial staff of the 243 public and private settings in Yerevan, Gyumri and Vanadzor in June-July, 2005. The public institutions in health, education, culture and governance areas and registered business enterprises with at least 15 permanent employees were eligible for the survey. The available utmost comprehensive list of institutions in these strata was obtained from the Yellow Pages Armenia 2005. The worksites were selected at random within each stratum.

The research showed that support for implementation of tobacco-free worksite policy among public administrators and managers is very strong. In particular, 95% of the survey respondents supported smoking ban at health, educational and cultural institutions. Eighty one percent showed support for banning smoking in all state and private worksites. The number of employers who supported banning smoking in all state and private worksites was significantly higher among non-smokers than smokers.

Recommendation:

To use the existing momentum among mid-level administrators and managers to enforce the provisions of

the RoA Law on restriction of smoking at worksites
(Article 11, point 1: to ban smoking in educational, culture, health institutions and public transportation, Article 11, points 2-4: heads of institutions are responsible for establishing smoking areas in worksites (except restaurants, bars or individual businesses).

Based on the provisions of the acting RoA Law on restriction of smoking, we were able to identify three options for worksite policy:

- Smoking is prohibited in all indoor areas
- Smoking is allowed in halls and/or cafeterias
- Smoking is allowed in enclosed smoking rooms and/or separately ventilated enclosed rooms

According to our data, 70% of the respondents supported the prohibition of indoor smoking. About 76% opposed to smoking in cafeterias and halls. At the same time, about 70% of respondents would allow smoking in special smoking rooms and/or separately ventilated rooms.
Thus, it can be concluded that a significant proportion of public administrators misunderstood the term "indoor smoking ban" and favored both banning indoor smoking and smoking in the special and/or ventilated areas.
Recommendation:
Communicate a clear message that smoking ban in health, educational and culture institutions allows only outdoor smoking.
Avoid designating halls and cafeterias as places for smoking at worksites (that are legally allowed to have smoking areas).
Disseminate experience of other countries on smoke-free worksite policies with emphasis on the low cost-effectiveness of separately ventilated smoking areas.

The major finding of the study was that only about 38.0% of managers were aware of the state law that restricts smoking at workplaces.
Recommendation:
Critically evaluate the existing and develop new effective communication mechanisms to inform the public administrators about provisions of the RoA Law on restriction of smoking.

40.0% of managers shared an opinion that employees' demand for clear air will be helpful for the implementation of a non-smoking policy at the worksite. For 35.0% of respondents, health of employees and the state law were equally important reinforcing factors. However, the attitude toward a state regulation of worksite smoking differed significantly among state and private employers. Private entities favoured less state law as an assisting tool compared to state employers (22.2% vs. 47.0%). Liability of the employers and work safety were perceived as less important factors (31.3% and 27.5%, respectively). A public image was of concern in 18.0% of the respondents.

Recommendation:

Develop effective communication mechanisms to inform the business community about provisions of the national law.

Emphasize the liability of employers for health of employees and the work safety issues in communicating a message regarding smoke-free policies to employers.

Each second respondent (51.9%) mentioned mentality/culture of tolerance as an obstacle for implementation of smoke-free policies at worksite. More than half (67.0%) of the respondents agreed or strongly agreed that strong leadership is essential to ban smoking at workplace.

Recommendation:

Emphasize the importance of the compliance with established worksite regulations by senior management of the institutions.

One of five respondents (19.8%) believed that no barriers existed to implement smoke-free policy. The proportion of managers who believed that there are no barriers to implementation of smoke-free policy, was two times higher at [reportedly] smoke-free workplaces.

Lack of enforcement mechanisms, such as fines, and lack of follow up were perceived as obstacles to implementation of the policy by 21.4% and 26.3% of respondents, correspondingly.

Some potential obstacles, such as lack of space, incentives, and cost of implementation were not perceived as important factors.

Recommendation:

No considerable costs are associated with the implementation of worksite smoke-free policy.

The fine system should be established and wisely administrated to promote pro-health-oriented organizational culture at worksites.

External monitoring is needed to ensure the compliance with the law provisions at worksites.

More than half of the worksites (55.6%) had some type of smoking related regulation. Within the subgroups, having smoking related regulation was most often reported by the managers of medical and cultural settings (76.0% and 72.0%, respectively). .

Recommendation:

Conduct case studies in institutions that have successfully implemented smoke-free policy to disseminate their positive experience.