### **KAP STUDY**. **BASELINE SURVEY NATION-WIDE** COMMUNICATION CAMPAIGN TARGETING **CURRENT AND** POTENTIAL **TOBACCO USERS**

June 2012





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KAP Study. Baseline Survey.

### **ABBREVIATIONS**

This is a short list of abbreviation used in the report:

- NGO Non-governmental Organization
- PAPI Paper Assisted Personal Interview
- SHS Secondhand Smoke
- KAP Knowledge Attitudes Practices
- SPSS Statistical Package for the Social Sciences

### EXECUTIVE SUMMARY

This report presents the data that has been collected in the baseline survey conducted prior to the launch of the National anti-smoking campaign, on a sample of 1501 respondents from rural and urban localities of Republic of Moldova, in May-June 2012. The data was collected via face-to-face PAPI method using systematic probabilistic sampling method. The following represent the key results of the study.

### **EXECUTIVE SUMMARY**

### Smoker status. Smoking cessation

- Share of smokers: 25%, of which 24% smoke daily and 1% smokes less than daily.
- Smoker status: 25% current smokers; 7% past smokers; 68% never smoked.
- Average number of cigarettes smoked: 16 per day or 111 per week.
- Smoking in the past: 91% of current non-smokers did not smoke, 6% smoked daily; 3% less than daily.
- Time since quitting smoking: 5.8 years on average passed since ex-smokers quit smoking.
- Share of those who quit smoking in the last 6 months or less: 14%.
- Number of cigarettes smoked as compared to 30 days before: 12% more; 15% fewer, 51% same number.
- During the last 30 days:
  - ✓ 57% of smokers discussed smoking and health at home;
  - ✓ 70% of smokers thought about the harm their smoking might be doing to them;
  - ✓ 56% of smokers thought about the harm smoking might be doing to other people;
  - ✓ 65% of smokers seriously considered quitting smoking;
  - ✓ 28% tried to stop smoking;
  - ✓ 29% asked other people for permission to light up a cigarette, at least once in a while;
- Seriously consider quitting smoking in the following year: 40%.
- Consider it likely to stop smoking permanently: 34%, while 22% consider their chances 50/50.

### Awareness regarding the health harms of SHS exposure

- Came across any information regarding smoking and health in the past 30 days: 69% of current smokers; 61% of past smokers and 56% of non-smokers.
- Sources of information regarding smoking and health:
  - ✓ Current smokers 73% observed it on the cigarette pack, while 53% on TV;
  - ✓ Past smokers 66% on TV, while 47% on the cigarette pack;
  - ✓ Non-smokers 74% on TV, while 30% on the cigarette pack;
- Other sources of information used overall, regarding smoking and health:
  - ✓ Watching TV: 64% of smokers and 70% of non-smokers watch TV daily;
  - ✓ Listening to the radio: 32% of smokers and 27% of non-smokers listen radio daily;
  - ✓ Internet: 43% of smokers and 46% of non-smokers use Internet daily;
- Discussion about not smoking in public places in the past 12 months: 19% of smokers (35% of them discussed with the visiting health worker from NGOs, 8% with office supervisors, 54% with family, friends (other category), etc.).
- Opinion regarding public anti-smoking campaign: 48% of current smokers, 72% of past smokers and 75% of non-smokers support it.

#### **Knowledge and attitudes**

- 66% of smokers admit that the people important to them believe they shouldn't smoke;
- 61% of smokers consider that it would improve their health if they quit smoking;
- 85% of population agrees that smoking causes serious illness;
- 84% of population consider that smokers should not expose others to their cigarette's smoke;
- 80% of population consider SHS dangerous;
- 80% of population agree that tobacco smoke causes lung disease in children;
- 68% of population are concerned about their health when someone is smoking near them;
- 65% of population agree that the law prohibiting smoking in indoor places will benefit the public health;
- 45% of population consider that this law will help smokers quit;
- 26% of population tend to believe that smoking is not bad since many smokers live till very old;
- Health harm of smoking:
  - ✓ Lung cancer: 84% are aware (91% past smokers and 86% of current smokers);
  - ✓ Other lung disease: 69% are aware (83% of past smokers and 61% of current smokers);
  - ✓ Damage to the brain: 59% are aware (69% of past smokers and 51% of current smokers);
  - ✓ Heart disease: 71% are aware (82% of past smokers and 61% of current smokers);
  - ✓ Infertility: 51% are aware (53% of past smokers and 42% of current smokers).
- Health harm of SHS exposure:
  - ✓ Lung cancer in non-smokers: 52% are aware (55% non-smokers and 45% current smokers);
  - ✓ Lung disease other than cancer in non-smokers: 50% (53% non-smokers and 40% smokers);
  - ✓ Heart disease in non-smokers: 45% are aware (48% for non-smokers and 36% for current smokers);
  - ✓ Lung disease in children: 57% are aware (59% among non-smokers and 50% among smokers);
  - ✓ Birth of low-weight babies: 51% are aware (55% of non-smokers and 43% of smokers);
  - ✓ Ear infections in children: 22% (25% of non-smokers and 16% of smokers).
- Concern about harm of smoking in future: 76% of current smokers, 58% of past smokers and 55% of nonsmokers are worried.

KAP Study. Baseline Survey.

### INTRODUCTION

The present report is based on the research conducted by Magenta Consulting for the World Health Organization.

### **INTRODUCTION**

### i.1 Aim and objectives

The main aim of this project was to determine the level of knowledge, attitudes and practices regarding smoking habits among the population of the Republic of Moldova. This report presents the results for the Baseline survey conducted prior to the start of the National anti-smoking campaign.

The core objective of the study are:

- Assess the level of spontaneous recall of any anti-smoking campaigns;
- Assess the consumption habits of smokers;
- Assess the likelihood of smokers to quit smoking;
- Assess the likelihood of non-smokers to speak out against SHS exposure;
- Assessing the likelihood of non-smokers to take steps for avoiding exposing themselves to SHS;
- Assess the level of awareness of the health harms of SHS exposure and smoking;
- Measure the level of social acceptability of exposing others to smoke;
- Assessing the awareness of the need to comply with smoke-free policy (and potential punishment for violation);
- Identify sources of information regarding the harm of smoking.

### i.2 Applied methodology

This research has been conducted according to KAP study methodology, where the knowledge, attitudes and communication practices are analyzed. This approach provides an educational diagnosis of the community, which includes: population's knowledge – refers to understanding the discussed subject (harm of smoking); attitude – relates to population's feelings towards a phenomenon or a subject, as well as to the preconceived ideas that people have regarding that subject or phenomenon; practices – refers to the actions undertaken by population in showing their attitude and knowledge. Understanding of KAP level allows the initiation of a more efficient process of becoming aware about the problem, due to program adjustment to community needs.

This approach demonstrated its theoretical and methodological opportunity in similar studies.

The study was based on primary quantitative data. Considering the aim and objectives of this study, the methodology applied in this project corresponds to the methods and techniques used in the scientific world and consultancy services, being adjusted to the local specifics.

### i.2.1 Interviewing the population. Sampling plan.

The quantitative data was collected via 1500 face-to-face interviews conducted with general population of 16-55 y.o. on the entire territory of the country, except for Transnistria. This number of interviews assures a  $\pm 2.6\%$ error margin, with a 95% level of trust. The data have been collected in the following time period: 25.05.2012 – 16.06.2012.

The source of data for the sampling was the National Bureau of Statistics of the Republic of Moldova.

Characteristics of applied sample: systematic probabilistic sampling. No quotas have been applied.

During the first step, there were formed groups of rayons. Following, the communities in which interviews were carried out were determined via random extraction within the formed groups. In this way, every community was secured an equal chance to participate in this research. Moreover, the number of interviews conducted in every community depended on the number of inhabitants.

The multistage randomization was applied considering the group of rayons, communities, households and respondents. Three randomization stages were applied:

- At level of locality selected randomly for each stratum as characterized above and using a table of random numbers;
- At level of household in each locality, based on streets routs are designed depending on number of interviews per locality. The household selection was based on a statistical step and methodology using random route technique;
- 3. At level of person/respondent when selecting the respondent the last birthday method was applied.

### i.2.2 Questionnaire

The questionnaire used is characterized as complex one, containing both open-ended and closed-ended questions. The questionnaire was provided by the client, following it was adapted and tested by *Magenta Consulting* research team, in close collaboration with the beneficiary and in strict correlation with the objective of the research.

Following the final approval, the questionnaire was translated in Russian and Romanian language. The interviews were conducted in the language preferred by respondent.

### i.2.3 Pilot research

The pilot research aimed to validate the questionnaire, in both Romanian and Russian language. Thus, the pretesting of the the questionnaire was done on a total of 10 people, from both rural and urban areas, 7 of which in Romanian and 3 in Russian.

### i.2.4 Interviewing and data quality

The interviews were conducted by the team of operators of *Magenta Consulting*, team that participated in numerous similar projects. At the beginning of the project, the team of operators was trained on the subject of the study, its objectives and subsequent data analysis method. However, in order to ensure data quality, 40% of the completed questionnaires were verified by phone. The questions addressed during the verification were randomly chosen from the completed questionnaires.

#### i.2.5 Data analysis

Data interpretation was conducted with the help of a specialized software program – SPSS 18, with descriptive and multicriterial statistical interpretation. Each field of interest was analyzed depending on the sample characteristics (demographic data), data which are presented within annexes, as well as within text as analysis.

The questionnaires were processed through scanning, with the help of specialized recognition software, therefore excluding the human error in generating the database.

Statistical test of significance have been applied in order to test the correlations and associations depending on the type of the variable analyzed (Pearson's R, Eta, Sommers' d, Phi). All of the tests applied use the same scale – from 0 to 1, where 0 means that there is no association/correlation between the variables, while the closer the value comes to 1, the stronger the correlation/association is. Significance figures show whether the observed association/correlation is significant. The Sig. value needs to be less than 0.05 in order for the observation to be considered significant. In order to do the multivariate analysis, logistic regression was applied.

#### i.3 Sample characteristics

The interviews were conducted face-to-face, based on a structured questionnaire. All operators involved in data collection were specially trained for this project. The questionnaires have been pre-tested. Interviews were conducted in households. Segmentation of the sample in terms of area of residence (rural/ urban) was done according to the National Statistics. The other characteristics of the sample were not predetermined.

		Total, N=1501	Smoker, N=374	Non-smoker, N=1127
Cau	Male	43	84	29
Sex	Female	57	16	71
Age	Average age, years	35.3	34.9	35.5
	No education/ Primary	8	10	7
Education	Secondary	47	46	48
Education	Higher	43	43	44
	NR	1	1	2
Cmoking	Daily	24	95	-
SHIOKINg	Less than daily	1	5	-
Habits	Non-smokers	75	-	100
	Married/ With companion	62	60	62
Marital status	Single	25	28	24
Widfildi Status	Other	10	9	11
	NR	3	2	3
Area of	Urban	43	51	41
residence	Rural	57	49	59
	North	28	30	28
Region	Centre	51	53	50
	South	21	17	22
	Total	100	100	100

Table i.1: General sample, N=1501, %

#### i.4 Limits and barriers

During the realization of the present study no major obstacles occurred.

# CHAPTER I: SMOKER STATUS. SMOKING CESSATION

The present chapter aims at identifying the share of smokers, their smoking habits and their eagerness to quit.

### **CHAPTER I: SMOKER STATUS. SMOKING CESSATION**

### 1.1 Smoking habits

Fig. 2C: Do you currently smoke tobacco?, N=1501, %



Of all interviewed, every fourth person smokes daily, while 1% smokes less than daily. There are significantly more men who are smoking. The largest share of smokers belongs to the segment of young people of 20-34 years old. There are more smokers among urban dwellers than among rural population. There are more smokers in the North and Central region than in the southern region (26% and 24% as compared to 19%). See Annex 1.

During a usual day, one person smokes on average 16 cigarettes, which make it 111 per week. When taking in consideration the middle value of the distribution row, the median number of cigarettes smoked each day is a little bit smaller – 15, and median number of cigarettes per week is reduced to 105, fact that indicates that there are persons who indicated extremely large figures. There are not only more smokers among men, but also men tend to smoke more than women – 15 cigarettes per day as compared to 10 in case of women. It is worthwhile mentioning that there is no pattern in case of age criterion, although the correlation between these two variables is statistically significant, but weak (Pearson's R=0.110 at Sig=0.038). The smokers of 45-54 years old smoke more than any other age segments – 20 cigarettes per day. There are no significant tendencies in terms of education of the smokers. Number of cigarettes smoked per day does statistically differ in terms of the marital status (Eta=0.129). Although there are less smokers in the rural area, they smoke more than those from urban area (Eta=0.199). See Annex 2.

Table 2D: On average, how many cigarettes do you currently smoke each day/ during a usual week?

	N	Mean	Median
Smoke during a usual week	366	111.2	105
Smoke each day	366	15.9	15

Majority of smokers smoke about 6-20 cigarettes per day, which makes it 36-140 cigarettes per week. 5% smoke less than 1 cigarette per day and 13% smoke more than 1 pack a day.



### 1.2 Smoking in the past

Fig. 2F.1: In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?, N=1127,%



Majority of current non-smokers did not smoke at all in the past, 6% are ex-smokers who smoked daily, while 3% are exsmokers who smoked less than daily. There are more men who did smoke in the past than women (16% as compared to 3%). According to the frequencies analysis, the greatest share of those who smoked in the past and are not smoking now, has been registered in the segment of those who have higher education (the share of those who before smoked daily increases from 1 to 8% together with the increase of

the level of education, still, the statistical tests show that this association is significant, but very weak). There is significant, but weak association between the variables "area" and smoking in the past – there are more exsmokers in urban area (Phi=0.107 at Sig=0.002). See Annex 3.

Ex-smokers have quit smoking on average 5.8 years ago, still the median value is lower – 4 years, which indicates that there are several ex-smokers who quit a long time ago. When analyzing the frequency distribution, it may be observed that 14% quit smoking recently – 6 months or less, and other 7% did it 7-12 months ago. The association between the area of residence and period since stopped smoking is weak (Eta=0.145), the association between the main variable and level of education is not significant (Sig=0.272), the same may be observed for the regional criterion (Sig=0.580). There is no statistically significant difference on the level of sex (Eta=0.085). As one could expect, the period of time which has passed since the person quit smoking increases together with the age of the person (Pearson's R=0.506 at Sig=0.000). See Annex 4.

Table 2G: How long has it been since you stopped smoking?, years

	N	Mean	Median
Period since stopped smoking	97	5.8	4

Every forth is currently smoking (daily or less than daily) and 7% have smoked in the past. Majority have never smoked.







#### 1.3 Smoking cessation

Every second person smokes the same amount of cigarettes as 30 days before, while 12% consider that they are smoking more and 15% think that they smoked more cigarettes before. Level of education and regional criteria do not show significant differences among the segments from the perspective of the analyzed variable. It is interesting to mention that the only criterion which shows significant association is the "marital status" (Phi=0.221 at Sig.=0.027). When analyzing frequencies, it is worthwhile noting that those who are married did not change their smoking habits for worse (9% of married or living with a companion started to smoke more as compared to 16% in case of single). See Annex 5.

Fig. 4A: Do you now smoke more cigarettes, fewer cigarettes or the same amount of cigarettes as you did 30 DAYS ago?, N=371, %



As one may observe there is an association between the number of cigarettes smoked and own perception of the smoker regarding the comparative smoking habits – those who now smoke more than 30 days ago indeed smoke more than others (Somers' d = 0.221 for "smoking habit" as dependent at significance level of 0.001).

Table 4A: Do you now smo	ke more cigarettes, f	ewer cigarettes or t	he same amount of	cigarettes as you	did 30
DAYS ago?, N=371					

	Smoke during	a usual week	Smoke each day			
	N Mean		N	Mean		
More cigarettes	46	144.7	46	20.7		
Fewer cigarettes	57	91.8	57	13.1		
The same	190	109.6	190	15.7		
Can't say	78	109.7	78	15.7		
Total	371	111.2	371	15.9		

It is interesting to observe that smokers have thought about the harm that smoking might be doing to them and have seriously considered quitting, considered more often than discussed this issue at home or thought about the harm that smoking might be doing to other people. It looks like the most disturbing is the thought about the harm of smoking on the personal health – this idea came often to 31% of smokers and occasionally – to 39%. There are statistically significant differences among the segments of smokers depending on their marital status (those who are married tend to think about the harm they might be doing, more often than those who are single – Phi=0.212 at Sig=0.007). There is association between the age of the respondent and discussing smoking and health at home – Eta=0.395. Still, there is no clear trend. This issue seems to be more often discussed in the families of teenagers (32% as compared to 17-25% in the segment 20-55 y.o.). The same significant association may be observed in case of "thinking about the harm smoking might be doing to you" (Eta=0.367), "thinking about the harm smoking might be doing to you" (Eta=0.367), "thinking about the harm smoking might be doing to you" (Eta=0.367), "thinking about the harm smoking might be doing to you" (Eta=0.367), "thinking about the harm smoking might be doing to you" (Eta=0.367), "thinking about the harm smoking might be doing to you" (Eta=0.367), "thinking about the harm smoking might be doing to you" (Eta=0.367), "thinking about the harm smoking might be doing to you" (Eta=0.367), "thinking about the harm smoking might be doing to the people" (Eta=0.394) and again there is an association between the variable "age" and the desire to quit smoking (Eta=0.336). There are no significant differences from the point of view of the sex. Those with secondary and higher education tend to think about the harm their smoking might be doing to people around, more often than those who have primary or no education (Phi=0.227 at Sig.=0.024) <u>See Annex 6</u>.

Fig. 4B: Over past 30 Days, how often, if at all, did you ...?, N= 371, %



Fig. 4C: In the past 30 DAYS, before lighting up a cigarette how often have you asked people around you if they mind if you smoke?, N=371, %



Half of the smokers did not inquire at all from bystanders about the permission to smoke in their presence, while every fifth did it rarely. Other 7% do it always or oftentimes. The association between the variables "education" and "asking others for permission to smoke" is significant, although weak (Somers' d=0.133 at Sig.=0.004). Age also influences the habit to ask for permission to light up a cigarette – teenagers and younger people seem to do it more often (Eta=0.327). Other criteria do not show significant 28% of smokers tried to quit smoking during the last 30 days. There are significantly more of those who tried to quit smoking in the past 30 days among younger people (32-53%), while those aged 30-55 registered smaller shares (20-23%). This association is statistically significant (Eta=0.415). Other criteria did not show significant differences. See Annex 8.

Fig. 4D: During the past 30 DAYS, have you tried to stop smoking? N=371, %

→ ^^/	1 00/	2000	2001	1000	 60%	7.0%	1	0.00/	i 1000/
	Yes;	28			No;	72			

41% of current smokers do not intend to quit smoking and 19% will quit someday, but not within the next 12 months. As it could be expected, the share of those who are thinking about quitting is larger among those who tried to quit smoking in the past 30 days – 91% as compared to 46%. Those who are optimistic about their habit, hope to quit in the following 12 months. Age significantly influences the intention of the smoker to quit – those who are younger are more eager to quit, than older smokers (thus, those who do not intend to quit smoking make 16% of teenagers and 46% of those older than 30, Eta=0.352). Other variables do not show significant associations. See Annex 9.

Fig. 4F: Which of the following best describes your current thinking about quitting smoking?, N=371, %



- I am planning to quit within the next month
- I am planning to quit within the next 6 months
- I am planning to guit within the next 6 to 12 months
- I will quit someday, but not within the next 12 months
- Ido not intended to quit smoking

Again, when analyzing the probability to quit smoking depending on prior attempts, it is worthwhile saying that those who did try to quit before, consider it more likely to quit also in future. The statistical tests show that the association between these two variables is moderate and significant (Sommers' d for the "probability to quit" as dependent equals 0.454 at the significance level of 0.000). Again the variable "age" has demonstrated significant influence on the eagerness to quit smoking (16% of teenagers and 38-42% of those who are older than 30 y.o. definitely do not intend to quit smoking, Eta=0.354). Other criteria do not produce significant influence on the variable. <u>See Annex 10</u>.



Fig. 4G.1: How likely or unlikely is it that you'll be able to stop smoking permanently?, N=371, %

Fig. 4G.1: How likely or unlikely is it that you'll be able to stop smoking permanently?, N=371, %



KAP Study. Baseline Survey.

Chapter II: Awareness Regarding The Health Harms of SHS Exposure

# CHAPTER II: AWARENESS REGARDING THE HEALTH HARMS OF SHS EXPOSURE

This chapter presents information on unaided campaign salience, as well as the sources of other information regarding the harm of smoking.

### CHAPTER II: AWARENESS REGARDING THE HEALTH HARMS OF SHS EXPOSURE

### 2.1 Unaided campaign salience

It is interesting to observe that the share of those who have observed anti-smoking advertisements is larger among those who are either currently smoking or those who smoked in the past, in comparison with those who have never smoked (68% and 61% compared to 56%). The association between these two variables is significant, although weak (Phi=0.113 at significance level 0.000). Younger people are more attentive, in general, to advertisement and to anti-smoking advertisement/ information, in particular, and namely 62-68% of the young people have observed it in the last 30 days as compared to 55-59% in the older segments (Eta=0.177). The rest of the criteria do not show significant differences. See Annex 11.

Fig. 3A: During the last 30 DAYS, have you come across any advertisements or information about smoking and health?, %



### Chapter II: Awareness Regarding The Health Harms of SHS Exposure

While TV is the major source of anti-smoking information for the non-smokers (74% for the non-smokers and 66% for the ex-smokers), the cigarette pack is evidently closer to the current smokers. Thus, 73% of current smokers remembered that they have come across anti-smoking messages which were placed on the packs. With the exception of the teenager segment share of those who came across anti-smoking information on the TV increases – from 54% to 81% (Pearson's R=0.120, Sig.=0.000). Other criteria are not significant for any of the analyzed variables. See Annex 12.



Fig. 3B: Where did you come across the advertisements or information?, N=862,%

### 2.2 Other sources of information about smoking habits

Majority did not talk about prohibiting of smoking in public places in the past 12 months. It seems that people tend to reprove the young persons and not the older ones (26-31% as compared to 12-18% in the segment of older people, Eta=0.338). See Annex 13.

Fig. 7A: In the past 12 months, has anyone talked to you about not smoking in public places?, N=374, %

	Yes; 19					No; 81				
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

Those who did discuss this issue were talking either with a visiting health worker from NGO (35%), 8% discussed it with office supervisors/ human resources managers in offices. Those who selected the option "other" specified their relatives and friends. <u>See Annex 14.</u>

Fig. 7B: Who were these individuals?, N= 71, %



Current smokers are the ones who hardly support anti-smoking campaign and this association is significant, although weak (Somers'd=-0.196 at Sig=0.000). Women are more likely to support public informational campaigns (Phi=0.183, Sig.=0.000). There are significantly less people in the southern part of the country who would completely support anti-smoking campaign (33% as compared to 48-50% accordingly in the Centre and in the North, Phi=0.175, Sig.=0.000). See Annex 15.

Fig. 7C: How strongly do you support or oppose the government running public information campaigns on the effects of smoking on health?, N=1501, %



Fig. 7C: How strongly do you support or oppose the government running public information campaigns on the effects of smoking on health?, N=1501, %



### CHAPTER III: KNOWLEDGE AND ATTITUDES

The third chapter is dedicated to the evaluation of knowledge and attitudes of the population regarding the health harms of smoking and SHS exposure.

### CHAPTER III: KNOWLEDGE AND ATTITUDES

#### 3.1 Awareness regarding health harms of smoking and SHS exposure

People are aware of the fact that smoking causes serious illnesses (85% of all interviewed agree with this affirmation). They also consider that smokers should not expose others to their cigarette's smoke (84%). As many as 80% of people know that exposure to smoke from another person's cigarette is dangerous for non-smokers, and also the fact that tobacco smoke causes lung disease in the children who breathe it. The statement that smoking is not bad since many people smoke and live till old did not seem acceptable. Thus three fourths disagreed with it. There is little hope that laws prohibiting smoking in public places will help smokers quit (45%), but people do believe that the law that prohibits smoking in indoor places will benefit the public's health (65%).

Fig. 5A: How much you agree or disagree with the following statements?, %





er	Total, N=1160			84		16	
anci	Current smoker, N=374			86		14	
ng c	Smoker in the past, N=105	91				10	
Lui	Never smoked, N=1022	78			22		
es	Total, N=1160		6	9		31	
thar thar	Current smoker, N=374		61		3	39	
g dis her and	Smoker in the past, N=105			83		17	
ot	Never smoked, N=1022		7	0		30	
the	Total, N=1086		59		4	1	
in to	Current smoker, N=374		51 69		49		
bra	Smoker in the past, N=105					31	
Dam	Never smoked, N=1022		62		38		
lse	Total, N=1185		7	1		29	
lisea	Current smoker, N=374		61			39	
artd	Smoker in the past, N=105			82		18	
Hea	Never smoked, N=1022			73		27	
	Total, N=958		51		49		
tility	Current smoker, N=374	4	12		58		
ıfer	Smoker in the past, N=105		53	:	47		
=	Never smoked, N=1022		55	:	45	5	
	0	% 20	)%	40% 6	50% 80	0% 100%	
	I Ye	s	No				

Population is aware that smoking might cause lung cancer (84%), heart disease (71%) and lung diseases other than cancer (69%). It is interesting to note that smokers in the past seem to be the most aware of the smoking harms, while current smokers seem to either neglect the information about the harms of smoking or are the least aware of it and therefore are still smoking.

r ir	Total, N=1501		52		48	
nce Joke	Current smoker, N=374		45		55	
g ca n-sn	Smoker in the past, N=105		50		50	
noi	Never smoked, N=1022		55		45	
n on-	Total, N=1501		50		50	
seas thai in no	Current smoker, N=374	4	0		60	
g di her cer	Smoker in the past, N=105		47		53	
Lun ot can	Never smoked, N=1022		53		47	
se	Total, N=1501		45		55	
isea on- cers	Current smoker, N=374	36			64	
art d in ne	Smoker in the past, N=105		48		52	
Hea	Never smoked, N=1022		48		52	
ses n	Total, N=1501		57		43	
seas	Current smoker, N=374		50		50	
ig di chil	Smoker in the past, N=105		59		41	
Lun in	Never smoked, N=1022		59		41	
۷- ies	Total, N=1501		51		49	
f lo <sup>,</sup> bab	Current smoker, N=374		43		57	
th o ght	Smoker in the past, N=105		47		53	
Bir wei	Never smoked, N=1022		55		45	
n	Total, N=1501	22		78		
ctic	Current smoker, N=374	16		84		
infe chil	Smoker in the past, N=105	20		80		
Ear	Never smoked, N=1022	25		75	5	
	(	0% 20	0% 40%	60%	80%	100%

Fig. 5C: The best of your knowledge does EXPOSURE to smoke from ANOTHER person's cigarette cause the following., %

# As compared to the awareness about the harms of smoking, passive smoking harms are less known by the population. This especially refers to ear infections in children – 22% knew that this is possible. Again, current smokers seem to be less aware (pay less attention or not consider) of the harms of passive smoking.

### 3.2 Concern regarding harm of smoking in future

Smokers are more concerned about smoking – 75% are worried that smoking might affect their health in future. The association between the status of the smoker and his concern about the future is significant, but also weak (Phi=0.194 at Sig=0.000).

Fig. 5D: How worried are you, if at all, that smoking will damage your health in the future?, %

	1						
Currentsmoker, N=374	10	44	44		2	15	
	-						
Smoker in the past, N=105	18	28		30		18	
	-						
Never smoked, N=1022	17	27		28		21	
	-			1	1	,	Ť
	0%	20%	40%	60%	80%	10	0%
	Not at all	worried	Somewh	at worried	📕 Very	worried	
	Extremely	worried	DK				

People seem to be the most concerned about smoking in schools, hospitals, near churches, in public transport and in universities, and would completely support laws prohibiting smoking in these public places.

Fig. 8G: How strongly would you favor or oppose a law that prohibits indoor smoking in each of the following public places?, %



# CHAPTER IV: SOCIO-DEMOGRAPHICAL PROFILE OF THE SMOKER

### CHAPTER IV: SOCIO-DEMOGRAPHICAL PROFILE OF THE SMOKER

It is interesting to remark that smokers significantly to a greater extent work outdoors (22% as compared to 9% in case of non-smokers), ( $\chi^2$  =80.389, Sig.=0.000). As it could have been expected, smokers are significantly more often exposed to smoke at home, at work and in the street (accordingly, Phi=0.419, Sig.=0.000; Phi=0.403, Sig.=0.000 and Phi=0.272, Sig.=0.000). As well, there are more non-smokers who have children and this observation is statistically significant ( $\chi^2$  =7.561, Sig.=0.023): 61% as compared to 53% (who don't have children).

		Total, N=1501	Smoker, N=374	Non-smoker, N=1127
	Daily	68	64	70
	4-6 times a week	9	10	9
≥	2-3 times a week	9	10	9
ing	Once a week	3	4	3
tch	Less than one time a week	4	5	4
Ma	Never	3	3	2
	Do not know	1	1	1
	NR	3	4	3
0	Daily	28	32	27
adi	4-6 times a week	7	8	7
Je L	2-3 times a week	10	9	11
o th	Once a week	7	6	8
ھ ت	Less than one time a week	11	10	11
nin	Never	29	28	29
iste	Do not know	3	3	3
	NR	3	3	3
es	Daily	10	8	10
azin	4-6 times a week	4	3	5
g lagaz	2-3 times a week	9	9	9
din %/m	Once a week	13	8	15
Rea	Less than one time a week	17	17	17
pap	Never	37	42	35
SNS	Do not know	7	8	6
ре П	NR	4	6	3
	Daily	45	43	46
e	4-6 times a week	6	5	6
sag	2-3 times a week	6	7	5
t n	Once a week	4	3	4
rne	Less than one time a week	5	5	5
nte	Never	30	30	30
-	Do not know	2	2	2
	NR	3	3	3
	Daily	1	0	1
е	4-6 times a week	0	0	0
em	2-3 times a week	1	1	1
cin	Once a week	2	1	2
ing	Less than one time a week	15	15	15
/isit	Never	67	63	68
>	Do not know	10	14	9
	NR	4	5	4

Table 4.1: Socio-demographical profile of the smoker in comparison with the non-smoker, %

		Total, N=1501	Smoker, N=374	Non-smoker, N=1127
60	Inside	27	31	26
kin	Outside	12	22	9
vor are	Do not know	3	6	2
>	NR	58	41	63
at	Always	6	17	2
eke bke	Often	11	24	6
ure sm	Sometimes	12	13	12
tte hoi	Rare	12	16	11
Ex E	Never	48	20	58
Ci	NR	11	12	11
e at	Always	4	13	2
to oke	Often	7	20	3
ure sm srk	Sometimes	11	14	10
50S tte wc	Rare	11	9	11
are.	Never	28	14	32
cig	NR	39	30	42
e	Always	7	16	4
it p	Often	20	28	18
e sr tree	Sometimes	28	26	29
oos ett	Rare	24	12	28
gar o	Never	9	5	11
. <u>.</u>	NR	11	13	11
en ily	Yes	59	53	61
ildr farr	No	36	42	34
in C	NR	5	5	5

KAP Study. Baseline Survey.

### CHAPTER V: MULTIVARIATE ANALYSIS

### **CHAPTER V: MULTIVARIATE ANALYSIS**

In order to identify the influence of advertisement/information exposure on the knowledge of smokers and nonsmokers regarding health harm of smoking, covariance analysis has been conducted. For the beginning, the existence of correlation ( $\chi^2$ ) among smoking related issues and exposure to advertisement has been identified. Then, logistic regression has been conducted for all of the analyzed items, separately for smokers and nonsmokers in order to determine level of influence of the exposure on the knowledge of the studied aspects. Those items which are marked with a star sign - \*, registered significant correlations, while the rest did not. Those cells that are highlighted with red, show significant regression coefficients.

Smokers who have been exposed to advertisement are more aware than smokers who have not been exposed regarding the following health harms of smoking: "lung disease in children", "birth of low-weight babies from smoking mothers", "lung diseases other than cancer". As for the non-smokers who have been exposed to advertisement, they are more aware of all of the tested messages except for "ear infection" and "infertility".

			Smokers						Non-Smokers					
		Posit (N,	PositiveNegativeOdds(N, %)(N, %)PRatio					Posit (N, 1	ive %)	Neg (N,	ative %)	р	Odds Ratio	
1*	Lung cancer in non-sn	nokers	Chi-s	quare \	/=11.	714, sig.=	0.001							
1	Logistic regression	167	45	207	55	0.530	1.152	612	54	515	46	0.000	1.620	
<b>o</b> *	Lung diseases other the	han car	ncer i	n non-s	moke	ers Chi-sq	uare V=29.	681, sig.=	0.000					
	Logistic regression	151	40	223	60	0.120	1.435	594	53	533	47	0.000	2.054	
2*	Heart disease in non-s	smoker	rs Chi	-square	e V=1	1.393, sig	.=0.001							
	Logistic regression	136	36	238	64	0.332	1.257	540	48	587	52	0.000	1.588	
/*	Lung diseases in child	ren Ch	i-squa	are V=2	5.513	3, sig.=0.0	00							
4	Logistic regression	188	50	186	50	0.038	1.597	663	59	464	41	0.000	1.852	
<b>c</b> *	Birth of low-weight ba	abies C	hi-sq	uare V=	-16.39	92, sig.=0	.000							
5	Logistic regression	161	43	213	57	0.026	1.678	608	54	519	46	0.000	1.602	
6*	Lung cancer Chi-squa	re V=2	5.959	9, sig.=0	0.000									
0	Logistic regression	292	78	82	22	0.077	1.585	972	86	155	14	0.000	2.627	
7*	Lung diseases other the	han car	ncer	Chi-squ	iare V	/=13.032,	sig.=0.000							
/	Logistic regression	227	61	147	39	0.032	1.627	803	71	324	29	0.001	1.581	
o*	Damage to the brain (	Chi-squ	iare V	/=4.927	', sig.=	=0.026								
0	Logistic regression	189	51	185	49	0.932	0.981	702	62	425	38	0.002	1.472	
٥*	Heart disease Chi-squ	are V=	6.677	7, sig.=0	.010									
9	Logistic regression	230	61	144	39	0.221	1.322	831	74	296	26	0.004	1.484	
10	Ear infections in child	ren Chi	i-squa	are V=0	.475,	sig.=0.49	1							
10	Logistic regression	60	16	314	84	0.905	0.965	273	24	854	76	0.223	1.188	
11	Infertility Chi-square	/=1.89	7, sig	.=0.168	5									
11	Logistic regression	156	42	218	58	0.589	1.131	617	55	510	45	0.066	1.249	

Table 4.1: Comparison of smokers and non-smokers knowledge of health harms of smoking from the perspective of exposure to advertising on anti-smoking

Advertisements that have been placed up to now did not have a significant impact on the attitude of smokers towards the analyzed smoking-related issues (all of the p-values in case of smokers are larger than 0.05). As in case of non-smokers, advertisement exposure has caused a positive attitude towards prohibiting smoking in the public transport (p=0.041 and Odds ratio=1.513, which implies that non-smokers exposed to advertisement have a more positive attitude towards the analyzed issue with 1.5 times than non-smokers who have not been exposed to advertisement). The same tendency may be observed for the following: "If smoking were prohibited in the following places, would you be more likely to visit the restaurants", "Would you favor/oppose a law that prohibits smoking in hospitals", "Attitude towards antismoking campaigns".

Table 4.1: Comparison of smokers and non-smokers attitude towards smoking issues from the perspective of exposure to advertising on anti-smoking

			Smokers						Non-Smokers				
		Posit (N, S	ive %)	Nega (N, S	tive %)	р	Odds Ratio	Posi (N,	tive %)	Nega (N, 1	tive %)	р	Odds Ratio
1*	Concern that smoking	will da	mage	one's h	ealth	in the fut	ture Chi-sq	uare V=	4.8473,	sig.=0.	028		
1	Logistic regression	119	32	255	68	0.157	1.419	406	36	721	64	0.157	1.277
<b>^</b> *	Would you favor/opp	ose a la	w tha	t prohik	oits sn	noking in	bars Chi-so	quare V⊧	=4.866,	sig.=0.0	)27		
2	Logistic regression	149	40	225	60	0.683	0.911	789	70	338	30	0.297	0.872
<b>o</b> *	Would you favor/opp	ose a la	w tha	t prohik	oits sn	noking in	public tran	sport C	hi-squa	re V=3.	644, s	ig.=0.056	
5	Logistic regression	310	83	64	17	0.219	1.422	1019	90	108	10	0.041	1.513
	If smoking were prohi	bited in	the f	ollowin	g plac	es, would	d you be m	ore likel	ly to vis	it the re	estaur	ants Chi-	square
4*	V=11.776, sig.=0.001												
	Logistic regression	47	13	327	87	0.064	2.054	317	28	810	72	0.000	1.663
<b>c</b> *	Would you favor/opp	ose a la	w tha	t prohik	oits sn	noking ne	ar the chu	rches Cł	ni-squar	e V=5.5	570, si	g.=0.018	
5	Logistic regression	313	84	61	16	0.219	1.432	1004	89	123	11	0.016	1.584
6	Would you favor/opp	ose a la	w tha	t prohik	oits sn	noking in	hospitals C	hi-squa	re V=3.	837, sig	g.=0.0	50	
0	Logistic regression	311	83	63	17	0.184	1.465	1021	91	126	11	0.042	1.515
7	Would you favor/opp	ose a la	w tha	t prohik	oits sn	noking at	workplace	Chi-squ	uare V=0	0.329, s	ig.=0.	566	
/	Logistic regression	242	65	132	35	0.804	1.059	981	87	146	13	0.652	1.084
0	Would you favor/opp	ose a la	w tha	t prohik	oits sn	noking at	schools Ch	i-square	e V=2.3	41, sig.:	=0.126	5	
0	Logistic regression	317	85	57	15	0.471	1.244	1030	91	97	9	0.060	1.493
0	Would you favor/opp	ose a la	w tha	t prohik	oits sn	noking at	universitie	s Chi-sq	uare V	=0.888,	sig.=0	).346	
9	Logistic regression	291	78	83	22	0.382	1.259	1012	90	115	10	0.166	1.314
10	Attitude towards antis	smokin	g cam	paigns (	Chi-sq	uare V=0	.857, sig.=0	).354					
10	Logistic regression	182	49	192	51	0.729	0.925	839	74	288	26	0.010	1.425
11	Would you favor/opp	ose a la	w tha	t prohik	oits sn	noking in	restaurant	s Chi-sq	uare V=	=0.586,	sig.=C	.444	
11	Logistic regression	234	63	140	37	0.291	1.274	923	82	204	18	0.195	1.223
12	If smoking were prohi sig.=0.070	bited in	the f	ollowin	g plac	es, would	l you be m	ore likel	ly to vis	it the b	ars Ch	ii-square	V=3.277,
	Logistic regression	37	10	337	90	0.581	1.239	275	24	852	76	0.014	1.418

KAP Study. Baseline Survey.

### CONCLUSIONS

### CONCLUSIONS

As a result of the baseline research carried out among population, it was observed that every fourth person smokes, and great majority of smokers do it daily. Besides, ex-smokers represent only 7% of all interviewed. Majority of the actual smokers did not change their smoking habits over the past 30 days.

It is interesting to note that smokers are more concerned about their own health rather than about the health of people around them, which might be partially explained by the fact that there are a little more single people among smokers. One third of the smokers seriously consider quitting, and it is interesting to note that the eagerness to quit smoking decreases with age. Men are a little more indifferent and undecided regarding stopping smoking than women are. Smokers are not very conscious about other people's opinion of them smoking – majority either never or rarely asks for permission to light up a cigarette.

One fourth has tried to quit smoking during the past 30 days. Those who tried, intend to repeat the attempt in the following 12 months. Majority of those who did not try to do it, either do not plan to quit, or consider doing it sometime in the future, but not in the following year.

Majority of population came across the messages concerning the harms of smoking, in the past 30 days. In case of current smokers, the share is larger than in case of the other two categories – ex-smokers and non-smokers. This is partially explained by the fact that people are usually more attentive to the issues that relate to them. Another reason lies in the fact that the most popular source of information in case of smokers is the cigarette pack. The other common source is TV. Other information sources that might be used to communicate with the smokers are the radio and the internet. Cinema and written-press are less popular with the local population overall and with smokers segment, in particular. Billboards also draw people's attention and might represent an effective way to communicate the needed message. Besides the traditional sources of information, there also were people who were approached by their office supervisors and/ or by health workers from various NGOs in order to discuss about the non-smoking in public places. This topic seems to be also often discussed within the families of smokers.

Smokers seem to not appreciate the anti-smoking messages and majority either oppose or do not support government public information campaigns on the effects of smoking on health. Meanwhile, those who occasionally belong to the category of passive smokers (ex-smokers and non-smokers) do support such campaigns. Majority agree that law prohibiting indoor smoking will benefit public health, but still, they do not consider that it will help smokers quit their bad habit. It is worthwhile mentioning that the greatest share of cases when people are exposed to smoke happen in the street (every fifth mentioned that s/he is often exposed to cigarette smoke), followed by "at home" (every tenth) and "at the workplace" (7%).

While people would appreciate laws prohibiting smoking in the hospitals, in public transport, near churches, at schools and at universities, and majority also consider it a good idea to prohibit smoking in bars and restaurants, this would not motivate people to visit public eating places more often – as for majority this would not change the eagerness of eating out.

Health harms of smoking are known by the public. People are most aware of the fact that smoking might cause lung cancer, heart diseases and other lung diseases besides cancer. However, not all of them know about the possible infertility of smokers. As for SHS exposure effects, the possibility of children's ear infections is the least known among the population. Overall, it may be observed that people are less aware about the SHS exposure effects than about the health harms of smoking. It is interesting to note that current smokers either tend to neglect the negative effects of smoking and SHS or are less aware of them. It looks like non-smokers are the most concerned about SHS exposure effects, while past smokers are the most aware of the health harms of smoking.

Currently, all three categories are aware of the effects of smoking. People tend to not mislead themselves and do not consider smoking being ok, since other people also smoke and live till old age.



### **ANNEXES**

Annex 1: Do you currently smoke tobacco?, multicriterial analysis, %

		N	Daily	Less than daily	Not at all	Total
der	Male	328	47	2	51	100
Gen	Female	799	6	1	93	100
	16-19 years	136	12	1	88	100
	20-24 years	152	27	2	71	100
e	25-29 years	149	34	1	65	100
Å	30-34 years	118	28	2	69	100
	35-44 years	228	19	1	79	100
	45-55 years	344	22	1	77	100
L.	No education/ Primary	77	32	2	66	100
atic	Secondary	540	23	1	76	100
luc	Higher	493	23	1	76	100
Ĕ	NR	17	18	5	77	100
_	Married/ With companion	700	23	1	76	100
rita tus	Single	276	26	1	72	100
Mai	Other	119	22	1	77	100
	NR	32	22	0	78	100
ea	Urban	460	28	1	71	100
An	Rural	667	20	1	78	100
Ľ	North	312	26	0	73	100
egic	Centre	567	24	2	74	100
Ř	South	248	19	1	80	100

### Annexes

			Smoke during	a usual week	Smoke	each day
		IN	Mean	Median	Mean	Median
der	Male	310	115.4	105	16.5	15
Gen	Female	56	88.0	70	12.6	10
	16-19 years	19	82.5	70	11.8	10
	20-24 years	60	102.0	105	14.6	15
e	25-29 years	79	110.2	70	15.7	10
Å₿	30-34 years	50	111.5	133	15.9	19
	35-44 years	57	106.8	84	15.3	12
	45-55 years	101	125.2	133	17.9	19
Ę	No education/ Primary	39	109.3	105	15.6	15
atic	Secondary	167	118.0	140	16.9	20
que	Higher	156	105.2	70	15.0	10
Ш	NR	4	78.8	70	11.3	10
	Married/ With companion	220	117.7	105	16.8	15
rital tus	Single	103	97.7	84	14.0	12
Maı sta	Other	34	115.1	105	16.4	15
_	NR	9	92.6	84	13.2	12
ea	Urban	187	97.5	91	13.9	13
Ar	Rural	179	125.5	140	17.9	20
L L	North	114	106.2	105	15.2	15
egic	Centre	191	110.8	105	15.8	15
R	South	61	121.9	140	17.4	20

### Annex 2: On average, how many cigarettes do you currently smoke each day?, multicriterial analysis, %

		N	Daily	Less than daily	Not at all	Total
der	Male	328	16	6	78	100
Gen	Female	799	3	2	96	100
	16-19 years	136	0	2	98	100
	20-24 years	152	3	3	93	100
e	25-29 years	149	9	7	83	100
A€	30-34 years	118	9	3	87	100
	35-44 years	228	4	2	95	100
	45-55 years	344	10	1	88	100
Ę	No education/ Primary	77	1	4	95	100
atio	Secondary	540	6	2	92	100
quc	Higher	493	8	4	88	100
ш	NR	17	6	0	94	100
	Married/ With companion	700	8	3	88	100
'ital tus	Single	276	4	3	93	100
Mar sta	Other	119	3	1	97	100
_	NR	32	0	3	97	100
ea	Urban	460	9	4	87	100
Ar	Rural	667	5	2	93	100
u	North	312	6	2	92	100
egic	Centre	567	8	4	88	100
Re	South	248	3	1	96	100

### Annex 3: In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?, multicriterial analysis, %

### Annexes

		N	Period since s	topped smoking
		IN	Mean	Median
nd r	Male	67	6.1	4
e e	Female	30	5.0	4
	16-19 years	3	1.2	1
	20-24 years	9	1.1	1
e e	25-29 years	23	4.2	3
Å	30-34 years	14	3.6	2
	35-44 years	12	5.0	5
	45-55 years	36	9.3	8
5	No education/ Primary	4	8.0	6
atic	Secondary	40	6.5	4
que	Higher	53	5.0	3
ш	NR	0	-	-
	Married/ With companion	74	6.3	4
rita tus	Single	18	3.2	2
Mai	Other	4	8.5	7
_	NR	1	2.0	2
ea	Urban	54	5.0	3
Ar	Rural	43	6.7	4
E	North	25	6.2	4
gio	Centre	63	5.3	4
Re	South	9	8.0	3

### Annex 4: How long has it been since you stopped smoking?, multicriterial analysis, %

		N	More cigarettes	Fewer cigarettes	The same	Can't say	Total
ף ר	Male	311	14	16	50	21	100
Gei	Female	60	7	13	57	23	100
	16-19 years	19	26	21	32	21	100
	20-24 years	62	16	18	44	23	100
e B	25-29 years	79	14	19	52	15	100
β	30-34 years	52	8	13	50	29	100
	35-44 years	59	10	10	58	22	100
	45-55 years	100	10	14	56	20	100
u	No education/ Primary	39	13	13	56	18	100
atio	Secondary	169	14	15	47	24	100
quc	Higher	158	10	16	55	18	100
й	NR	5	20	0	40	40	100
_	Married/ With companion	222	9	15	55	22	100
rita tus	Single	105	16	19	46	19	100
Mai sta	Other	35	26	9	43	23	100
	NR	9	11	0	67	22	100
ea	Urban	189	14	17	51	17	100
Ar	Rural	182	10	13	51	25	100
L	North	113	19	16	47	18	100
egic	Centre	197	9	16	56	19	100
Re	South	61	10	13	43	34	100

Annex 5: Do you now smoke more cigarettes, fewer cigarettes or the same amount of cigarettes as you did 30 DAYS ago?, multicriterial analysis, %

### Annexes

		N	Discuss smoking and health at home						Think about the harm your smoking might be doing you				
			Often	Occasionally	Never	DK	Total	Often	Occasionally	Never	DK	Total	
der	Male	311	21	37	34	8	100	30	41	19	11	100	
Gen	Female	60	28	27	32	13	100	37	30	23	10	100	
	16-19 years	19	32	47	21	0	100	58	26	16	0	100	
	20-24 years	62	21	47	29	3	100	35	39	16	10	100	
ge	25-29 years	79	25	30	41	4	100	30	44	18	8	100	
Å	30-34 years	52	17	25	38	19	100	19	40	25	15	100	
	35-44 years	59	25	36	25	14	100	29	29	24	19	100	
	45-55 years	100	18	34	37	11	100	30	42	19	9	100	
c	No educ./ primary	39	21	38	36	5	100	28	41	23	8	100	
atio	Secondary	169	20	34	36	11	100	32	34	21	12	100	
quc	Higher	158	25	36	30	9	100	30	43	17	10	100	
ш	NR	5	0	20	80	0	100	40	40	20	0	100	
tus	Married/ With comp.	222	26	33	30	11	100	29	40	20	10	100	
l sta	Single	105	15	42	36	7	100	33	39	17	10	100	
Irita	Other	35	23	20	51	6	100	34	31	23	11	100	
Ma	NR	9	0	56	33	11	100	22	33	22	22	100	
ea	Urban	189	22	32	35	11	100	28	46	18	9	100	
Ar	Rural	182	21	38	33	7	100	34	32	21	13	100	
Ę	North	113	24	42	25	10	100	33	42	13	12	100	
egio	Centre	197	24	31	39	6	100	31	40	23	7	100	
æ	South	61	11	36	34	18	100	26	30	21	23	100	

### Annex 6: Over past 30 Days, how often, if at all, did you ...?, multicriterial analysis, %

		Thinl	c about the harm doing to c	n your smo other peop	king mig Ie	Seriously consider quitting					
		Often	Occasionally	Never	DK	Total	Often	Occasionally	Never	DK	Total
der	Male	21	36	32	11	100	31	35	22	13	100
Gen	Female	22	30	35	13	100	37	27	18	18	100
	16-19 years	37	32	32	0	100	58	26	5	11	100
	20-24 years	11	39	40	10	100	27	45	15	13	100
e	25-29 years	25	35	34	5	100	29	37	22	13	100
Å	30-34 years	23	38	25	13	100	29	29	29	13	100
	35-44 years	19	31	32	19	100	32	25	22	20	100
	45-55 years	20	35	31	14	100	32	32	23	13	100
c	No educ./ primary	8	59	28	5	100	18	46	18	18	100
atio	Secondary	24	30	34	12	100	33	30	24	13	100
que	Higher	21	37	32	11	100	33	35	18	14	100
ш	NR	20	0	40	40	100	40	20	20	20	100
tus	Married/ With comp.	23	40	26	12	100	31	34	20	14	100
sta	Single	13	36	41	10	100	31	39	16	13	100
rital	Other	29	11	49	11	100	34	20	37	9	100
Ма	NR	22	11	44	22	100	33	0	33	33	100
ea	Urban	20	35	34	11	100	30	36	20	14	100
An	Rural	21	36	31	12	100	33	31	23	14	100
c	North	27	34	27	12	100	34	39	14	13	100
egio	Centre	18	38	37	7	100	32	32	25	11	100
Å	South	18	30	28	25	100	25	28	21	26	100

		N	Always	Often	Sometimes	Rarely	Never	Total
nd	Male	311	2	4	24	19	51	100
e Ge	Female	60	8	2	8	28	53	100
	16-19 years	19	16	0	16	32	37	100
	20-24 years	62	2	5	27	24	42	100
e B	25-29 years	79	3	5	20	22	51	100
A€	30-34 years	52	4	8	13	19	56	100
	35-44 years	59	0	3	19	14	64	100
	45-55 years	100	2	1	26	20	51	100
Ę	No education/ Primary	39	0	0	21	21	59	100
atio	Secondary	169	2	4	22	14	59	100
quc	Higher	158	4	4	22	27	42	100
ш	NR	5	0	20	20	20	40	100
_	Married/ With companion	222	1	3	24	19	52	100
rita tus	Single	105	4	3	23	21	50	100
Maı sta	Other	35	9	6	6	26	54	100
	NR	9	0	22	0	22	56	100
ea	Urban	189	5	3	20	23	49	100
Ar	Rural	182	1	4	23	18	54	100
u	North	113	4	3	34	23	37	100
Regio	Centre	197	3	4	15	18	61	100
	South	61	2	5	21	25	48	100

Annex 7: In the past 30 DAYS, before lighting up a cigarette how often have you asked people around you if they mind if you smoke?, multicriterial analysis, %

### Annexes

		N	Yes	No	Total
r d	Male	311	27	73	100
e Ge	Female	60	32	68	100
	16-19 years	19	53	47	100
	20-24 years	62	35	65	100
e	25-29 years	79	32	68	100
Å8	30-34 years	52	21	79	100
	35-44 years	59	20	80	100
	45-55 years	100	23	77	100
Ę	No education/ Primary	39	23	77	100
atio	Secondary	169	27	73	100
Inc	Higher	158	29	71	100
ы	NR	5	40	60	100
	Married/ With companion	222	24	76	100
'ital tus	Single	105	34	66	100
Mar stai	Other	35	29	71	100
_	NR	9	33	67	100
ea	Urban	189	25	75	100
An	Rural	182	31	69	100
5	North	113	25	75	100
gio	Centre	197	30	70	100
Re	South	61	26	74	100

### Annex 8: During the past 30 DAYS, have you tried to stop smoking?, multicriterial analysis, %

		N	l am planning to quit right away/ immediately	l am planning to quit within the next month	I am planning to quit within the next 6 months	I am planning to quit within the next 6 to 12 months	I will quit someday, but not within the next 12 months	l do not intended to quit smoking	Total
, de	Male	311	6	12	11	10	21	41	100
Ger	Female	60	12	15	5	12	12	45	100
	16-19 years	19	11	37	11	5	21	16	100
	20-24 years	62	3	15	15	15	18	35	100
ge	25-29 years	79	6	19	6	6	23	39	100
Å	30-34 years	52	12	6	17	6	13	46	100
	35-44 years	59	8	2	7	15	22	46	100
	45-55years	100	5	12	8	10	19	46	100
uc	No education/ Primary	39	5	10	5	13	21	46	100
cati	Secondary	169	7	13	11	9	18	42	100
Edu	Higher	158	8	13	10	9	21	39	100
	NR	5	0	0	20	20	0	60	100
atus	Married/ With companion	222	8	9	11	11	18	43	100
al st	Single	105	5	18	10	10	22	35	100
arit	Other	35	6	20	6	6	20	43	100
Σ	NR	9	11	0	0	11	22	56	100
ea	Urban	189	7	12	8	8	22	41	100
Ar	Rural	182	6	13	12	12	16	41	100
L L	North	113	9	11	12	11	15	42	100
egio	Centre	197	7	14	6	11	23	39	100
Å	South	61	2	11	18	7	16	46	100

### Annex 9: Which of the following best describes your current thinking about quitting smoking?, multicriterial analysis, %

### Annexes

		N	Definitely will	Very likely	Quite likely	50/50	Quite unlikely	Very unlikely	Definitely will not	Total
pu	Male	311	7	8	18	23	7	5	32	100
Ge	Female	60	10	12	12	15	12	2	38	100
	16-19 years	19	11	11	26	21	16	0	16	100
	20-24 years	62	8	8	16	35	5	5	23	100
e	25-29 years	79	13	14	13	19	10	5	27	100
₽	30-34 years	52	10	4	13	27	6	2	38	100
	35-44 years	59	3	7	17	17	3	10	42	100
	45-55 years	100	5	9	20	15	10	3	38	100
ç	No education/ Primary	39	8	5	13	13	10	3	49	100
atio	Secondary	169	7	9	21	19	9	4	32	100
Inc	Higher	158	9	10	14	27	6	6	28	100
ш	NR	5	0	0	0	20	20	0	60	100
tatus	Married/ With companion	222	7	9	18	19	9	5	33	100
als	Single	105	9	11	20	28	5	3	25	100
arit	Other	35	11	3	6	17	11	6	46	100
ŝ	NR	9	11	0	0	22	0	0	67	100
ea	Urban	189	8	9	14	22	8	6	33	100
Ā	Rural	182	8	9	20	21	7	3	32	100
Ľ	North	113	8	4	22	18	7	5	35	100
egio	Centre	197	8	10	14	24	8	6	31	100
Re	South	61	8	13	16	21	8	0	33	100

Annex 10: How likely or unlikely is it that you'll be able to stop smoking permanently?, multicriterial analysis, %

		N	Yes	No	Total
nd r	Male	642	62	38	100
e e	Female	859	58	42	100
	16-19 years	155	62	38	100
	20-24 years	214	63	37	100
e B	25-29 years	228	68	32	100
Ą	30-34 years	170	59	41	100
	35-44 years	288	55	45	100
	45-55 years	369	57	43	100
Ę	No education/ Primary	116	47	53	100
atic	Secondary	711	58	42	100
quc	Higher	652	64	36	100
Щ	NR	22	55	45	100
	Married/ With companion	925	61	39	100
rita tus	Single	381	60	40	100
Mai	Other	154	51	49	100
_	NR	41	51	49	100
ea	Urban	650	61	39	100
Ar	Rural	851	59	41	100
u	North	426	53	47	100
egic	Centre	764	63	37	100
Re	South	311	60	40	100

Annex 11: During the last 30 DAYS, have you come across any advertisements or information about smoking and health?, multicriterial analysis, %

### Annexes

		N	On TV	Cigarette pack	Outdoors on walls/ billboards	Internet	On radio	Poster/ leaflet/ stickers	Community theatre/ drama	Signage on vehicles (autos, trucks, etc.)	In the newspapers	Health workers/ medical professional	Cinema hall	Workshops/ Trainings	Religious place or person	Other
der	Male	389	62	56	14	11	9	4	5	4	3	2	1	1	1	2
Gen	Female	485	75	33	17	14	8	6	5	4	3	3	2	2	1	1
	16-19 years	92	70	36	14	23	4	4	5	5	2	2	1	4	2	1
	20-24 years	132	54	48	23	18	7	8	5	3	2	2	1	2	1	2
e	25-29 years	153	69	49	25	16	10	7	5	5	2	4	3	0	1	1
Å	30-34 years	100	65	42	14	18	6	5	3	5	4	1	2	0	0	0
	35-44 years	152	66	43	13	6	9	5	7	5	5	3	2	1	1	2
	45-55 years	245	81	41	10	6	11	3	3	2	3	3	0	1	2	1
	No education/ Primary	54	67	37	6	11	6	4	2	0	2	0	0	2	0	0
atio	Secondary	398	69	41	12	10	9	4	6	4	2	3	1	1	1	2
quc	Higher	410	70	46	21	15	9	7	4	5	4	3	2	2	1	1
Ē	NR	12	58	42	0	25	8	0	0	8	8	8	0	0	0	0
tus	Married/ With companion	553	71	43	14	10	9	5	5	3	3	3	2	1	1	1
sta	Single	223	61	45	19	21	6	6	3	5	2	1	2	2	0	2
rital	Other	79	75	39	19	10	13	6	6	6	4	6	0	3	5	0
Mai	NR	19	79	42	21	21	5	0	11	16	5	5	0	0	0	0
ea	Urban	383	67	52	22	18	7	7	5	6	3	4	2	1	1	1
Ar	Rural	491	71	36	11	9	10	3	4	2	3	1	1	2	1	1
ç	North	222	70	47	14	14	4	4	4	4	2	3	1	2	1	1
egio	Centre	471	67	46	21	14	10	6	4	4	4	3	2	1	1	1
Re	South	181	73	30	6	7	11	4	8	3	1	3	1	1	1	1

### Annex 12: Where did you come across the advertisements or information?, multicriterial analysis, %

		N	Yes	No	Total
nd	Male	314	20	80	100
e e	Female	60	15	85	100
	16-19 years	19	26	74	100
	20-24 years	62	31	69	100
e	25-29 years	79	15	85	100
Ą€	30-34 years	52	12	88	100
	35-44 years	60	17	83	100
	45-55 years	102	18	82	100
Ę	No education/ Primary	39	15	85	100
atio	Secondary	171	15	85	100
Inc	Higher	159	25	75	100
ы	NR	5	0	100	100
	Married/ With companion	225	17	83	100
rita tus	Single	105	25	75	100
Maı sta	Other	35	9	91	100
_	NR	9	33	67	100
ea	Urban	190	19	81	100
Ar	Rural	184	18	82	100
L L	North	114	19	81	100
egio	Centre	197	17	83	100
Re	South	63	24	76	100

Annex 13: In the past 12 months, has anyone talked to you about not smoking in public places?, multicriterial analysis, %

### Annexes

		N	Visiting Health Worker from NGOs	Office supervisors/ Human resources managers in offices	Employer/ Office administrator	Police/ enforceme nt officers	Hotel owners/hotel staff	Cinema owners/ cinema staff	Others
. de	Male	62	37	10	5	2	2	2	50
Ger	Female	9	22	0	0	0	0	0	78
	16-19 years	5	20	0	0	0	0	0	80
	20-24 years	19	21	11	5	5	0	5	68
e	25-29 years	12	17	0	17	0	0	0	67
Å	30-34 years	6	33	0	0	0	0	0	67
	35-44 years	10	60	10	0	0	10	0	20
	45-55 years	16	52	16	0	0	0	0	37
uo	No education/ Primary	6	50	17	0	0	0	0	67
cati	Secondary	26	38	4	4	0	4	0	50
Edu	Higher	39	31	10	5	3	0	3	54
	NR	0	0	0	0	0	0	0	0
tatus	Married/ With companion	39	46	3	5	0	3	0	46
alst	Single	26	23	15	0	4	0	4	65
larit	Other	3	0	33	33	0	0	0	33
Σ	NR	3	33	0	0	0	0	0	67
ea	Urban	37	38	8	3	0	0	0	59
Ar	Rural	34	32	9	6	3	3	3	47
Ľ	North	22	68	0	5	5	0	0	32
egic	Centre	34	29	12	6	0	3	0	56
Å	South	15	0	13	0	0	0	7	80

### Annex 14: Who were these individuals?, multicriterial analysis, %

### KAP Study. Baseline Survey.

Annex 15: How strongly do you support or oppose the government running public information campaigns on the effects of smoking on health?, multicriterial analysis, %

		N	Completely support	Somewhat support	Neither, nor	Somewhat oppose	Completely oppose	Total
pu	Male	642	36	24	32	4	4	100
Ge	Female	859	53	21	22	3	2	100
	16-19 years	155	43	24	28	3	3	100
	20-24 years	214	50	19	26	2	3	100
Age	25-29 years	228	36	26	29	2	7	100
	30-34 years	170	42	24	31	4	1	100
	35-44 years	288	48	22	24	4	2	100
	45-55 years	446	50	21	24	4	2	100
Ľ	No education/ Primary	116	34	22	32	5	7	100
atic	Secondary	711	45	23	26	4	3	100
quc	Higher	652	49	22	24	2	2	100
Щ	NR	22	32	18	50	0	0	100
	Married/ With companion	925	48	23	24	3	2	100
rital	Single	381	42	24	27	2	5	100
Mai	Other	154	46	16	29	5	4	100
	NR	41	34	12	49	5	0	100
ea	Urban	650	43	26	26	2	2	100
Ā	Rural	851	48	19	26	4	3	100
L	North	426	50	16	28	4	2	100
egic	Centre	764	48	23	24	2	3	100
Ř	South	311	33	29	30	6	3	100