MINISTRY OF HEALTH OF VIET NAM HANOI MEDICAL UNIVERSITY GENERAL STATISTICS OFFICE CENTERS FOR DISEASE CONTROL AND PREVENTION
WORLD HEALTH ORGANIZATION

Global Adult Tobacco Survey (GATS) Viet Nam 2010

HANOI-2010

Contributors

GATS Viet Nam Working Group

Dr. Hoang Van Minh Faculty of Public Health, Hanoi Medical University
Dr. Kim Bao Giang, Faculty of Public Health, Hanoi Medical University
Dr. Le Thi Thanh Xuan Faculty of Public Health, Hanoi Medical University

Dr. Phan Thi Hai Vice Director, VINACOSH Standing Office, Ministry of Health Ms. Nguyen Thac Minh Program officer, VINACOSH Standing Office, Ministry of Health

MBA. Nguyen Phong Director of Social and Environmental Statistics Department, General Statistics

Office

Mr. Nguyen The Quan Deputy Director of Social and Environmental Statistics Department, General

Statistics Office

Mr. Phan Van Can Deputy head of Technical and System Management Division, General

Statistics Office

Partner Contributors

Dr. Samira Asma Leadership and extending the partnership and support- US CDC

Dr. Jason Hsia Focal point for Viet Nam, technical guidance and support during all stages of

the survey, US CDC

Ms. Glenda Blutcher-Nelson Statistical support during analysis and reporting of data, US CDC

Mr. Jeremy Morton Support during reporting of data, US CDC

Dr. Gary Giovino Expert review during reporting of data, University of Buffalo, The State

University of New York

Dr. Linda Andes Statistical support during weighting of data, US CDC

Dr. Jo Birckmayer, Expert review during reporting of data, Campaign for Tobacco-Free Kids

Ms. Donna Medeiros IT support, RTI International
Mr. Steve Litavecz IT support, RTI International
Mr. William Spiers Graphic design support, US CDC
Dr. Jean Marc Olivé WHO Representative for Viet Nam

Dr. Pham Huyen Khanh

Dr. Pham Thi Quynh Nga

National Professional Officer, WHO Viet Nam

National Professional Officer, WHO Viet Nam

Dr. Ali Akbar Technical Officer Surveillance, WHO Regional Office for the Western Pacific

Dr. Lubna Ishaq Bhatti Epidemiologist, WHO Headquarters, Geneva Dr. Nguyen Thi Xuyen Vice Minister , Ministry of Health, Viet Nam

Dr. Luong Ngoc Khue Director, Department of Medical Services Administration , Ministry of Health,

Viet Nam

Prof. Pham Duy Tuong Vice Dean of Faculty of Public Health, Hanoi Medical University

Contents

Fore	eword	7
Ack	nowledgements	8
Viet	Nam at a glance	9
Exe	cutive Summary	10
1.	Introduction	14
1.1	Burden of Tobacco in Viet Nam	14
1.2	Current Tobacco Control Policies in Viet Nam	15
1.3	Survey Objectives	16
2.	Methodology	17
2.1	Study population	17
2.2	Sampling Design	17
2.3	Questionnaire	18
2.4	Data Collection	19
2.5	Statistical Analysis	20
3.	Sample and Population Characteristics	21
4.	Tobacco Use	24
4.1	Tobacco smoking	24
4.2	Smokeless tobacco use	26
4.3	Smoking status by demographic characteristics	28
4.4	Current smoking status by smoked tobacco products	31
4.5	Frequency of tobacco smoking	36
4.6	Number of cigarettes smoked per day	39
4.7	Age at smoking initiation	43
4.8	Former daily smoking prevalence and quit ratio	43
4.9	Type of current tobacco users	44
4.10	Time to first smoke of the day	45
5.	Secondhand Smoke	47
5.1	Exposure to Secondhand Smoke at Work	47
5.2	SHS exposure at home	50
5.3	SHS exposure in public places	52
6.	Cessation	56
6.1	Interest in quitting smoking	56
6.2	Time since quitting smoking	58
6.3	Smoking cessation and health-care seeking behaviors	59
6.4	Cessation methods	62
7.	Economics	64
7.1	Last brand of manufactured cigarettes purchased	64

7.2	Source of last purchase of cigarettes among manufactured cigarette smokers	65
7.3	Cigarette expenditure	67
7.4	Cigarette Affordability	68
8.	Media	69
8.1	Awareness of anti-cigarette smoking information	69
8.2	Noticing health warning label on cigarette packets and considering quitting among smokers	73
8.3	Noticing cigarette marketing in various public places among adults	76
8.4	Noticed cigarette marketing in various places among current smokers	78
8.5	Noticed cigarette marketing in various places among non-smokers	78
9.	Knowledge, Attitudes and Perceptions	81
9.1	Beliefs that tobacco smoking causes serious illnesses and specific diseases	81
9.2	Beliefs about second-hand smoke (SHS) causing serious illness in non-smokers	85
9.3.	Beliefs about the relative harm of different types of cigarettes	87
9.4.	Support for prohibiting smoking indoors and outdoors at various locations	89
9.5.	Support for prohibiting smoking indoors at various locations	92
9.6.	Support for increasing taxes on tobacco products	96
10.	Discussion	98
10.1	Monitor – WHO FCTC: Article 20 "Research, surveillance and exchange of information"	98
10.2	Protect – WHO FCTC: Article 8 "Protection from exposure to tobacco smoke"	99
10.3	Offer – WHO FCTC: Article 14 "Demand reduction measures concerning tobacco dependence and	d
cess	ation"1	.00
10.4	Warn – WHO FCTC: Article 11 "Packaging and labeling of tobacco products" 1	.00
	Enforce – WHO FCTC: Article 13 "Tobacco advertising, promotion and sponsorship" 1	
10.6	SRaise – WHO FCTC: Article 6 "Price and tax measures to reduce the demand for tobacco" 1	.01
11.	Conclusions and Recommendations 1	.03
11.1	LConclusions 1	.03
11.2	Precommendations 1	.04
Refe	erences 1	.06
Арр	endix A: Questionnaire 1	.08
Арр	endix B: Sample Design1	.42
Арр	endix C: Estimates of Sampling Errors 1	43
Арр	endix D: Technical and Survey Staff 1	.59
Арр	endix E: Glossary of Terms 1	61

Tables

Table 3-1: Number and percent of households and persons interviewed and response rates by residence (unweighted	I) —
GATS Viet Nam, 2010.	21
Table 3-2: Distribution of adults ≥ 15 years by selected demographic characteristics – GATS Viet Nam, 2010	23
Table 4-1: Percentage of adults ≥15 years, by detailed smoking status and gender – GATS Viet Nam, 2010	24
Table 4-2: Number of adults ≥15 years, by detailed smoking status and gender – GATS Viet Nam, 2010	26
Table 4-3: Percentage of adults ≥15 years, by detailed smokeless tobacco use status and gender – GATS Viet Nam, 20	1027
Table 4-4: Number of adults ≥15 years, by detailed smokeless tobacco use status and gender – GATS Viet Nam, 2010.	28
Table 4-5: Percentage of adults ≥15 years who are current smokers of various smoked tobacco products, by selected	
demographic characteristics – GATS Viet Nam, 2010	30
Table 4-6: Number of adults ≥15 years old who are current smokers of various smoked tobacco products, by gender a	nd
selected demographic characteristics – GATS Viet Nam, 2010.	34
Table 4-7: Percentage distribution of adults ≥15 years, by smoking frequency, gender and selected demographic	
characteristics – GATS Viet Nam, 2010.	37
Table 4-8: Average number and percentage distribution of cigarettes smoked per day among daily cigarette smokers	≥15
years, by gender and selected demographic characteristics – GATS Viet Nam, 2010	40
Table 4-9: Average and percentage distribution of age at daily smoking initiation among ever daily smokers 20-34 year	rs, by
gender and residence – GATS Viet Nam, 2010.	43
Table 4-10: Percentage of all adults, ever daily smokers, and ever smokers ≥15 years who are former smokers, by sele	cted
demographic characteristics – GATS Viet Nam, 2010	44
Table 4-11: Percentage distribution of current tobacco users ≥15 years, by tobacco use pattern and selected demogra	phic
characteristics – GATS Viet Nam, 2010.	45
Table 4-12: Percentage distribution of daily smokers ≥15 years, by time to first smoke upon waking and selected	
demographic characteristics – GATS Viet Nam, 2010	46
Table 5-1: Percentage and number of adults ≥15 years who work indoors and are exposed to tobacco smoke at work,	by
smoking status and selected demographic characteristics – GATS Viet Nam, 2010.	49
Table 5-2: Percentage and number of adults ≥15 years who are exposed to tobacco smoke at home, by smoking statu	s and
selected demographic characteristics – GATS Viet Nam, 2010.	51
Table 5-3: Percentage of adults ≥15 years who noticed tobacco smoke when visiting various public places in the past 3	30
days, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010	54
Table 6-1: Percentage distribution of current smokers ≥15 years old by interest in quitting smoking and selected	
demographic characteristics – GATS Viet Nam, 2010	58
Table 6-2: Percentage distribution of former daily smokers ≥15 years, by time since quitting smoking and selected	
demographic characteristics – GATS Viet Nam, 2010	59
Table 6-3: Percentage of smokers ≥15 years who made a quit attempt and received healthcare provider advice in the	past
12 months, by selected demographic characteristics – GATS Viet Nam, 2010	61
Table 6-4: Percentage of smokers ≥15 years old who attempted to quit smoking in the past 12 months, by cessation	
methods used and selected demographic characteristics – GATS Viet Nam, 2010	63
Table 7-1: Percentage of current manufactured cigarette smokers ≥15 years, by last brand purchased and selected	
demographic characteristics – GATS Viet Nam, 2010	64
Table 7-2: Percentage distribution of manufactured cigarette smokers ≥15 years, by the source of last purchase of cig	
and selected demographic characteristics – GATS Viet Nam, 2010.	66
Table 7-3: Average cigarette expenditure per month among manufactured cigarette smokers ≥15 years, by selected	
demographic characteristics – GATS Viet Nam, 2010	
Table 8-1: Percentage of adults ≥15 years who noticed anti-cigarette smoking information during the last 30 days in v	
places, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010	71

Table 0.2. Demands on the mark of common to the control of the con
Table 8-2: Percentage of current smokers ≥15 years who noticed health warnings on cigarette packages and considered
quitting because of the warning labels during the last 30 days, by selected demographic characteristics – GATS Viet
Nam, 2010
Table 8-3: Percentage of adults ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by
selected demographic characteristics – GATS Viet Nam, 201077
Table 8-4: Percentage of current smokers ≥15 years old who noticed cigarette marketing during the last 30 days in various
places, by selected demographic characteristics – GATS Viet Nam, 201079
Table 8-5: Percentage of current non-smokers ≥15 years who noticed cigarette marketing during the last 30 days in various
places, by selected demographic characteristics – GATS Viet Nam, 201080
Table 9-1: Percentage of adults ≥15 years who believe that smoking causes serious illness, stroke, heart attack, or lung
cancer, by selected demographic characteristics – GATS Viet Nam, 201082
Table 9-2: Percentage of current smokers ≥15 years old who believe that smoking causes serious illness, stroke, heart
attack, or lung cancer, by selected demographic characteristics – GATS Viet Nam, 201083
Table 9-3: Percentage of non-smokers ≥15 years old who believe that smoking causes serious illness, stroke, heart attack, or
lung cancer, by smoking status and selected demographic characteristics – GATS Viet Nam, 201084
Table 9-4: Percentage of adults ≥ 15 years old who believe that breathing other people's smoke causes serious illness in
non-smokers, by smoking status and selected demographic characteristics – GATS Viet Nam, 201086
Table 9-5: Percentage of adults ≥15 years old who have certain beliefs about cigarettes, by smoking status, and selected
demographic characteristics – GATS Viet Nam, 201088
Table 9-6: Percentage of adults ≥15 years old who support enacting a law that completely prohibits both indoor and
outdoor smoking at various places, by smoking status and selected demographic characteristics – GATS Viet Nam,
201089
Table 9-7: Percentage of adults ≥15 years old who support enacting a law that prohibits indoor smoking at various places,
by smoking status and selected demographic characteristics – GATS Viet Nam, 201093
Table 9-8: Percentage of adults ≥15 years old who support increasing taxes on tobacco products, by smoking status and
selected demographic characteristics – GATS Viet Nam, 2010

Foreword

The tobacco epidemic has brought severe health and economics consequences to individuals and society. According to the World Health Organization, 10 percent of the Vietnamese population will die from tobacco-related diseases by 2020 if stronger tobacco control measures are not taken. The National Health Survey 2001-2002 indicated that male smoking prevalence rates were alarming -- 56.1% among all males (31% among males age 15-24, with the highest prevalence at 60% among males age 25-35). To protect Vietnamese from tobacco use's related burdens, the Ministry of Health has strongly committed and supported policies for FCTC implementation.

The Global Adult Tobacco Survey (GATS) Vietnam 2010 helps Vietnam monitor its smoking prevalence and related factors. The survey results will assist the Ministry of Health, the country's primary agency for tobacco control, in evaluating the impact of the ten-year implementation of Resolution No. 12/2000/NQ-CP on the National Tobacco Control Policy and provide more evidence to develop tobacco control policies in the future.

We highly appreciate the contributions to the success of the survey made by international and national organizations, namely Bloomberg Philanthropies, the Centers for Disease Control and Prevention in Atlanta, the CDC Foundation, the World Health Organization, the General Statistics Office of Vietnam, and Hanoi Medical University. The valuable technical and financial support from these organizations has significantly contributed to the success of tobacco control activities in Vietnam.

Nguyen Thi Xuyen, MD, PhD
Vice Minister of Health

Acknowledgements

With great dedication and considerable contributions from national and international organizations, the Global Adult Tobacco Survey (GATS), the global standard for systematically monitoring adult tobacco use and tracking tobacco control indicators, has been completed in Viet Nam. First of all, we would like to express our heartfelt gratitude to Bloomberg Philanthropies for their open-handed and valuable support in initiating GATS in the countries with highest number of tobacco users, including Viet Nam.

Since the beginning of the two-year survey, we have received very close and valuable technical assistance from CDC in the development of questionnaires, sample design, data analysis, report writing and fact sheets, as well as standardized GATS methodology and protocols in a series of manuals and guidelines. Our appreciation goes out to CDC for these valuable contributions.

We also acknowledge and highly appreciate the strong commitment, leadership and support from Ministry of Health and Ministry of Planning and Investment for completing this survey. Excellent cooperation from the Vietnam Steering Committee on Smoking and Health, the General Statistics Office and Ha Noi Medical University has contributed to the success of this project.

Collaboration and support from related governmental and non-governmental organizations and tobacco control experts are also highly appreciated.

Our sincerely thanks go to the World Health Organization, from Headquarters to Regional Offices to Country levels, for facilitating GATS implementation, providing technical and management assistance, and coordinating national and international partners.

The most grateful acknowledgment goes to the hard work of field supervisors, field interviewers and all respondents. Without their contributions, our work would never have been possible.

Viet Nam at a glance



Area
Total population
Population growth rate
Total fertility rate
Rural population
Life expectancy
Mortality rate among the children under 1 year of age
Mortality rate among the children under 5 years of age
Maternal mortality ratio
Malnourished children under 5
GDP
Population below poverty line

* Note: Data dated 2009

Literacy

331,210 sq km
85.8 millions
1.137%
1.93 children born/woman
70%
72.8 years
16 per 1,000 live births
25 per 1,000 live births
75 per 100,000 live births
18.9%
US\$ 91,854 millions
12.3%

90.3%

Executive Summary

Introduction

Tobacco use is well-known to be the single most preventable cause of death in the world today, killing one person every six seconds. Presently tobacco use causes over 5 million deaths each year and is expected to cause over 8 million deaths yearly by 2030. Viet Nam is among the countries with the highest smoking rates in the world. The prevalence of smoking among those age 15 years and older in 2002 was 56.1% among men and 1.8% among women. Tobacco use is a leading cause of death in Viet Nam. A simulation model developed for Viet Nam estimated that nearly 40,000 deaths were attributed to smoking in 2008 – a figure set to rise above 50,000 deaths annually by 2023. Even though tobacco control activities in Viet Nam appeared to have received recent attention, there are still some issues that need to be improved. An efficient and systematic surveillance mechanism to monitor the tobacco use epidemic is an essential component of a comprehensive tobacco control program.

The Global Adult Tobacco Survey (GATS) is a household survey that was launched in February 2007 and enables countries to collect data on key tobacco control measures from the full adult population. The GATS was implemented initially in 14 countries where more than half of the world's smokers live and that bear the highest burden of tobacco use: Bangladesh, Brazil, China, Egypt, India, Mexico, Philippines, Poland, Russian Federation, Thailand, Turkey, Ukraine, Uruguay and Viet Nam.

The objectives of the GATS are:

- To establish a baseline for indicators of tobacco use and tobacco control measures.
- To systematically monitor adult tobacco use (smoking and smokeless) and track key tobacco control indicators in a nationally representative sample of Viet Nam.
- To compare in-country data to regional and global data.
- To track implementation of FCTC recommended policies outlined in the MPOWER package.

Methodology

GATS Viet Nam 2010 was designed to be a nationally representative survey of all non-institutionalized men and women age 15 years old and older. A two-phase stratified sampling design was used. Strata used were districts and areas (urban/rural). The Phase I sample was the 15% master sample of enumeration areas (EA) created by the General Statistics Office, Viet Nam, using the 2009 Census. The Phase II sample was a probability sample of EAs from the 15% master sample. A total of 9,925 individuals completed interviews, who represented 64.3 million adults age 15 years and over living in Viet Nam. The overall response rate was 92.7%.

The GATS Viet Nam questionnaire consists of eight sections, including background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke, economics, media, and knowledge, attitude, and perceptions. The General Statistics Office served as the implementing agency during data collection and the World Health Organization in Viet Nam, Vinacosh of the Ministry of Health, and Hanoi Medical University provided assistance for supervision. Data were collected from 22 March 2010 to 13 May 2010 in all 63 provinces of Viet Nam. All the interviews were conducted in Vietnamese and handheld computers were used for capturing data.

Main Findings

Tobacco Use

In Viet Nam, 47.4% of men, 1.4% of women, and 23.8% overall (15.3 million adults) currently smoked tobacco. Of those current smokers, 81.8% smoked on a daily basis. 83.7% smoked cigarettes, and 26.9% smoked water pipes. Only 1.3% of adults (0.3% of males and 2.3% of females) currently used smokeless tobacco.

About 69.0% of daily cigarette smokers smoked 10 cigarettes or more per day; 29.3% smoked 20 cigarettes or more per day. The average age at daily smoking initiation was 19.8 years for men, 23.6 years for women, and 19.9 years overall. Among daily smokers, 66.2% had their first cigarette of the day within 30 minutes after waking up.

Secondhand Smoke (SHS)

Around 55.9% of all workers surveyed (representing nearly 8 million people) said they had been exposed to SHS at indoor workplaces in the past 30 days (68.7% among males and 41.4% among females). Among non-smoking workers, the prevalence of SHS exposure at indoor workplaces was 49.0% overall (representing about 5 million non-smoking workers), 62.8% among males and 41.3% among females.

About 73.1% of adults age 15 years and above surveyed (representing about 47 million people) said they were exposed to SHS at home (77.2% among males and 69.2% among females). Among non-smokers, the prevalence of exposure to SHS at home was 67.6% (equivalent to about 33 million non-smokers), 68.8% among females and 65.2% among males.

Among adults who had visited various public places in the past 30 days, the highest proportion of smoking occurrence was noticed in bars/cafes/tea shops (92.6%), followed by restaurants (84.9%). The rates of smoking occurrence in health facilities and schools were 23.6% and 22.3%, respectively. The prevalence rates of smoking in universities and government office buildings were 54.3% and 38.7%, respectively.

Cessation

Around 29.3% of ever-smokers have quit smoking, while 67.5% of current smokers said they were planning to quit or thinking about quitting sometime in the future. About 9.5% of current smokers surveyed (representing 1.5 million people) were planning to quit within the next month and 55.3% said they had made an attempt to quit in the past 12 months.

Among smokers who had visited a healthcare provider (HCP) during the previous 12 months, 34.9% said they were asked about their history of tobacco smoking. Less than one third of smokers (29.7%) received advice from a HCP to quit smoking. In the past 12 months, 24.4% had used nicotine replacement therapy, patch or chewing gum and 0.4% had used prescription medications (Bupropion or Varenicline) to try and stop smoking. Only 3.0% of smokers sought counseling advice to help them stop smoking.

Economics

The median amount spent on a pack of 20 manufactured cigarettes was VND 5,500 (around US\$.29). The median yearly cigarette expenditure per cigarette smoker was VND 1,096,000 (around US\$ 57). The median cost of 100 packs of manufactured cigarettes as a percentage of Gross Domestic Product (GDP) per capita was 2.7%.

Around 71.3% of adults surveyed supported increasing taxes on tobacco products.

Media

The percentage of adults reporting noticing any kind of cigarette advertisements, sponsorships or promotions in public places or the media in the past 30 days was 16.9%.

In the past 30 days, 91.6% of all adults surveyed had noticed anti-cigarette smoking information, either broadcast through the media or displayed in public places at any location. Television was mentioned by the largest number of adults (85.9%), followed by billboards (42.8%) and local radio or loudspeakers (38.2%). The proportion of adults who noticed anti-cigarette smoking information from leaflets or pamphlets was 7.7%.

In the past 30 days, 92.4% of current smokers surveyed had noticed health warnings on cigarette packs.

Knowledge, Attitudes and Perceptions

Almost all adults surveyed (95.7%) believed that cigarette smoking caused serious diseases and illnesses. The percentage of adults who were aware that cigarette smoking caused the following diseases was: lung cancer (95.6%), stroke (70.3%), and heart attack (62.7%). Around 55.5% of adults surveyed believed that cigarette smoking could cause all three of these diseases.

About 87% of adults (82.2% of current smokers and 88.5% of current non-smokers) believed that breathing SHS could cause serious illnesses to non-smokers.

Conclusions

GATS Viet Nam 2010 provided national estimates for both smoking and smokeless tobacco usage by urban-rural residence and by gender. In addition, indicators for various dimensions of tobacco control were generated, such as exposure to secondhand smoke, exposure through the media to anti-tobacco information, exposure to tobacco advertisements, and expenditures related to tobacco. This was the first nationwide survey to provide extensive information on all kinds of tobacco products, including smokeless tobacco, and other key indicators of tobacco control.

The findings from GATS Viet Nam 2010 have shown that even though tobacco control activities in Viet Nam appeared to have received recent attention, there were still some issues that needed to be improved:

- The prevalence of tobacco smoking had declined from 2002 (males: 56.1% to 47.4%; females: 1.8% to 1.4%), but was still very high among men.
- Most Vietnamese were aware of the negative health effects of SHS, but exposure to SHS was very high at home, work, and public places, despite smoke-free regulations. The majority of adults supported smoke-free regulations, however, the compliance was still very poor.
- Services to treat tobacco dependence are not easily accessible by smokers in Viet Nam. In addition, tobacco cessation counselling was not shown to be a concern for most healthcare providers.
- GATS Viet Nam showed that the prices of tobacco products in Viet Nam were still low. Many respondents supported increasing taxes on tobacco products.
- Existing textual health warnings in Viet Nam (that cover 30% of the cigarette pack area) are not strong enough to encourage cessation.
- Only half of the adult population believed that cigarette smoking could cause all three major tobacco-related diseases (lung cancer, heart attack and stroke).
- Although implementation of a ban on tobacco advertising in the mass media is quite strong compared to other countries, there are still tobacco-related advertising and promotions at poins of sales (e.g., free distribution of cigarettes, non-tobacco products with tobacco brand names) and event sponsorships.

Recommendations

Even though tobacco control activities in Viet Nam appeared to have received recent attention, there are still some issues that need to be improved. Implementation of the Prime Minister's Decision No. 1315/QĐ-TTg on Ratification of the Action Plan for the Implementation of the WHO Framework Convention on Tobacco Control should be strengthened. This Action Plan can be effectively implemented by using the WHO MPOWER guidelines, a technical assistance package of six evidence-based policies that include:

Monitor tobacco use and prevention policies: Strengthen the system to monitor tobacco-control related indicators, including (i) prevalence of tobacco use; (ii) impact of policy interventions; and (iii) tobacco industry marketing, promotion and lobbying. Implement GATS, either by regular repeats or through inclusion of the GATS core questions in other ongoing surveys.

Protect people from tobacco smoke:

- Improve enforcement of existing tobacco control regulations on smoke-free environments.
- Advocate for smoke-free homes initiatives.

Offer help to quit tobacco use: Strengthen existing cessation clinic services through staff training of nurses and healthcare workers in counseling skills; expand cessation services and integrate cessation services in primary healthcare facilities.

Warn about the dangers of tobacco:

- Advocate for effective pictorial health warnings on all types of tobacco products.
- Enhance communication campaigns on anti-tobacco counter-advertising in the mass media to publicize the full extent of tobacco's dangers.

Enforce bans on tobacco advertising, promotion, and sponsorship: Strictly enforce the existing laws and regulations that ban tobacco advertisements, promotions and sponsorships.

Raise taxes on tobacco: Increasing the excise tax on tobacco products has been referred to as a one of the most effective ways to discourage youth from starting to smoke, reduce tobacco use and save lives. Advocacy for raising taxes on all types of tobacco products is needed.

1. Introduction

Tobacco use is well-known to be the single most preventable cause of death in the world today, killing one person every six seconds [1, 2]. Presently tobacco use causes over 5 million deaths each year and expected to cause over 8 million deaths yearly by 2030[1]. Unless current trends are changed, the vast majority of these deaths are projected to occur in the developing world. An efficient and systematic surveillance mechanism to monitor the epidemic is one of the essential components of a comprehensive tobacco control program.

The World Health Organization (WHO) Tobacco Free Initiative (TFI) aims to reduce the global burden of disease and death caused by tobacco, thereby protecting present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. This is accomplished through providing global policy leadership and promoting the WHO Framework Convention on Tobacco Control (FCTC) [3] and the MPOWER package [4]¹ of tobacco policies as a key entry point to the FCTC. The FCTC encourages countries to adhere to its principles and the TFI Program supports countries in their efforts to implement tobacco control measures through MPOWER.

In August 2006, the WHO and the United States Centers for Disease Control and Prevention (CDC) convened an expert consultation to discuss adult tobacco surveillance and made recommendations for the development of a standard survey protocol. The expert consultation also recognized the challenges of limited funding and methodological complexities when conducting systematic adult tobacco surveys and identified a lack of comparability in ongoing national surveys.

The Bloomberg Initiative to Reduce Tobacco Use offered resources to fill the data gap for measuring adult tobacco use globally and to optimize the reach and results of the ongoing Global Tobacco Surveillance System (GTSS), which originally comprised three school-based surveys for youth and selected adult populations: the Global Youth Tobacco Survey (GYTS), the Global School Personnel Survey (GSPS), and the Global Health Professions Students Survey (GHPSS).

The Global Adult Tobacco Survey (GATS) is a household survey that was launched in February 2007 as a new component of the ongoing GTSS. The GATS will enable countries to collect data on key tobacco control measures in the full adult population. Results from the GATS will assist countries in the formulation, tracking and implementation of effective tobacco control interventions, and countries will be able to compare results of their surveys with results from other countries implementing GATS.

The GATS was implemented initially in 14 countries where more than half of the world's smokers live and that bear the highest burden of tobacco use: Bangladesh, Brazil, China, Egypt, India, Mexico, Philippines, Poland, Russian Federation, Thailand, Turkey, Ukraine, Uruguay and Viet Nam.

The CDC, CDC Foundation, Johns Hopkins Bloomberg School of Public Health (JHSPH), RTI International, WHO and countries throughout the world are working together to design and implement GATS.

1.1 Burden of Tobacco in Viet Nam

Viet Nam is one among the countries with highest smoking rates in the world. The prevalence of smoking among those age 15 and older in 2002 was 56.1% among men and 1.8% among women [5]. Among male smokers in 2001–02, 69.1% smoked cigarettes only, 23.2% smoked water pipe tobacco only, and 7.7% reported using both products [5]. Vietnamese tradition does not accept smoking by women, therefore the smoking prevalence remained low in women for many decades. However, under the impact of economic development and globalization, this tradition has changed recently. Based on some

¹ The MPOWER package is a series of six proven policies aimed at reversing the global tobacco epidemic and include: **M**onitor tobacco use and prevention policies; **P**rotect people from tobacco smoke; **O**ffer help to quit tobacco use; **W**arn about the dangers of tobacco; **E**nforce bans on tobacco advertising, promotion, and sponsorship; and **R**aise taxes on tobacco.

recent studies, there is evidence that smoking among young women has increased and become more acceptable in urban areas [6]. In 2007, the prevalence of cigarette smoking among students aged 13-15 years was 3.3% overall. The prevalence of smoking among male students (5.9%) was higher than that among females (1.2%)[7].

In Viet Nam, the problem of tobacco smoking is not only related to smoking rates but also to the percentage of households that are polluted by people who smoke tobacco indoors. In 2001/2002, 63% of households had members who smoked indoors and 71% of children under 6 lived in households polluted by tobacco smoke [5].

Cigarette consumption has been increasing over the decades. The tobacco industry in Viet Nam has a production capacity of about 5800 million packs per year, which is operating at about 70%–80% of capacity. The sector's cigarette output has been increasing since 2000, even when accounting for population growth, primarily due to investments in tobacco growing and processing and cigarette production equipment, and to tighter controls to combat smuggling. Output now stands at around 4000–4500 million packs per year. In the period from 2000–06, total cigarette production increased by about 42% [8].

Tobacco use is a leading cause of death in Viet Nam. A simulation model developed for Viet Nam estimated that nearly 40,000 deaths were attributed to smoking in 2008- a figure set to rise above 50,000 deaths annually by 2023 [9]. In a recent study, Norman et al. reported that smoking caused between 66,000-76,000 deaths in 2005, accounting for 9.7% to 11.1% of total deaths and 6.8%-7.7% of DALYs lost in Viet Nam in 2006. Cardiovascular diseases and chronic obstructive pulmonary disease accounted for the largest proportion of the burden attributed to smoking in males and females [10].

Tobacco use not only negatively affects health, but also imposes a burden on society and the healthcare system by consuming valuable resources. The cost of just three diseases (lung cancer, ischaemic heart disease, and chronic obstructive pulmonary disease [COPD]) attributable to tobacco use in Viet Nam was estimated to be in excess of VND 1100 billion (about US\$ 75 million) in 2005 [11]. Thus, tobacco use is a significant waste of national financial resources. In 1998, Vietnamese smokers burned away almost 6000 billion VND for tobacco, which could have been used to buy 1.6 million tons of rice and feed 10.6 million people for one year. If the money spent on tobacco was used to buy food, 11.2% of food insecure people would be able to emerge from poverty [6]. In 2007, total expenditures on tobacco were VND 14.000 billion, accounting for 5-10% of total household consumption expenditures [12].

1.2 Current Tobacco Control Policies in Viet Nam

Tobacco control activities in Viet Nam have been implemented for more than 20 years and the Vietnamese government has been showing a stronger commitment to combat the tobacco epidemic:

- In 1986, when the Government of Viet Nam introduced the reform program (known as Doi Moi), cigarette sales were banned to those under 15 years old.
- In 1989, The 'Law on the Protection of People's Health' was enacted, including Article 5 item 3, which banned smoking in halls, cinemas and theatres. The law was later reinforced by a government decree in 1991. In May 1989, the Ministry of Health established the Viet Nam Committee on Smoking and Health (VINACOSH), a steering committee for tobacco control.
- In 1990, the Council of Ministers banned the import of cigarettes. Import bans remained in place until Viet Nam officially joined the World Trade Organization (WTO) in January 2007.
- A decree in 1992 exhorted government sectors to collaborate in smoking prevention, and to prohibit public servants from using cigarettes as 'gifts'.
- The government banned tobacco advertising in the electronic and print media in 1994, and raised cigarette taxes in 1995 (ranging from 32% to 50% of factory price), as well as promulgating more stringent guidelines on the media advertising ban.
- Smoking was banned in the army in 1996, and tobacco sponsorship of sports and culture events was prohibited a year later in 1997
- In 2000, the Government introduced duty stamps to clamp down on smuggling and tax evasion.

- Growing national commitment has culminated in a Prime Ministerial Resolution to enact Government Resolution No 12/2000/NQ-CP on "National Tobacco Control Policy 2000 -2010" [NTCP], which is being implemented by a committee headed by the Minister of Health and drawn from most ministries (including Trade and Finance) and community organizations. The overall objective of the NTCP is to reduce male smoking rates from 50% to 20% and maintain the female smoking rate below 2%. The NTCP prohibits smoking in theatres, offices, health facilities, schools and other public areas. It also recommends that individuals encourage smokers not to smoke at social events, such as weddings or funerals [13].
- Viet Nam signed the Framework Convention on Tobacco Control (FCTC) on 8 August 2003 and ratified it on 17 December 2004.
- In 2006, Viet Nam's Special Consumption Tax (SCT) on cigarettes was made uniform across all cigarette and cigar
 types and set at 55% of the wholesale price. The SCT increased to 65% of the wholesale price in January 2008.
- In 2007, the Government issued Directive No. 12/2007/CT-TTg on strengthening tobacco control activities in Viet Nam, which emphasized the role of six key initiatives: 1) promoting health education on the harmful effects of tobacco use; 2) strict implementation of smoking bans at indoor workplaces and public places; 3) putting health warnings labels on cigarette packs (covering 30% of cigarette pack's area); 4) strictly controlling cigarette sales; 5) banning cigarette advertising, sponsorships and marketing; and 6) increasing the tobacco tax. This directive is now is being implemented under the leadership of the Ministry of Health, with the participation of most ministries and community organizations in Viet Nam [14].
- On 21 August 2009, the Prime Minister issued Decision No. 1315/QĐ-TTg on Ratification of the Action Plan for the Implementation of the WHO Framework Convention on Tobacco Control. The Action Plan provides contents, time frames and delegation of responsibilities to related agencies for the development and promulgation of domestic legislation to meet the requirements of the FCTC [15].

Even though tobacco control activities in Viet Nam appear to have received recent attention, there are still some issues that need to be improved. For example, even though health warnings are required on cigarette packs, the existing label is not in accordance with FCTC guidelines for effective packaging and labeling. The Ministry of Health has not yet adopted graphic health warning labels. Also, a tobacco control law has not been passed by the National Assembly.

1.3 Survey Objectives

The objectives of the GATS are:

- To establish a baseline for indicators of tobacco use and tobacco control measures
- To systematically monitor adult tobacco use (smoking and smokeless) and track key tobacco control indicators in a nationally representative sample of Viet Nam
- To compare in-country data to regional and global data
- To track implementation of FCTC recommended policies outlined in the MPOWER package

2. Methodology

2.1 Study population

The GATS of Viet Nam was designed to be a nationally representative survey of all non-institutionalized men and women age 15 and older who considered Viet Nam to be their primary place of residence. The target population definition included individuals residing in Viet Nam who were not Vietnamese citizens.

The only adults age 15 and older excluded from the study were those individuals who:

- Were visiting the country (e.g. tourists),
- Indicated their primary place of residence was a military base or group quarters (e.g. a dormitory),
- Were institutionalized including people residing in hospitals, prisons, nursing homes and other such institutions.

Some individuals may have been living at some location other than their "primary" home at the time the interviewer visited a household, for example college students who staying in dormitories, families staying at their vacation homes, and laborers temporarily living at a farm during the harvest season. These individuals were sampled from the place they considered to be their primary place of residence. Consequently,

- If a household was visited and the interviewer learned that some people currently staying at the dwelling unit
 considered the dwelling unit to be a vacation home and not their primary residence, then these individuals were
 not included in the roster for the household.
- If a household was visited and the interviewer learned some residents considered the dwelling unit to be their primary place of residence but were currently not staying in the household, these individuals were still <u>included</u> in the roster for the household.

2.2 Sampling Design

The GATS – Viet Nam sample design is described in detail in Appendix B. A two-phase sampling design analogous to a three-stage stratified cluster sampling was used.

According to the GATS sample design protocol, 8,000 people are required to obtain reliable estimates of key variables for gender and urban/rural areas. Based on previous similar national household surveys, it was assumed that the overall ineligibility and non-response rate would be 35%. After taking the response rate into account, the final total sample size was 11,142. Then half of the enumeration areas (EAs) to be sampled were assigned to urban and half to rural. Because of difference in size between urban and rural areas, GATS sampled 18 households from each urban EA and 16 households from a rural EA. Therefore a total of 657 EAs were sampled to obtain 11,142 households. The sample size for EAs was then proportionally allocated across 6 strata, based on the total number of households.

In 2009, the General Statistics Office (GSO), Viet Nam conducted a population and housing census. Meanwhile, GSO prepared a 15% of master sample to serve as a future national survey sampling frame. The 15% master sample contains a subset of EAs that consists of 15% of the population in Viet Nam stratified by 3 groups. The first group consists of 132 districts, towns, or cities of provinces. The second group consists of 294 plain and coastal districts. The third group consists of 256 mountainous and island districts. The GATS sample was drawn from the 15% master sample after further stratification of the 3 groups into urban and rural areas (6 strata in total).

At the first stage of sampling, the primary sampling unit (PSU) was an enumeration area (EA). The sampling frame was a list of the EAs, from the 15% master sample, with the number of households as well as identifiable information, administered by the GSO Viet Nam in 2009 from the census. For each of the 6 strata, the designated number of EAs was selected. A selection probability proportional to size (PPS) sampling method was used, where the size was the selection probability of an EA using PPS sampling from the entire target population divided by the selection probability of an EA for master sample.

At the second stage of sampling, 18 households from the selected urban EA and 16 households from the selected rural EA were chosen using simple systematic random sampling. One eligible household member from each selected household was then randomly chosen for an interview.

Note that the current design and the design where EAs were sampled directly from the universe were analogous. The selection probability of an eligible individual was calculated as a product of selection probability for each stage. The sampling base weight for an eligible individual was the inverse of the selection probability shown above. The details of weighting are described in **Appendix B**.

2.3 Questionnaire

The GATS Viet Nam questionnaire consists of eight sections. A general description of each section is described below (the full questionnaire is provided in Appendix A):

- Background characteristics: Gender, age, education, work status, and possession of household items.
- **Tobacco smoking:** Patterns of use (daily consumption, less than daily consumption, not at all), former/past tobacco consumption, age of initiation of daily smoking, consumption of different tobacco products, (cigarettes, water pipes, and other smoked tobacco), nicotine dependence, and frequency of quit attempts.
- Smokeless tobacco: Patterns of use (daily consumption, less than daily consumption, not at all), former/past use of smokeless tobacco, age of initiation of daily use of smokeless tobacco, consumption of different smokeless tobacco products (snuff, chewing tobacco, betel quid, etc.), nicotine dependence, and frequency of quit attempts.
- **Cessation:** Advice to quit smoking by a healthcare provider, method used to try to stop smoking. Similar information was requested for cessation of smokeless tobacco.
- Secondhand smoke: Smoking allowed in the home, exposure to secondhand smoke at home, indoor smoking policy at work place, and exposure in last 30 days in the work place, government buildings/offices, healthcare facilities, restaurants, or public transportation. There are some additional optional items on exposure that include schools, universities, private workplaces, bars, night clubs, etc., as well as knowledge about serious illness in non-smokers due to secondhand smoke.
- **Economics:** Type of tobacco product and quantity bought, cost of tobacco product(s), brand and type of product purchased, and source of tobacco products.
- Media: Exposure to tobacco advertisements from television, radio, billboards, posters, newspapers/magazines, cinema, Internet, public transportation, public walls, and other venues; exposure to sporting events connected with tobacco; exposure to music, theatre, art or fashion events connected with tobacco; exposure to tobacco promotion activities; reaction to health warning labels on cigarette packs; and exposure to anti-tobacco advertising and information. Similar questions are included for smokeless tobacco. The reference period for the questions in this section is the previous 30 days.
- Knowledge, attitudes and perceptions: Knowledge about health effects of both smoking and smokeless tobacco.

The GATS questionnaire was adapted to the Vietnamese context through the following steps:

- Translation of the final version of the GATS questionnaire into Vietnamese by a language expert.
- Review and adaptation of the Vietnamese version by the core team in different country meetings. Some country-specific questions were added to the questionnaire.
- Back translation of the adapted Vietnamese questionnaire into English by another language expert.
- The back-translated version of the adapted questionnaire was discussed by the core team together with CDC and WHO/WPRO during the first technical visit.
- The back-translated adapted questionnaire was submitted to the Questionnaire Review Committee for comments.
- A revised version of the questionnaire was pilot tested on a sample of 120 individuals (60 in urban and 60 in rural
 areas). In the pre-test, different aspects of the adapted questionnaire were tested, including wording,

inconsistencies in skip patterns, flow and sequencing of questions, errors/change in wording or translation, additional response categories needed, work load, etc.

- The GATS questionnaire was revised based on the experience gained during the pre-test and consultations with WHO and CDC.
- The final version of the questionnaire was approved by the Questionnaire Review Committee for the full survey.

2.4 Data Collection

Implementing Institution

Data collection was done by the General Statistics Office, under the co-supervision of the World Health Organization in Viet Nam, Vinacosh and Hanoi Medical University.

Field Staff/Field Training

There were 26 data collection teams involved in GATS Viet Nam 2010. Each team consisted of one team leader and 4 interviewers to ensure close supervision and collection of high quality data. The team leaders and interviewers were chosen from district statistical employees and GSO collaborators. They had computer skills and previous experience in conducting of GSO household-based surveys, especially GSO health-related surveys. In addition to the qualifications needed for interviewers, team leaders for the GATS were experienced in using computers and handheld (iPAQ) devices and had previous experience working with local authorities.

The supervisors were experts from the Social and Environmental Statistics Department, Provincial Statistics Offices and Hanoi Medical University. Supervisors had good experience in the methodology of conducting household surveys. In addition, they were skilled with computers and handheld computer (iPAQ) devices (i.e., the use and trouble-shooting of data processing systems and in data transfer).

There were two 6-day training workshops organized in 2 regions: one in the North (Hanoi) from March 2-7, 2010 and the other in the South (Nha Trang City) from March 5-10, 2010. The training consisted of classroom lectures, discussion, role playing, mock interviews and field practice to familiarize the interviewers with the actual enumeration process. Lecturers /resource persons were from GSO, WHO, CDC, Vinacosh and HMU.

Method of Capturing Data (i.e., handheld)

Handheld computers were used for capturing data. Each interviewer and team leader had one iPAQ. A real case file containing addresses and names of the households assigned to the interviewer was preloaded in the iPAQ prior to the field work. All the responses were entered in the iPAQ, with the help of a stylus for touching the key-pad on the screen.

On average, each interviewer interviewed about 90 households. A list of households assigned to each interviewer was loaded onto his/her IPAQ before going to the field. Interviewers visited four selected households per day to collect data. At the end of each working day, the interviewers transferred data on complete interviews to the team leader

Team leaders were responsible for the overall logistics and transportation of the teams, arrangements for field work, identification of sample households, and generally overseeing the coordination of field work. In addition, team leaders had to collect data from interviewers on a daily basis and conduct spot-checks (about 10% of surveyed households) to verify the accuracy of information collected on the eligibility of respondents. In each EA from urban areas, team leaders had to interview two households.

Dates in Field

Data collection was conducted from 22 March 2010 to 13 May 2010 in all 63 provinces of Viet Nam.

Data Quality Control

The GSO established 10 supervisor teams, including supervisors from GSO and HMU, to visit assigned survey teams and check interview procedures; solve special survey problems around samples, handheld techniques, financial procedures,

etc., which could not be solved by team leaders; conduct spot-checks; re-interview 10% of surveyed households; collect data from team leaders after all households in the commune completed interviews; and transfer data to the GSO via the Internet one or two times per week. IT personnel went to the field to check IPAQ operation in the initial stages and when there were serious problems with IPAQs.

Languages Used

All the interviews were done in Vietnamese.

Confidentiality/Informed Consent

Respondents were assured that all answers in the survey would be used only for research and analysis and could not be used for any other purpose, and that their identifying data, such as name and address, would never be associated with their interview responses. Parental consent was required for participants age 15-17. Verbal consent by these respondents was obtained in the presence of their parents.

Data Processing

Supervisors sent data collected to the GSO on a weekly basis via the Internet. IT personnel received and checked data to make sure result codes were completed and conditions were valid. After data collection was done, IT personnel aggregated, processed, and converted data to SPSS and STATA formats.

2.5 Statistical Analysis

SPSS 17.0 was used for weighting and producing tables. Variance was calculated after taking the complex sample survey into account. The Taylor linearization method was used in SPSS to compute the sample variance. Sampling error and 95% confidence intervals were reported for each estimate. These statistics, along with design effects and sampling errors, are reported in Appendix C for all indicators.

3. Sample and Population Characteristics

The number and percentage of households and persons interviewed and response rates by residence are presented in Error! Reference source not found. Of the 11,142 sampled households, 10,383 were completely screened, giving a household response rate of 96.9%. The household response rate was a little higher in rural areas compared to urban areas (97.5% and 96.5%, respectively). Overall, only 0.6% of the selected households refused to respond to the survey. Among 10,383 individuals selected from the completely screened households, 9925 were completely interviewed for a person-level response rate of 95.7%. The person-level response rate was also a little higher in rural areas compared to that in urban areas (96.3% and 95.0%, respectively). Overall, only 0.6% of the selected individuals refused to respond to the survey. In GATS Viet Nam 2010, the total response rate was 92.7% (93.9% in rural areas and 91.7% in urban sites).

Table 3-2 presents the un-weighted sample size and population estimates by selected demographic characteristics. The 9,925 completed interviews represented an estimated 64.3 million adults age 15 and over in Viet Nam. Of the study population, 48.6% were men and 51.4% were women. By age group, people age 25-44 made up the largest proportion (41.9%) and those 65 and above accounted for the smallest share (8.8%). Two-thirds of people age 15 and over in Viet Nam were living in rural areas. The majority of the study population reported having lower secondary school education (52.5%) or primary or less education (26.0%). People with a college degree or above made up 7.2% of the study population. The main occupation of the study population was Farmer (49.6%), followed by Service/Sales (19.2%) and Production/Driving (12.9%). Other occupations were Manager/Professional (6.6%); Construction/mining (5.2%); Office workers (2.0%); Forestry/Fishing (1.8%) and Other (2.7%).

Table 3-1: Number and percent of households and persons interviewed and response rates by residence (unweighted) – GATS Viet Nam, 2010.

		Res	idence		Tot	al		
	Url	oan	Ru	ral		aı		
	Number	Percent	Number	Percent	Number	Percent		
Selected Household								
Completed (HC)	5525	92.2	5158	94.4	10383	93.2		
Completed – No one eligible (HCNE)	1	0.0	0	0.0	1	0.0		
Incomplete (HINC)	5	0.1	9	0.0	14	0.1		
No screening respondent (HNS)	2	0.0	5	0.0	7	0.1		
Refused (HR)	55	1.0	9	0.2	64	0.6		
Unoccupied (HUO)	216	3.8	166	6.5	382	3.4		
Address not a dwelling (HAND)	29	0.5	18	0.2	47	0.4		
Other ¹ (HO)	137	2.4	107	0.9	244	2.1		
Total Households Selected	5670	100	5472	100	11142	100		
Household Response Rate (HRR) (%) ²	96.	96.5%		97.5%		96.9%		
Selected Person								
Completed (PC)	4958	94.9	4967	96.3	9925	95.6		
Incomplete (PINC)	2	0.0	4	0.1	6	0.1		
Not eligible (PNE)	7	0.1	2	0.0	9	0.1		
Refused (PR)	56	1.1	9	0.2	65	0.6		
Incapacitated (PI)	50	1.0	44	0.9	94	0.9		
Other ¹ (PO)	152	2.9	132	2.6	284	2.7		
Total Number of Sampled Persons	5225	100	5158	100	10383	100		
Person-level Response Rate (PRR) (%) ³	95.	0%	96.3%		95.7%			
Total Response Rate (TRR) (%) ⁴	91.	7%	93.	9%	92.7	7%		

² Calculate Household Response Rate (HRR) by:

³ Calculate Person-level Response Rate (PRR) by:

 4 Calculate Total Response Rate (TRR) by: (HRR x PRR) / 100

Notes

- -An incomplete household interview (i.e., roster could not be finished) was considered a nonrespondent to the GATS. Thus, these cases (HINC) were not included in the numerator of the household response rate.
- -A completed person interview [PC] includes respondents who had completed at least question E1 and who provided valid answers to questions B1/B2/B3. Respondents who did not meet these criteria were considered as incomplete (PINC) nonrespondents to GATS and thus, were not included in the numerator of the person-level response rate.

¹ Other includes Nobody Home and any other result code not listed.

Table 3-2: Distribution of adults ≥ 15 years by selected demographic characteristics – GATS Viet Nam, 2010.

Demographic		Weigh	Unweighted Number of		
Characteristics	Perc	entage	Number of Adults	Adults	
	(95	% CI ¹)	(in thousands)		
Overall	:	100	64,321	9,925	
Gender					
Male	48.6	(47.3, 49.9)	31,259	4,356	
Female	51.4	(50.1, 52.7)	33,063	5,569	
Age (years)					
15-24	25.9	(24.6, 27.2)	16,637	1,656	
25-44	41.9	(40.6, 43.2)	26,944	4,251	
45-64	23.4	(22.4, 24.5)	15,065	2,886	
65+	8.8	(8.2, 9.5)	5,675	1,132	
Residence					
Urban	30.7	(30.0, 31.4)	19,725	4,958	
Rural	69.3	(68.6, 70.0)	44,596	4,967	
Education Level ²					
Primary or less	26.0	(24.2, 27.8)	12,377	2,034	
Lower secondary	52.5	(50.8, 54.3)	25,031	3,981	
Upper secondary	14.3	(13.1, 15.5)	6,794	1,023	
College or above	7.2	(6.6, 7.9)	3,447	1,227	
Occupation					
Manager/Professional	6.6	(5.9, 7.5)	3,120	845	
Office Worker	2.0	(1.6, 2.3)	916	220	
Service/Sales	19.2	(17.8, 20.6)	8,991	1,589	
Farming	49.6	(47.3, 51.8)	23,255	3,069	
Forestry/Fishing	1.8	(1.3, 2.6)	867	120	
Construction/Mining	5.2	(4.5, 6.0)	2,442	317	
Production/Driving	12.9	(11.7, 14.3)	6,063	834	
Other	2.7	(2.3, 3.3)	1,272	248	

¹ 95 % Confidence Interval ² Education level is reported only among respondents 25+ years

4. Tobacco Use

4.1 Tobacco smoking

Tobacco smoking status among the study population was categorized as "current tobacco smoker" or "non-smoker". Current tobacco smokers included "daily smokers" and "occasional smokers". Non-smokers included "former daily smokers" and "never daily smokers".

Table 4-1 presents the percentage of adults 15 years and over, by detailed smoking status and gender. The overall prevalence rate of current smokers was 23.8%. That prevalence was particularly high among men as compared with women (47.4% vs. 1.4%, respectively). Overall, 19.5% of adults \geq 15 years were daily smokers (38.7% among males and 1.2% among females) and 4.3% were occasional smokers (8.7% among males and 0.2% among females). Among current smokers, 81.8% were daily smokers and 18.2% were occasional smokers.

Non-smokers accounted for 76.2% of the surveyed population. Overall, 6.8% of adults were former daily smokers and 69.8% were never daily smokers. The survey found that 64.4% of adults had never smoked in their lifetime and 3.4% were former occasional smokers.

Table 4-1: Percentage of adults ≥15 years, by detailed smoking status and gender – GATS Viet Nam, 2010.

Smoking Status	C	Overall		Male	Female				
	Percentage (95% CI)								
Current tobacco smoker	23.8	(22.7, 24.9)	47.4	(45.4, 49.4)	1.4	(1.0, 2.1)			
Daily smoker	19.5	(18.4, 20.5)	38.7	(36.9, 40.6)	1.2	(0.8, 1.8)			
Occasional smoker	4.3	(3.8, 4.9)	8.7	(7.6, 9.8)	0.2	(0.1, 0.4)			
Occasional smoker, formerly daily	1.5	(1.2, 1.8)	3.0	(2.5, 3.6)	0.1	(0.0, 0.3)			
Occasional smoker, never daily	2.8	(2.4, 3.3)	5.7	(4.8, 6.7)	0.1	(0.0, 0.3)			
Non-smoker	76.2	(75.1, 77.3)	52.6	(50.6, 54.6)	98.6	(97.9, 99.0)			
Former daily smoker	6.4	(5.8, 7.1)	12.7	(11.5, 14.0)	0.5	(0.3, 0.8)			
Never daily smoker	69.8	(68.6, 71.0)	39.9	(37.9, 41.9)	98.0	(97.3, 98.5)			
Former occasional smoker	3.4	(3.0, 3.9)	6.5	(5.6, 7.5)	0.5	(0.3, 0.8)			
Never smoker	66.4	(65.1, 67.6)	33.5	(31.5, 35.5)	97.5	(96.8, 98.1)			

Note: Current use includes both daily and occasional (less than daily) use.

The estimated number of current adult smokers in Viet Nam was about 15.3 million (14.8 million current smokers were male and 477,000 were female). The number of daily smokers was estimated to be about 12.5 million (12.1 million male and 403,000 female). The estimated number of occasional smokers was about 2.8 million (more than 2.7 million were male and 76,000 were female) (

Table 4-2).

Table 4-2: Number of adults ≥15 years, by detailed smoking status and gender – GATS Viet Nam, 2010.

Smoking Status	Overall	Male	Female
		Number in thousands	
Current tobacco smoker	15,294	14,817	477
Daily smoker	12,511	12,110	401
Occasional smoker	2,783	2,708	76
Occasional smoker, formerly daily	970	935	35
Occasional smoker, never daily	1,813	1,772	41
Non-smoker	49,027	16,441	32,586
Former daily smoker	4,141	3,966	175
Never daily smoker	44,886	12,475	32,411
Former occasional smoker	2,184	2,019	165
Never smoker	42,702	10,456	32,246

Note: Current use includes both daily and occasional (less than daily) use.

4.2 Smokeless tobacco use

Smokeless tobacco use in Viet Nam is mostly in the form of chewing tobacco with betel. As shown in)

Table 4-3, the overall prevalence of current smokeless tobacco use was 1.3% (0.3% in males and 2.3% in females). Among adults, 1.0% were daily smokeless tobacco users (0.1% among males and 1.8% among females) and 0.3% were occasional smokeless tobacco users (0.2% among males and 0.5% among females). Among current smokeless tobacco users, 74.4% were daily users and 25.6% were occasional users.

Overall, 98.7% of the study population were non-smokeless tobacco users. Only 0.2% were former daily users and 0.3% were former occasional users.

The estimated number of current users of smokeless tobacco in Viet Nam was about 884,000. Of those, about 92,000 were males and about 752,000 were females (

Table 4-4)

Table 4-3: Percentage of adults ≥15 years, by detailed smokeless tobacco use status and gender – GATS Viet Nam, 2010.

Smokeless Tobacco Use Status	(Overall		Male	Female		
	Percentage (95% CI)						
Current smokeless tobacco user	1.3	(1.0, 1.7)	0.3	(0.2, 0.5)	2.3	(1.8, 3.0)	
Daily user	1.0	(0.8, 1.3)	0.1	(0.0, 0.2)	1.8	(1.4, 2.4)	
Occasional user	0.3	(0.2, 0.5)	0.2	(0.1, 0.4)	0.5	(0.3, 0.9)	
Occasional user, formerly daily	0.1	(0.1, 0.3)	0.0	(0.0, 0.1)	0.2	(0.1, 0.5)	
Occasional user, never daily	0.2	(0.1, 0.4)	0.2	(0.1, 0.4)	0.3	(0.1, 0.6)	
Non-smokeless tobacco user	98.7	(98.3, 99.0)	99.7	(99.5, 99.8)	97.7	(97.0, 98.2)	
Former daily user	0.2	(0.1, 0.3)	0.0	(0.0, 0.1)	0.4	(0.2, 0.6)	
Never daily user	98.5	(98.1, 98.8)	99.7	(99.5, 99.8)	97.3	(96.6, 97.9)	
Former occasional user	0.3	(0.2, 0.4)	0.2	(0.1, 0.5)	0.3	(0.2, 0.6)	
Never user	98.2	(97.8, 98.5)	99.4	(99.2, 99.6)	97.0	(96.3, 97.6)	

Note: Current use includes both daily and occasional (less than daily) use.

Table 4-4: Number of adults ≥15 years, by detailed smokeless tobacco use status and gender – GATS Viet Nam, 2010.

Smokeless Tobacco Use Status	Overall	Male	Female
		Number in thousands	
Current smokeless tobacco user	844	92	752
Daily user	628	33	595
Occasional user	216	59	157
Occasional user, formerly daily	79	7	71
Occasional user, never daily	137	52	85
Non-smokeless tobacco user	62,749	30,799	31,950
Former daily user	122	4	118
Never daily user	62,627	30,795	31,832
Former occasional user	178	75	103
Never user	62,450	30,720	31,729

Note: Current use includes both daily and occasional (less than daily) use.

4.3 Smoking status by demographic characteristics

Table 4-5 reports current smoking of various smoked tobacco products, by gender and selected demographic characteristics. The prevalence rate of current smoking (using any type of smoked product) was significantly higher among males compared to females (47.4% vs. 1.4%, respectively).

The overall prevalence rate of current smoking was highest among people age 45-64 (29.7%) and 25-44 (28.8%) and was lowest among those age 15-24 (13.3%) and those 65 years and older (15.0%). The pattern of current smoking by age was about the same for males as for the overall population. Among males, the prevalence rate of current smoking was highest among people age 45-64 (59.5%) and 25-44 (56.7%) and lowest among those age 15-24 (26.1%). Among females, the prevalence of current smoking was highest among those 45 years and older (2.9%) and lowest among those age 15-24 (0.3%).

For both males and females, the prevalence rates of current smokers were quite similar for urban and rural strata (overall: 23.3% vs.24.0%, respectively; males: 47.7% vs. 47.3%, respectively; females: 1.0% vs. 1.7%, respectively).

By education, the overall prevalence rate of current smoking was highest among people with lower secondary education and lowest among those with college or higher degrees. In both males and females, the prevalence rates of current smoking were highest among people with primary education or less (males: 61.4%; females: 4.4%) and lowest among those with college degrees or higher (males: 39.7%; females: 0.3%). For females with upper secondary education, prevalence was also 0.3%.

By occupation, the prevalence of use of any smoked tobacco products was highest among Construction/Mining workers (65%), followed by Forestry/Fishing people (56.0%). The lowest prevalence rate of current smoking was found among Office Workers (13.9%). In both males and females, the prevalence rate of current smoking was highest among Forestry/Fishing people (males: 74.5%; females: 7.8%) and lowest among Office Workers (males: 34.0%; females: 0%).

Table 4-5: Percentage of adults ≥15 years who are current smokers of various smoked tobacco products, by selected demographic characteristics – GATS Viet Nam, 2010.

Overall 23.8 (22.7, 24.9) 19.9 (18.7, 21.1) 19. Age (years) 15-24 13.3 (11.3, 15.6) 11.9 (10.1, 14.1) 11. 25-44 28.8 (27.1, 30.6) 25.1 (23.4, 26.9) 24. 45-64 29.7 (27.5, 31.9) 22.7 (20.7, 24.9) 22.	1.9 (10.1, 14.1) 1.9 (23.2, 26.6) 2.0 (20.0, 24.1) 0.6 (7.8, 11.9) 1.9 (20.5, 23.3)	Hand-rolled % CI) 1.1 (0.8, 1.6) 0.3 (0.1, 1.0) 1.1 (0.7, 1.7) 1.8 (1.2, 2.6) 1.9 (1.1, 3.2) 0.4 (0.2, 0.7)	6.4 3.0 7.2 9.4 4.7	(5.6, 7.3) (2.0, 4.4) (6.0, 8.6) (7.9, 11.2)	0.1 0.0 0.2	(0.1, 0.3)
Age (years) 15-24 13.3 (11.3, 15.6) 11.9 (10.1, 14.1) 11. 25-44 28.8 (27.1, 30.6) 25.1 (23.4, 26.9) 24. 45-64 29.7 (27.5, 31.9) 22.7 (20.7, 24.9) 22. 65+ 15.0 (12.8, 17.6) 11.0 (9.0, 13.4) 9. Residence Urban 23.3 (21.9, 24.7) 22.0 (20.7, 23.5) 21. Rural 24.0 (22.5, 25.6) 18.9 (17.4, 20.6) 18. Education Level³	9.5 (18.4, 20.7) 1.9 (10.1, 14.1) 1.9 (23.2, 26.6) 2.0 (20.0, 24.1) 9.6 (7.8, 11.9) 1.9 (20.5, 23.3)	1.1 (0.8, 1.6) 0.3 (0.1, 1.0) 1.1 (0.7, 1.7) 1.8 (1.2, 2.6) 1.9 (1.1, 3.2)	3.0 7.2 9.4	(2.0, 4.4) (6.0, 8.6) (7.9, 11.2)	0.0	, , ,
Age (years) 15-24 13.3 (11.3, 15.6) 11.9 (10.1, 14.1) 11. 25-44 28.8 (27.1, 30.6) 25.1 (23.4, 26.9) 24. 45-64 29.7 (27.5, 31.9) 22.7 (20.7, 24.9) 22. 65+ 15.0 (12.8, 17.6) 11.0 (9.0, 13.4) 9. Residence Urban 23.3 (21.9, 24.7) 22.0 (20.7, 23.5) 21. Rural 24.0 (22.5, 25.6) 18.9 (17.4, 20.6) 18. Education Level³	1.9 (10.1, 14.1) 1.9 (23.2, 26.6) 2.0 (20.0, 24.1) 0.6 (7.8, 11.9) 1.9 (20.5, 23.3)	0.3 (0.1, 1.0) 1.1 (0.7, 1.7) 1.8 (1.2, 2.6) 1.9 (1.1, 3.2)	3.0 7.2 9.4	(2.0, 4.4) (6.0, 8.6) (7.9, 11.2)	0.0	, , ,
15-24 13.3 (11.3, 15.6) 11.9 (10.1, 14.1) 11. 25-44 28.8 (27.1, 30.6) 25.1 (23.4, 26.9) 24. 45-64 29.7 (27.5, 31.9) 22.7 (20.7, 24.9) 22.6 65+ 15.0 (12.8, 17.6) 11.0 (9.0, 13.4) 9. Residence Urban 23.3 (21.9, 24.7) 22.0 (20.7, 23.5) 21. Rural 24.0 (22.5, 25.6) 18.9 (17.4, 20.6) 18. Education Level ³	1.9 (23.2, 26.6) 2.0 (20.0, 24.1) 0.6 (7.8, 11.9) 1.9 (20.5, 23.3)	1.1 (0.7, 1.7) 1.8 (1.2, 2.6) 1.9 (1.1, 3.2)	7.2 9.4	(6.0, 8.6) (7.9, 11.2)	0.2	
25-44 28.8 (27.1, 30.6) 25.1 (23.4, 26.9) 24.4 45-64 29.7 (27.5, 31.9) 22.7 (20.7, 24.9) 22.6 65+ 15.0 (12.8, 17.6) 11.0 (9.0, 13.4) 9. Residence Urban 23.3 (21.9, 24.7) 22.0 (20.7, 23.5) 21. Rural 24.0 (22.5, 25.6) 18.9 (17.4, 20.6) 18. Education Level ³	1.9 (23.2, 26.6) 2.0 (20.0, 24.1) 0.6 (7.8, 11.9) 1.9 (20.5, 23.3)	1.1 (0.7, 1.7) 1.8 (1.2, 2.6) 1.9 (1.1, 3.2)	7.2 9.4	(6.0, 8.6) (7.9, 11.2)	0.2	
45-64 29.7 (27.5, 31.9) 22.7 (20.7, 24.9) 22.6 (5+ 15.0 (12.8, 17.6) 11.0 (9.0, 13.4) 9. Residence Urban 23.3 (21.9, 24.7) 22.0 (20.7, 23.5) 21. Rural 24.0 (22.5, 25.6) 18.9 (17.4, 20.6) 18. Education Level ³	2.0 (20.0, 24.1) 9.6 (7.8, 11.9) 1.9 (20.5, 23.3)	1.8 (1.2, 2.6) 1.9 (1.1, 3.2)	9.4	(7.9, 11.2)		
65+ 15.0 (12.8, 17.6) 11.0 (9.0, 13.4) 9. Residence Urban 23.3 (21.9, 24.7) 22.0 (20.7, 23.5) 21. Rural 24.0 (22.5, 25.6) 18.9 (17.4, 20.6) 18. Education Level ³	0.6 (7.8, 11.9) 1.9 (20.5, 23.3)	1.9 (1.1, 3.2)		, , ,		(0.1, 0.4)
Residence Urban 23.3 (21.9, 24.7) 22.0 (20.7, 23.5) 21. Rural 24.0 (22.5, 25.6) 18.9 (17.4, 20.6) 18. Education Level³	1.9 (20.5, 23.3)		4.7		0.2	(0.1, 0.6)
Urban 23.3 (21.9, 24.7) 22.0 (20.7, 23.5) 21. Rural 24.0 (22.5, 25.6) 18.9 (17.4, 20.6) 18. Education Level³	. , ,	0.4 (0.2.0.7)		(3.5, 6.4)	0.2	(0.0, 0.6)
Rural 24.0 (22.5, 25.6) 18.9 (17.4, 20.6) 18. Education Level ³	. , ,	04 (02 07)				
Education Level ³	3.5 (17.0, 20.0)	0.4 (0.2, 0.7)	2.5	(2.0, 3.2)	0.1	(0.0, 0.2)
		1.4 (1.0, 2.1)	8.1	(7.0, 9.5)	0.2	(0.1, 0.4)
Primary or less 24.3 (21.8, 26.9) 20.1 (17.7, 22.7) 18.						
	3.7 (16.4, 21.1)	3.3 (2.2, 5.1)	5.0	(3.8, 6.7)	0.4	(0.1, 1.3)
Lower secondary 29.8 (28.1, 31.6) 24.0 (22.2, 25.8) 23.	3.7 (21.9, 25.5)	1.0 (0.7, 1.5)	9.8	(8.4, 11.4)	0.1	(0.0, 0.3)
Upper secondary 27.4 (24.1, 30.9) 24.1 (21.0, 27.4) 24.	1.1 (21.0, 27.4)	0.0	6.7	(4.9, 9.0)	0.3	(0.1, 0.9)
College or above 21.5 (18.8, 24.5) 20.0 (17.3, 23.0) 20.	0.0 (17.3, 23.0)	0.0 (0.0, 0.3)	2.7	(1.8, 4.0)	0.1	(0.0, 0.5)
Occupation						
Manager/Professional 28.2 (23.9, 33.1) 27.0 (22.7, 31.8) 27.0	7.0 (22.7, 31.8)	0.1 (0.0, 0.4)	3.3	(1.8, 5.9)	0.1	(0.0, 0.4)
Office Worker 13.9 (9.4, 20.1) 13.8 (9.3, 20.0) 13.	3.8 (9.3, 20.0)	0.0	0.0		0.0	
Service/Sales 20.3 (17.9, 22.9) 18.5 (16.2, 21.1) 18.	3.5 (16.1, 21.0)	0.3 (0.1, 0.7)	3.7	(2.6, 5.2)	0.1	(0.0, 0.5)
Farming 28.6 (26.6, 30.7) 22.4 (20.3, 24.6) 21.	1.7 (19.7, 23.8)	2.1 (1.3, 3.3)	9.4	(8.0, 11.0)	0.3	(0.1, 0.8)
Forestry/Fishing 56.0 (44.7, 66.8) 50.1 (38.5, 61.6) 47.	7.8 (36.3, 59.5)	4.9 (1.4, 15.8)	6.0	(2.1, 15.7)	0.0	
Construction/Mining 65.0 (58.6, 71.0) 56.8 (49.7, 63.6) 56.	5.8 (49.7, 63.6)	1.8 (0.6, 5.0)	21.1	(15.6, 27.7)	0.1	(0.0, 1.0)
Production/Driving 32.0 (28.2, 36.1) 28.2 (24.6, 32.1) 28.	3.1 (24.5, 32.0)	0.4 (0.2, 1.2)	6.6	(4.7, 9.2)	0.1	(0.0, 1.0)
Other 35.0 (27.9, 42.8) 30.4 (23.1, 38.7) 29.	9.6 (22.5, 37.9)	0.9 (0.1, 4.9)	9.6	(5.5, 16.1)	0.0	
Male 47.4 (45.4, 49.4) 39.7 (37.5, 41.9) 39.	9.1 (37.0, 41.2)	1.9 (1.3, 2.6)	13.0	(11.4, 14.9)	0.2	(0.1, 0.4)
Age (years)						
15-24 26.1 (22.4, 30.2) 23.4 (19.8, 27.3) 23.	3.4 (19.8, 27.3)	0.5 (0.2, 1.1)	5.9	(3.9, 8.6)	0.0	
25-44 56.7 (53.8, 59.5) 49.5 (46.6, 52.5) 49.	9.2 (46.3, 52.1)	2.0 (1.3, 3.0)	14.2	(12.0, 16.9)	0.2	(0.1, 0.5)
45-64 59.5 (56.0, 62.8) 45.4 (41.8, 49.1) 44.	1.1 (40.5, 47.8)	3.1 (2.1, 4.7)	19.6	(16.6, 23.0)	0.4	(0.1, 1.0)
65+ 33.3 (28.5, 38.4) 23.7 (19.3, 28.7) 21.	1.7 (17.6, 26.6)	2.8 (1.4, 5.4)	11.7	(8.7, 15.5)	0.0	
Residence						
Urban 47.7 (45.3, 50.2) 45.2 (42.8, 47.7) 45.	5.0 (42.5, 47.5)	0.7 (0.3, 1.3)	5.3	(4.2, 6.6)	0.2	(0.1, 0.5)
Rural 47.3 (44.6, 49.9) 37.3 (34.5, 40.2) 36.	5.6 (33.8, 39.4)	2.4 (1.7, 3.5)	16.4	(14.1, 19.0)	0.2	(0.1, 0.5)
Education Level ³						
Primary or less 61.4 (56.7, 65.8) 50.9 (45.8, 55.9) 48.	3.1 (43.3, 52.9)	7.1 (4.7, 10.6)	13.8	(10.4, 18.1)	0.2	(0.1, 1.0)
Lower secondary 57.3 (54.5, 60.1) 46.1 (43.0, 49.1) 45.	5.6 (42.6, 48.6)	1.9 (1.2, 2.8)	18.9	(16.2, 21.9)	0.2	(0.1, 0.5)
Upper secondary 48.9 (43.8, 54.0) 42.9 (38.0, 48.0) 42.	2.9 (38.0, 48.0)	0.0	12.0	(8.9, 15.9)	0.5	(0.1, 1.6)
College or above 39.7 (35.2, 44.4) 36.9 (32.5, 41.6) 36.	5.9 (32.5, 41.6)	0.1 (0.0, 0.6)	5.1	(3.4, 7.3)	0.2	(0.1, 1.0)
Occupation						
Manager/Professional 46.1 (39.6, 52.7) 44.0 (37.6, 50.7) 44.	1.0 (37.6, 50.7)	0.1 (0.0, 0.6)	5.5	(3.0, 9.7)	0.1	(0.0, 0.6)

Demographic	Any smoked tobacco product			. <u>-</u>	Type of Cigarette					Othe	er smoked	
Characteristics			Any cigarette ¹		Manufactured		Hand-rolled		W	ater Pipe	tobacco ²	
						Percentage(9	5% CI,)				
Office Worker	34.0	(23.8, 46.0)	33.7	(23.5, 45.7)	33.7	(23.5, 45.7)	0.0		0.0		0.0	
Service/Sales	50.0	(45.0, 55.0)	45.6	(40.6, 50.7)	45.5	(40.5, 50.6)	0.5	(0.2, 1.6)	9.2	(6.5, 12.9)	0.3	(0.1, 1.2)
Farming	55.3	(52.0, 58.5)	43.2	(39.7, 46.8)	42.1	(38.7, 45.6)	3.6	(2.4, 5.4)	18.6	(15.7, 21.8)	0.3	(0.1, 0.8)
Forestry/Fishing	74.5	(60.4, 84.8)	66.2	(52.1, 78.0)	63.1	(48.9, 75.3)	5.2	(1.2, 19.2)	8.3	(2.9, 21.4)	0.0	
Construction/Mining	69.7	(63.0, 75.6)	60.8	(53.3, 67.8)	60.8	(53.3, 67.8)	1.9	(0.7, 5.4)	22.6	(16.7, 29.8)	0.2	(0.0, 1.1)
Production/Driving	55.3	(49.4, 61.1)	48.9	(43.1, 54.8)	48.8	(43.0, 54.7)	0.8	(0.3, 2.1)	11.3	(8.1, 15.5)	0.2	(0.0, 1.7)
Other	63.0	(52.9, 72.0)	54.4	(41.8, 66.5)	53.0	(40.6, 65.1)	1.6	(0.3, 8.7)	17.5	(10.4, 28.1)	0.0	
Female	1.4	(1.0, 2.1)	1.2	(0.8, 1.8)	1.0	(0.6, 1.5)	0.4	(0.2, 0.9)	0.1	(0.1, 0.3)	0.1	(0.0, 0.4)
Age (years)												
15-24	0.3	(0.0, 1.4)	0.3	(0.0, 1.4)	0.3	(0.0, 1.4)	0.2	(0.0, 1.6)	0.0		0.0	
25-44	0.9	(0.5, 1.7)	0.7	(0.3, 1.4)	0.6	(0.3, 1.3)	0.2	(0.0, 0.8)	0.2	(0.1, 0.4)	0.1	(0.0, 0.5)
45-64	2.9	(2.0, 4.1)	2.4	(1.6, 3.5)	2.1	(1.4, 3.1)	0.5	(0.3, 1.1)	0.3	(0.1, 0.8)	0.1	(0.0, 0.5)
65+	2.9	(1.6, 5.4)	2.6	(1.4, 4.8)	1.6	(0.7, 3.6)	1.4	(0.6, 3.1)	0.1	(0.0, 0.9)	0.3	(0.1, 1.0)
Residence												
Urban	1.0	(0.6, 1.5)	0.9	(0.6, 1.4)	0.7	(0.5, 1.2)	0.2	(0.1, 0.4)	0.0		0.0	(0.0, 0.2)
Rural	1.7	(1.1, 2.6)	1.3	(0.8, 2.2)	1.1	(0.6, 1.9)	0.5	(0.2, 1.3)	0.2	(0.1, 0.4)	0.1	(0.0, 0.6)
Education Level ³												
Primary or less	4.4	(2.9, 6.5)	3.6	(2.3, 5.5)	2.8	(1.8, 4.5)	1.3	(0.6, 2.8)	0.4	(0.2, 0.8)	0.5	(0.1, 1.6)
Lower secondary	0.7	(0.4, 1.3)	0.6	(0.3, 1.1)	0.5	(0.2, 1.1)	0.1	(0.0, 0.3)	0.2	(0.0, 0.5)	0.0	
Upper secondary	0.3	(0.1, 1.2)	0.3	(0.1, 1.2)	0.3	(0.1, 1.2)	0.0		0.0		0.0	
College or above	0.3	(0.1, 1.5)	0.2	(0.0, 1.6)	0.2	(0.0, 1.6)	0.0		0.0		0.0	
Occupation												
Manager/Professional	0.6	(0.1, 2.3)	0.6	(0.1, 2.3)	0.6	(0.1, 2.3)	0.0		0.0		0.0	
Office Worker	0.0		0.0		0.0		0.0		0.0		0.0	
Service/Sales	0.6	(0.3, 1.3)	0.6	(0.3, 1.3)	0.6	(0.3, 1.2)	0.1	(0.0, 0.5)	0.0		0.0	
Farming	2.3	(1.4, 3.8)	1.7	(1.0, 3.1)	1.5	(0.8, 2.9)	0.6	(0.2, 2.0)	0.3	(0.1, 0.6)	0.3	(0.1, 1.1)
Forestry/Fishing	7.8	(2.3, 23.2)	7.8	(2.3, 23.2)	7.8	(2.3, 23.2)	4.1	(1.0, 15.3)	0.0		0.0	
Construction/Mining	1.0	(0.1, 6.8)	1.0	(0.1, 6.8)	1.0	(0.1, 6.8)	0.0		0.0		0.0	
Production/Driving	0.3	(0.0, 2.1)	0.0		0.0		0.0		0.3	(0.0, 2.1)	0.0	
Other	1.3	(0.3, 5.2)	1.3	(0.3, 5.2)	1.3	(0.3, 5.2)	0.0		0.0		0.0	

Note: Current use includes both daily and occasional(less than daily) use.

4.4 Current smoking status by smoked tobacco products

¹Includes manufactured and hand rolled cigarettes.

² Includes pipes, cigars, and any other reported smoked tobacco products.

³ Education level is reported only among respondents 25+ years.

Table 4-5 also shows data on smoking tobacco products. In Viet Nam these products include cigarettes and other smoked tobacco products, such as pipes, cigars, and water-pipes. Cigarettes fall into two categories: manufactured cigarettes and hand-rolled cigarettes.

The overall proportion of adults who currently used any type of cigarette was 19.9% (39.7% among males; 1.2% among females). The main type of smoked tobacco product used was manufactured cigarettes (overall: 19.5%; males: 39.1%; females: 1.2%). The percentage of adults who used hand-rolled cigarettes was only 1.1% (1.9% among males; 0.4% among females). The overall prevalence of use of water pipes was 6.4% (13.0% among males; 0.1% among female). Use of other types of tobacco (e.g., pipes, cigars) was only 0.1%.

By age, the highest prevalence of current manufactured cigarette smoking was in the 25-44 age group (24.9%), while the highest prevalence of current hand-rolled cigarettes smoking was among those 65 and over (1.9%) and 45-64 (1.8%). The highest prevalence of use of water-pipes was in the group age 45-64 (9.4%).

By residence, the prevalence rate of current manufactured cigarette use was higher in urban areas (21.9%) compared to rural areas (18.5%). In contrast, the prevalence of use of hand-rolled cigarettes was greater in rural areas (1.4%) than in urban areas (0.4%). People in rural areas used water pipes (8.1%) more than those in urban areas (2.5%).

While the figures on current manufactured cigarette smoking did not show any specific pattern by education, in both males and females, hand-rolled cigarettes were mainly smoked by those with primary education or less (overall: 3.3%; males: 7.1%; females: 1.3%).

The type of smoked tobacco products used also varied by different occupational groups. While the proportions of manufactured cigarette smoking and use of other smoked tobacco products were highest among Construction/Mining workers (56.8% and 21.1%, respectively), the percentage of use of hand-rolled cigarettes was highest among Forestry/Fishing people (4.9%). However, the difference between socio-demographic groups was not statistically significant.

Table 4-6 presents the estimated number of adults who smoked various smoked tobacco products, by gender and selected demographic characteristics. The number of adults who used any type of smoked tobacco product was estimated to be about 15.3 million. The numbers of manufactured cigarette users and hand-rolled cigarette users were estimated at about 12.5 million and 772,000, respectively. The number of persons who smoked water pipes was estimated to be about 4.1 million.

Table 4-6: Number of adults ≥15 years old who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics – GATS Viet Nam, 2010.

Demographic Characteristics	Any smoked		Type of Cigarette		_	Other smoked
	tobacco product	Any cigarette ¹	Manufactured	Hand-rolled	Water Pipes	tobacco
			Number in the	ousands		
Overall	15,294	12,795	12,542	722	4,117	92
Age (years)						
15-24	2,217	1,987	1,987	57	493	0
25-44	7,757	6,756	6,700	289	1,937	47
45-64	4,467	3,427	3,309	267	1,420	35
65+	854	625	547	110	268	9
Residence						
Urban	4,591	4,348	4,311	83	494	21
Rural	10,703	8,446	8,230	640	3,623	71
Education Level ³						
Primary or less	3,008	2,486	2,309	413	625	48
Lower secondary	7,466	5,997	5,922	251	2,452	21
Upper secondary	1,861	1,634	1,634	0	454	18
College or above	742	689	689	2	94	4
Occupation						
Manager/Professional	881	843	843	2	104	2
Office Worker	127	126	126	0	0	0
Service/Sales	1,823	1,667	1,660	27	330	9
Farming	6,658	5,198	5,044	482	2,179	67
Forestry/Fishing	486	434	414	42	52	0
Construction/Mining	1,588	1,386	1,386	43	514	4
Production/Driving	1,940	1,708	1,705	26	402	9
Other	445	386	377	11	122	0
Male	14,817	12,405	12,221	588	4,069	54
Age (years)						
15-24	2,195	1,965	1,965	39	493	0
25-44	7,632	6,668	6,620	263	1,916	28
45-64	4,239	3,236	3,145	224	1,397	27
65+	752	536	491	62	264	0
Residence						
Urban	4,493	4,255	4,234	63	494	16
Rural	10,324	8,150	7,987	525	3,575	38
Education Level ³						
Primary or less	2,655	2,200	2,080	309	597	10
Lower secondary	7,376	5,927	5,863	239	2,432	21
Upper secondary	1,853	1,626	1,626	0	454	18
College or above	737	685	685	2	94	4
Occupation						
Manager/Professional	874	836	836	2	104	2

Demographic Characteristics	Any smoked	Any cigarette ¹	Type of Cigarette		_	Other			
	tobacco product		Manufactured	Hand-rolled	Water Pipes	smoked tobacco ²			
	Number in thousands								
Office Worker	127	126	126	0	0	0			
Service/Sales	1,789	1,633	1,629	20	330	9			
Farming	6,389	4,994	4,867	414	2,146	31			
Forestry/Fishing	467	415	396	32	52	0			
Construction/Mining	1,586	1,384	1,384	43	514	4			
Production/Driving	1,933	1,708	1,705	26	394	9			
Other	438	379	369	11	122	0			
Female	477	390	321	134	48	37			
Age (years)									
15-24	22	22	22	18	0	0			
25-44	125	89	80	26	21	20			
45-64	228	190	164	43	23	9			
65+	102	89	56	47	4	9			
Residence									
Urban	98	93	77	19	0	5			
Rural	379	297	244	115	48	33			
Education Level ³									
Primary or less	353	286	229	104	28	37			
Lower secondary	90	70	59	11	20	0			
Upper secondary	8	8	8	0	0	0			
College or above	5	4	4	0	0	0			
Occupation									
Manager/Professional	7	7	7	0	0	0			
Office Worker	0	0	0	0	0	0			
Service/Sales	34	34	31	7	0	0			
Farming	269	204	177	69	33	36			
Forestry/Fishing	19	19	19	10	0	0			
Construction/Mining	2	2	2	0	0	0			
Production/Driving	8	0	0	0	8	0			
Other	8	8	8	0	0	0			

Note: Current use includes both daily and occasional(less than daily) use.

¹Includes manufactured and hand rolled cigarettes.

²Includes pipes, cigars, and any other reported smoked tobacco.

³ Education level is reported only among respondents 25+ years.

4.5 Frequency of tobacco smoking

Table 4-7 reports frequency of tobacco smoking among the study population in three standard categories, "daily smokers", "occasional smokers" and "non-smokers".

The proportions of adults age 15 and over who were daily smokers, occasional smokers and non-smokers were 19.5%, 4.3% and 76.2%, respectively. The percentage of daily smokers among males was 38.7% and among females it was 1.2%. The percentage of occasional smokers among males was 8.1% and among females it was 0.2%. About 52.6% of males and 98.6% females were non-smokers.

By age group, the highest prevalence rate of daily smokers was found in the 45-64 age group (26.5%), followed by the 25-44 age group (23.3%) and the lowest prevalence was among those age 5-24 (9.3%). The highest percentage of occasional smokers was in the 25-44 age group (5.5%) and the lowest prevalence was among those age 65 and over (2.7%). There was no significant difference in the pattern of frequency of smoking by residence.

By educational level, the prevalence rate of daily smoking was highest among people with a lower secondary education (24.9%) and lowest among those with a college degree or above (15.7%). In contrast, the percentage of occasional smokers was highest among people with a college degree or above (5.8%) and lowest among those with primary education or less (2.4%).

By occupation, the prevalence rate of daily smoking was highest among Forestry/Fishing people and Construction/Mining workers (54.8% and 54.7%, respectively) and lowest among Office Workers (9.2%). The percentage of occasional smokers was highest among Construction/Mining workers (10.4%) and lowest among Forestry/Fishing people (1.2%).

Table 4-7: Percentage distribution of adults ≥15 years, by smoking frequency, gender and selected demographic characteristics – GATS Viet Nam, 2010.

Demographic			Smokin	g Frequency		_	
Characteristics		Daily	Occ	asional ¹	Non	-smoker	Total
			Percent	age (95% CI)			
Overall	19.5	(18.4, 20.5)	4.3	(3.8, 4.9)	76.2	(75.1, 77.3)	100
Age (years)							
15-24	9.3	(7.7, 11.3)	4.0	(2.9, 5.5)	86.7	(84.4, 88.7)	100
25-44	23.3	(21.7, 24.9)	5.5	(4.7, 6.5)	71.2	(69.4, 72.9)	100
45-64	26.5	(24.4, 28.6)	3.2	(2.5, 4.0)	70.3	(68.1, 72.5)	100
65+	12.3	(10.3, 14.8)	2.7	(1.9, 3.9)	85.0	(82.4, 87.2)	100
Residence							
Urban	19.0	(17.8, 20.4)	4.2	(3.6, 5.0)	76.7	(75.3, 78.1)	100
Rural	19.6	(18.2, 21.1)	4.4	(3.7, 5.1)	76.0	(74.4, 77.5)	100
Education Level ²							
Primary or less	21.9	(19.5, 24.5)	2.4	(1.8, 3.3)	75.7	(73.1, 78.2)	100
Lower secondary	24.9	(23.2, 26.6)	4.9	(4.1, 5.9)	70.2	(68.4, 71.9)	100
Upper secondary	21.7	(18.7, 25.0)	5.7	(4.2, 7.6)	72.6	(69.1, 75.9)	100
College or above	15.7	(13.4, 18.3)	5.8	(4.3, 7.8)	78.5	(75.5, 81.2)	100
Occupation							
Manager/Professional	19.8	(15.8, 24.4)	8.5	(6.1, 11.6)	71.8	(66.9, 76.1)	100
Office Worker	9.2	(5.8, 14.3)	4.7	(2.1, 10.2)	86.1	(79.9, 90.6)	100
Service/Sales	16.6	(14.4, 19.0)	3.7	(2.6, 5.2)	79.7	(77.1, 82.1)	100
Farming	23.7	(21.8, 25.8)	4.9	(4.0, 6.0)	71.4	(69.3, 73.4)	100
Forestry/Fishing	54.8	(43.5, 65.6)	1.2	(0.4, 4.0)	44.0	(33.2, 55.3)	100
Construction/Mining	54.7	(48.3, 60.9)	10.4	(6.4, 16.4)	35.0	(29.0, 41.4)	100
Production/Driving	25.0	(21.6, 28.8)	7.0	(5.1, 9.5)	68.0	(63.9, 71.8)	100
Other	31.1	(24.1, 39.0)	3.9	(1.9, 7.8)	65.0	(57.2, 72.1)	100
Male	38.7	(36.9, 40.6)	8.7	(7.6, 9.8)	52.6	(50.6, 54.6)	100
Age (years)							
15-24	18.4	(15.2, 22.0)	7.7	(5.5, 10.7)	73.9	(69.8, 77.6)	100
25-44	45.9	(43.1, 48.6)	10.8	(9.2, 12.6)	43.3	(40.5, 46.2)	100
45-64	53.1	(49.7, 56.5)	6.4	(4.9, 8.2)	40.5	(37.2, 44.0)	100
65+	26.7	(22.4, 31.5)	6.6	(4.5, 9.5)	66.7	(61.6, 71.5)	100
Residence							
Urban	39.1	(36.8, 41.5)	8.6	(7.4, 10.1)	52.3	(49.8, 54.7)	100
Rural	38.6	(36.1, 41.1)	8.7	(7.3, 10.3)	52.7	(50.1, 55.4)	100
Education Level ²							
Primary or less	55.1	(50.4, 59.7)	6.3	(4.6, 8.7)	38.6	(34.2, 43.3)	100
Lower secondary	48.0	(45.2, 50.8)	9.3	(7.7, 11.2)	42.7	(39.9, 45.5)	100
Upper secondary	38.7	(33.9, 43.7)	10.2	(7.6, 13.5)	51.1	(46.0, 56.2)	100
College or above	29.0	(25.1, 33.2)	10.7	(8.0, 14.3)	60.3	(55.6, 64.8)	100
Occupation							
Manager/Professional	32.1	(26.2, 38.8)	13.9	(10.0, 19.0)	53.9	(47.3, 60.4)	100

Demographic			Smoking	Frequency			
Characteristics		Daily	Occa	asional ¹	No	n-smoker	Total
			Percento	age (95% CI)			
Office Worker	22.5	(14.3, 33.5)	11.6	(5.3, 23.4)	66.0	(54.0, 76.2)	100
Service/Sales	40.8	(36.0, 45.8)	9.1	(6.5, 12.8)	50.0	(45.0, 55.0)	100
Farming	45.8	(42.6, 49.0)	9.5	(7.7, 11.7)	44.7	(41.5, 48.0)	100
Forestry/Fishing	72.8	(59.0, 83.2)	1.7	(0.5, 5.6)	25.5	(15.2, 39.6)	100
Construction/Mining	58.6	(51.8, 65.2)	11.0	(6.8, 17.4)	30.3	(24.4, 37.0)	100
Production/Driving	43.5	(37.8, 49.4)	11.8	(8.7, 16.0)	44.7	(38.9, 50.6)	100
Other	56.3	(46.4, 65.7)	6.6	(3.1, 13.7)	37.0	(28.0, 47.1)	100
Female	1.2	(0.8, 1.8)	0.2	(0.1, 0.4)	98.6	(97.9, 99.0)	100
Age (years)							
15-24	0.1	(0.0, 0.5)	0.1	(0.0, 1.0)	99.7	(98.6, 100.0)	100
25-44	0.7	(0.3, 1.3)	0.3	(0.1, 0.7)	99.1	(98.3, 99.5)	100
45-64	2.6	(1.8, 3.7)	0.3	(0.1, 0.7)	97.1	(95.9, 98.0)	100
65+	2.9	(1.5, 5.3)	0.1	(0.0, 0.7)	97.0	(94.6, 98.4)	100
Residence							
Urban	0.7	(0.5, 1.2)	0.2	(0.1, 0.5)	99.0	(98.5, 99.4)	100
Rural	1.4	(0.9, 2.3)	0.2	(0.1, 0.5)	98.3	(97.4, 98.9)	100
Education Level ²							
Primary or less	4.1	(2.7, 6.2)	0.3	(0.1, 0.9)	95.6	(93.5, 97.1)	100
Lower secondary	0.4	(0.2, 0.9)	0.3	(0.1, 0.8)	99.3	(98.7, 99.6)	100
Upper secondary	0.2	(0.0, 1.4)	0.1	(0.0, 0.5)	99.7	(98.8, 99.9)	100
College or above	0.2	(0.0, 1.6)	0.0	(0.0, 0.3)	99.7	(98.5, 99.9)	100
Occupation							
Manager/Professional	0.6	(0.1, 2.3)	0.0		99.4	(97.7, 99.9)	100
Office Worker	0.0		0.0		100.0		100
Service/Sales	0.5	(0.2, 1.2)	0.1	(0.0, 0.3)	99.4	(98.7, 99.7)	100
Farming	2.0	(1.2, 3.3)	0.3	(0.1, 1.0)	97.7	(96.2, 98.6)	100
Forestry/Fishing	7.8	(2.3, 23.2)	0.0		92.2	(76.8, 97.7)	100
Construction/Mining	0.0		1.0	(0.1, 6.8)	99.0	(93.2, 99.9)	100
Production/Driving	0.0		0.3	(0.0, 2.1)	99.7	(97.9, 100.0)	100
Other	0.7	(0.1, 4.6)	0.7	(0.1, 4.7)	98.7	(94.8, 99.7)	100

¹Occasional refers to less than daily use.

² Education level is reported only among respondents 25+ years old.

4.6 Number of cigarettes smoked per day

Table 4-8 presents the average number and percentage distribution of cigarettes (manufactured and hand-rolled) smoked per day by daily cigarette smokers. The mean number of cigarettes smoked per day among daily cigarette smokers was 13.5 overall, 13.6 for males, and 10.9 for females.

Among daily cigarette smokers, 11.8% smoked up to 5 cigarettes per day, 19.2% smoked 5-9 cigarettes per day, 32.1% smoked 10-14 cigarettes/day, 7.6% smoked 15-19 cigarettes per day and 29.3% smoked more than 20 cigarettes per day.

Male daily cigarette smokers consumed more cigarettes each day than did female daily cigarette smokers. Among daily cigarette smokers, 32.3% of males and 26.3% of females smoked 10-14 cigarettes/day, 7.8% of males and 1.2% of females smoked 15-19 cigarettes a day, and 29.5% of males and 22.5% of females smoked more than 20 cigarettes a day.

The percentage of daily cigarette smokers who smoked more than 20 cigarettes per day increased from 14% in the 15-24 age group to 31.3% in the 25-44 age group, and 34.1% in the 45-64 age group, while it decreased to 22.1% among those 65 and over.

The percent distributions of daily cigarette smokers by number of cigarettes smoked per day were similar by residence. The highest proportion was among those who smoked 10-14 cigarettes per day (urban: 34.2%; rural: 31.0%) and the lowest proportion was among those who smoked 15-19 cigarettes per day (urban: 6.6%; rural: 8.1%).

By education, the proportion of daily cigarette smokers who smoked more than 20 cigarettes per day was highest among people with primary education or less (36.3%) and lowest among those with a college degree or above (17.4%).

By occupation, the proportion of daily cigarette smokers who smoked more than 20 cigarettes per day was highest among Forestry/Fishing people (41.9%) and lowest among Managers/Professionals (21.8%).

Table 4-8: Average number and percentage distribution of cigarettes smoked per day among daily cigarette smokers ≥15 years, by gender and selected demographic characteristics – GATS Viet Nam, 2010.

Demographic		verage				Distribution o	f numbe	er of cigarettes	smoked	on average per	day ¹		
Characteristics		of cigarettes ed per day ¹		<5		5-9		10-14	:	15-19	≥20		Total
	Меа	n (95% CI)						Percentage(9	5% CI)				
Overall	13.5	(12.6, 14.4)	11.8	(9.8, 14.1)	19.2	(16.8, 21.9)	32.1	(29.3, 35.1)	7.6	(5.9, 9.7)	29.3	(26.3, 32.4)	100
Age (years)													
15-24	11.0	(8.2, 13.8)	12.5	(7.0, 21.4)	28.0	(19.6, 38.2)	35.3	(26.2, 45.5)	10.3	(4.7, 21.1)	14.0	(7.9, 23.5)	100
25-44	13.7	(12.6, 14.9)	10.0	(7.6, 13.0)	15.9	(12.8, 19.5)	37.1	(32.8, 41.6)	5.7	(4.2, 7.9)	31.3	(27.3, 35.6)	100
45-64	14.8	(13.3, 16.2)	13.3	(10.2, 17.2)	19.1	(15.3, 23.6)	23.4	(19.5, 27.7)	10.2	(7.4, 13.9)	34.1	(29.4, 39.1)	100
65+	10.7	(8.7, 12.7)	20.0	(12.7, 30.2)	31.0	(21.2, 42.9)	21.9	(14.3, 32.1)	5.0	(1.5, 15.6)	22.1	(14.0, 33.0)	100
Residence													
Urban	13.2	(12.3, 14.1)	11.7	(9.4, 14.5)	17.5	(14.4, 21.0)	34.2	(30.4, 38.3)	6.6	(4.9, 8.9)	30.0	(26.3, 33.9)	100
Rural	13.7	(12.4, 14.9)	11.8	(9.1, 15.1)	20.2	(16.9, 23.8)	31.0	(27.2, 35.1)	8.1	(5.8, 11.3)	28.9	(24.9, 33.3)	100
Education Level ²													
Primary or less	15.6	(13.4, 17.7)	10.9	(7.7, 15.1)	16.8	(12.4, 22.4)	30.3	(24.9, 36.4)	5.7	(3.5, 9.3)	36.3	(29.6, 43.6)	100
Lower secondary	13.3	(12.3, 14.3)	12.6	(9.8, 16.0)	17.0	(13.6, 21.0)	32.2	(28.1, 36.6)	7.6	(5.6, 10.2)	30.6	(26.5, 35.0)	100
Upper secondary	14.0	(12.3, 15.8)	9.7	(6.2, 14.6)	19.9	(13.6, 28.0)	30.4	(22.6, 39.4)	6.8	(3.5, 12.8)	33.3	(25.8, 41.8)	100
College or above	12.1	(10.3, 13.9)	11.1	(6.5, 18.4)	25.6	(18.4, 34.4)	35.4	(27.6, 44.1)	10.4	(6.3, 16.7)	17.4	(11.8, 24.8)	100
Occupation													
Manager/Professional	13.6	(11.4, 15.8)	8.9	(4.6, 16.5)	23.5	(15.1, 34.6)	28.8	(20.5, 38.8)	17.0	(6.8, 36.7)	21.8	(14.3, 31.9)	100
Office Worker													
Service/Sales	13.1	(11.7, 14.5)	8.7	(5.5, 13.6)	18.1	(11.8, 26.6)	38.4	(30.8, 46.7)	8.7	(5.1, 14.5)	26.1	(20.0, 33.3)	100
Farming	14.1	(12.4, 15.7)	14.9	(11.2, 19.4)	16.5	(13.2, 20.5)	30.8	(26.2, 35.8)	7.3	(5.2, 10.3)	30.5	(25.7, 35.8)	100
Forestry/Fishing	17.1	(11.9, 22.3)	7.6	(2.2, 23.2)	15.4	(7.2, 30.1)	31.1	(17.5, 48.9)	4.0	(0.6, 21.9)	41.9	(25.1, 60.7)	100
Construction/Mining	12.2	(10.7, 13.7)	9.1	(5.2, 15.4)	20.4	(12.9, 30.7)	36.9	(27.6, 47.2)	7.7	(3.9, 14.6)	26.0	(18.3, 35.5)	100
Production/Driving	13.0	(11.5, 14.5)	10.7	(6.9, 16.2)	23.3	(17.1, 31.0)	28.2	(21.8, 35.5)	3.9	(1.9, 7.8)	33.9	(26.5, 42.2)	100
Other	12.6	(10.7, 14.6)	11.7	(5.6, 22.9)	10.9	(4.5, 24.1)	39.6	(24.2, 57.4)	5.6	(2.0, 14.8)	32.2	(19.1, 48.9)	100
Male	13.6	(12.7, 14.5)	11.5	(9.5, 13.8)	18.9	(16.5, 21.5)	32.3	(29.4, 35.4)	7.8	(6.1, 10.0)	29.5	(26.5, 32.7)	100
Age (years)													
15-24	11.0	(8.2, 13.8)	12.6	(7.0, 21.6)	27.7	(19.4, 38.0)	35.5	(26.4, 45.8)	10.3	(4.7, 21.3)	13.8	(7.8, 23.5)	100

25-44	13.7	(12.6, 14.9)	9.8	(7.4, 12.8)	15.8	(12.7, 19.5)	37.2	(32.9, 41.7)	5.8	(4.2, 8.0)	31.5	(27.4, 35.8)	100
45-64	15.0	(13.5, 16.5)	12.9	(9.7, 16.9)	18.8	(15.0, 23.4)	23.1	(19.2, 27.5)	10.6	(7.7, 14.6)	34.5	(29.7, 39.7)	100
65+	10.9	(8.6, 13.3)	20.1	(11.9, 31.7)	28.5	(18.7, 40.9)	22.1	(14.0, 33.1)	6.0	(1.8, 18.4)	23.3	(14.5, 35.3)	100
Residence													
Urban	13.3	(12.3, 14.2)	11.2	(8.9, 14.0)	17.5	(14.4, 21.2)	34.7	(30.8, 38.8)	6.6	(4.9, 8.9)	29.9	(26.2, 33.9)	100
Rural	13.8	(12.5, 15.1)	11.6	(8.9, 15.1)	19.6	(16.3, 23.3)	31.0	(27.1, 35.2)	8.5	(6.1, 11.7)	29.3	(25.1, 33.8)	100
Education Level ²													
Primary or less	16.2	(13.8, 18.6)	9.9	(6.6, 14.5)	14.8	(10.6, 20.4)	30.2	(24.4, 36.7)	6.5	(3.9, 10.5)	38.6	(31.4, 46.4)	100
Lower secondary	13.3	(12.3, 14.3)	12.3	(9.5, 15.8)	17.0	(13.6, 21.0)	32.5	(28.4, 36.9)	7.6	(5.6, 10.2)	30.6	(26.5, 35.0)	100
Upper secondary	14.0	(12.3, 15.7)	9.7	(6.3, 14.7)	20.0	(13.7, 28.1)	30.5	(22.7, 39.5)	6.9	(3.5, 12.9)	33.0	(25.4, 41.5)	100
College or above	12.1	(10.3, 13.9)	11.2	(6.6, 18.5)	25.8	(18.6, 34.7)	34.9	(27.1, 43.7)	10.5	(6.4, 16.9)	17.5	(11.9, 25.0)	100
Occupation													
Manager/Professional	13.6	(11.4, 15.8)	9.0	(4.6, 16.7)	23.8	(15.3, 35.0)	28.5	(20.2, 38.5)	17.3	(6.9, 37.0)	21.5	(13.9, 31.6)	100
Office Worker													100
Service/Sales	13.1	(11.6, 14.5)	8.8	(5.5, 13.8)	18.2	(11.8, 26.9)	38.7	(31.0, 47.0)	8.6	(5.0, 14.3)	25.7	(19.5, 33.0)	100
Farming	14.2	(12.5, 16.0)	14.4	(10.7, 19.2)	16.3	(13.0, 20.4)	30.6	(25.9, 35.8)	7.6	(5.4, 10.7)	31.0	(26.1, 36.4)	100
Forestry/Fishing	17.0	(11.7, 22.4)	8.0	(2.3, 24.2)	16.1	(7.5, 31.4)	30.3	(16.6, 48.8)	4.2	(0.6, 22.7)	41.4	(24.4, 60.7)	100
Construction/Mining	12.2	(10.7, 13.7)	9.1	(5.2, 15.4)	20.4	(12.9, 30.7)	36.9	(27.6, 47.2)	7.7	(3.9, 14.6)	26.0	(18.3, 35.5)	100
Production/Driving	13.0	(11.5, 14.5)	10.7	(6.9, 16.2)	23.3	(17.1, 31.0)	28.2	(21.8, 35.5)	3.9	(1.9, 7.8)	33.9	(26.5, 42.2)	100
Other	12.7	(10.8, 14.7)	10.7	(4.8, 21.9)	11.0	(4.6, 24.3)	40.1	(24.5, 58.0)	5.6	(2.0, 15.0)	32.6	(19.3, 49.4)	100
Female	10.9	(9.4, 12.4)	20.2	(11.6, 32.8)	29.8	(18.1, 44.9)	26.3	(16.9, 38.4)	1.2	(0.2, 8.3)	22.5	(13.0, 36.2)	100
Age (years)													
15-24													
25-44													
45-64	11.0	(9.0, 13.0)	19.9	(8.9, 38.8)	23.3	(11.2, 42.3)	27.5	(12.4, 50.3)	2.3	(0.3, 15.0)	27.1	(13.2, 47.5)	100
65+													
Residence													
Urban													
Rural	10.8	(9.1, 12.5)	15.6	(7.5, 29.6)	34.0	(19.9, 51.6)	30.7	(19.9, 44.1)	0.0		19.7	(9.5, 36.7)	100
Education Level ²													
Primary or less	10.8	(9.1, 12.5)	18.3	(9.9, 31.3)	31.4	(19.0, 47.1)	31.3	(20.4, 44.7)	0.0		19.1	(10.9, 31.4)	100
Lower secondary													
Upper secondary													

College or above										
Occupation										
Manager/Professional										
Office Worker										
Service/Sales										
Farming	10.8	(8.6, 12.9) 24.9 (12.6, 43.2)	20.8	(9.6, 39.3)	34.1	(20.3, 51.2)	0.0	20.3	(8.0, 42.6)	100
Forestry/Fishing										
Construction/Mining										
Production/Driving										
Other										

¹ Among daily cigarette smokers. Cigarettes include manufactured and hand-rolled.

² Education level is reported only among respondents 25+ years old.

⁻⁻ Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

4.7 Age at smoking initiation

Table 4-9 presents the average and percentage distribution of age at smoking initiation (years) among ever daily smokers between the ages of 20 and 34. The mean age of initiation of daily smoking was 19.0.

The highest proportion was smokers initiated their daily smoking habit at age 20 and over (44.0%), followed by those who began smoking at age 17 to 19 (35.9%). The lowest proportion started their daily smoking habit at less than 15 years of age (6.8%). As the prevalence rate of smoking among females age 20-34 years was low, the estimate of percentage distribution of ever daily smokers by age at daily smoking initiation was based on fewer than 25 un-weighted cases. There was no difference in the pattern of age at smoking initiation by residence.

Table 4-9: Average and percentage distribution of age at daily smoking initiation among ever daily smokers 20-34 years, by gender and residence – GATS Viet Nam, 2010.

	Aver	age Age at	Distribution of Age at Daily Smoking Initiation (years) ¹									
Demographic Characteristics		y Smoking Tion (years)		<15		15-16	17-19	20+		Total		
	Мес	an (95% CI)				Percentag	ie (95% CI)					
Overall	19.0	(18.7, 19.4)	6.8	(4.8, 9.4)	13.3	(10.1, 17.3)	35.9 (31.3, 40.9)	44.0	(39.4, 48.7)	100		
Gender												
Male	19.1	(18.7, 19.4)	6.5	(4.6, 9.2)	13.0	(9.9, 17.0)	36.4 (31.7, 41.3)	44.1	(39.5, 48.8)	100		
Female												
Residence												
Urban	19.1	(18.6, 19.5)	7.2	(4.2, 12.2)	11.8	(8.3, 16.5)	35.5 (29.2, 42.5)	45.4	(39.1, 51.9)	100		
Rural	19.0	(18.6, 19.5)	6.6	(4.3, 10.0)	13.9	(9.7, 19.5)	36.1 (30.1, 42.6)	43.4	(37.5, 49.5)	100		

¹ Among respondents 20-34 years of age who are ever daily smokers

4.8 Former daily smoking prevalence and quit ratio

Table 4-10 presents data on the percentage of former smokers among all adults, percentage of former smokers among persons who had ever smoked daily (the quit ratio for daily smoking)², and the percentage of former smokers among ever smokers (the quit ratio for smoking). Among adults age 15 and over, 6.4% were former smokers. The quit ratio for daily smoking was 23.5%, and the quit ratio for smoking was 29.3%.

Males (12.7%) were more likely to be former smokers than females (0.5%). Among those who had ever smoked, females (41.6%) were more likely to be former smokers than were males (28.8%).

All three measures increased with age. For example, the percentage of ever daily smokers who were former smokers was 6.4% for 15-24 year olds, 18.8% for 25-44 year olds, 27.3% for 45-64 year olds, and 52.5% for persons age 65 and older.

There were no significant urban/rural differences in any of the three measures of cessation.

Cessation was more prevalent among persons with higher levels of education. For example, the quit ratio for daily smoking was higher among persons who had completed college (35.1%) than it was for persons with primary or less education (20.2%) and persons with lower secondary education (25.3%).

By occupation, Manager/Professional and Office Workers had highest percentages of former daily smokers and quit ratios.

⁻⁻ Indicates estimate based on less than 25 unweighted cases and has been suppressed.

² This is a critical indicator of the success of efforts to encourage cessation among established tobacco smokers

Table 4-10: Percentage of all adults, ever daily smokers, and ever smokers ≥15 years who are former smokers, by selected demographic characteristics – GATS Viet Nam, 2010.

	Former Smokers ¹									
Demographic	Forme	r Smokers ¹	(Amon	g Ever Daily	Forme	r Smokers ¹				
Characteristics	(Amon	g All Adults)	Sm	okers)²	(Among E	ver Smokers) ³				
			Percent	age (95% CI)						
Overall	6.4	(5.8, 7.1)	23.5	(21.4, 25.7)	29.3	(27.2, 31.4)				
Gender										
Male	12.7	(11.5, 14.0)	23.3	(21.2, 25.5)	28.8	(26.7, 31.0)				
Female	0.5	(0.3, 0.8)	28.6	(18.8, 40.9)	41.6	(30.9, 53.1)				
Age (years)										
15-24	0.7	(0.3, 1.5)	6.4	(3.0, 13.4)	17.5	(12.5, 23.9)				
25-44	5.9	(5.0, 6.9)	18.8	(16.2, 21.6)	25.3	(22.7, 28.2)				
45-64	10.5	(9.1, 12.0)	27.3	(24.1, 30.8)	32.5	(29.3, 35.8)				
65+	15.3	(12.7, 18.3)	52.5	(45.9, 59.0)	55.8	(49.7, 61.7)				
Residence										
Urban	6.1	(5.3, 6.9)	22.6	(20.1, 25.3)	28.3	(25.7, 31.0)				
Rural	6.6	(5.8, 7.5)	23.9	(21.2, 26.8)	29.7	(27.0, 32.5)				
Education Level⁴										
Primary or less	5.8	(4.7, 7.3)	20.2	(16.3, 24.8)	25.1	(21.1, 29.6)				
Lower secondary	9.1	(8.0, 10.3)	25.3	(22.6, 28.2)	30.5	(27.8, 33.3)				
Upper secondary	10.1	(8.0, 12.6)	29.8	(24.1, 36.3)	35.6	(30.0, 41.6)				
College or above	10.0	(8.2, 12.1)	35.1	(29.5, 41.1)	42.5	(37.0, 48.1)				
Occupation										
Manager/Professional	10.8	(8.2, 14.0)	32.0	(24.6, 40.5)	38.3	(31.1, 45.9)				
Office Worker	9.7	(5.5, 16.6)	44.7	(28.3, 62.4)	49.4	(35.1, 63.8)				
Service/Sales	6.7	(5.2, 8.5)	27.3	(21.9, 33.5)	33.3	(28.1, 39.0)				
Farming	6.8	(5.9, 8.0)	21.3	(18.5, 24.4)	26.7	(23.8, 29.8)				
Forestry/Fishing	3.6	(1.4, 8.7)	6.0	(2.4, 14.3)	11.1	(5.7, 20.7)				
Construction/Mining	7.4	(4.7, 11.4)	11.0	(7.1, 16.7)	15.9	(11.2, 22.2)				
Production/Driving	4.5	(3.2, 6.4)	14.0	(10.0, 19.2)	21.5	(16.9, 27.0)				
Other	5.3	(2.4, 11.1)	13.4	(6.3, 26.3)	15.9	(8.5, 27.7)				

¹ Current non-smoker.

4.9 Type of current tobacco users

Table 4-11 presents the prevalence of current tobacco users age 15 and over by selected demographic characteristics. The overall prevalence rate of current tobacco users (including current tobacco smokers who were daily and occasional tobacco smokers or smokeless tobacco users) was 25.2%. Classified by gender, the proportion of current tobacco users among males (48.0%) is 13 times that of females (3.6%).

By age, persons 45-64 years old (31.0%) and 25-44 years old (29.3%) were more likely to use tobacco than those age 15-24 (13.6%). The prevalence of current tobacco use was 25.7% in rural areas and 24.1% in urban areas. Persons with lower secondary education (30.8%) and primary education or less (29.1%) were more likely to use tobacco than those with college education or above (22.0%). By occupation, the prevalence of current tobacco users was highest among Construction/Mining workers (65.5%), followed by Forestry/Fishing people (60.1%). The lowest prevalence rate of current tobacco users was found among Office Workers (14.3%).

² Also known as the quit ratio for daily smoking.

 $^{^{\}rm 3}$ Also known as the quit ratio for smoking.

⁴ Education level is reported only among respondents 25+ years old.

Type of tobacco use is classified into three categories: "smoked only", "both smoked and smokeless"; and "smokeless only". Vietnamese current tobacco users mostly use smoked tobacco (94.7%). The percentages of tobacco users who used smokeless tobacco exclusively or both smoked and used smokeless tobacco were 4.8% and 0.5%, respectively. The percentages of tobacco users who used smokeless tobacco only were especially high among females (59.8%), persons age 65 and older (38.7%), persons living in rural areas (6.1%), and persons with primary education or less (15.7%).

Table 4-11: Percentage distribution of current tobacco users ≥15 years, by tobacco use pattern and selected demographic characteristics – GATS Viet Nam, 2010.

					Туре	of Current Toba	cco Use		
Demographic		nt Tobacco					Both si	moked and	
Characteristics	ι	Jsers ¹	Sm	oked only	Smo	keless only	sm	okeless	Total
				Percer	tage (9	5% CI)			
Overall	25.2	(24.0, 26.4)	94.7	(93.3, 95.9)	4.8	(3.7, 6.2)	0.5	(0.2, 1.1)	100
Gender									
Male	48.0	(46.0, 50.0)	99.4	(98.9, 99.6)	0.4	(0.2, 0.8)	0.2	(0.1, 0.6)	100
Female	3.6	(2.9, 4.5)	36.6	(27.7, 46.6)	59.8	(48.5, 70.1)	3.5	(1.0, 11.4)	100
Age (years)									
15-24	13.6	(11.5, 15.9)	100.0		0.0		0.0		100
25-44	29.3	(27.5, 31.1)	98.7	(97.4, 99.4)	0.8	(0.3, 2.0)	0.5	(0.2, 1.4)	100
45-64	31.0	(28.8, 33.2)	95.4	(92.8, 97.1)	3.7	(2.2, 6.2)	0.9	(0.3, 2.4)	100
65+	24.5	(21.4, 27.9)	61.3	(53.4, 68.5)	38.7	(31.5, 46.6)	0.0		100
Residence									
Urban	24.1	(22.7, 25.6)	98.1	(96.9, 98.8)	1.6	(0.9, 2.7)	0.3	(0.1, 1.1)	100
Rural	25.7	(24.1, 27.3)	93.3	(91.4, 94.9)	6.1	(4.6, 8.1)	0.6	(0.2, 1.4)	100
Education Level ²									
Primary or less	29.1	(26.5, 31.7)	83.1	(78.5, 86.9)	15.7	(11.9, 20.4)	1.2	(0.3, 4.1)	100
Lower secondary	30.8	(29.0, 32.6)	97.0	(95.3, 98.2)	2.6	(1.6, 4.4)	0.3	(0.1, 1.1)	100
Upper secondary	27.6	(24.3, 31.1)	99.7	(97.9, 100.0)	0.3	(0.0, 2.1)	0.0		100
College or above	22.0	(19.2, 25.1)	97.7	(93.6, 99.2)	0.9	(0.3, 2.8)	1.4	(0.3, 6.6)	
Occupation									100
Manager/Professional	28.5	(24.1, 33.4)	100.0		0.0		0.0		100
Office Worker	14.3	(9.7, 20.6)	100.0		0.0		0.0		100
Service/Sales	20.8	(18.4, 23.5)	98.7	(97.0, 99.5)	1.2	(0.5, 2.9)	0.1	(0.0, 0.9)	100
Farming	30.0	(27.9, 32.1)	94.8	(92.6, 96.4)	4.4	(2.9, 6.6)	0.8	(0.3, 2.0)	100
Forestry/Fishing	60.1	(49.4, 70.0)	98.6	(94.4, 99.6)	1.4	(0.4, 5.6)	0.0		100
Construction/Mining	65.5	(59.0, 71.4)	100.0		0.0		0.0		100
Production/Driving	32.4	(28.5, 36.6)	99.5	(98.0, 99.9)	0.5	(0.1, 2.0)	0.0		100
Other	35.1	(28.0, 42.9)	97.0	(89.0, 99.2)	0.3	(0.0, 2.0)	2.7	(0.6, 11.2)	100

¹ Includes daily and occasional (less than daily) smokers or smokeless users.

4.10 Time to first smoke of the day

One measure of evaluating nicotine dependence is how much time passes after waking before smoking the first cigarette of the day. **Table 4-12** presents the time before the first smoke of the day. The survey found that most daily smokers had their first smoke of the day between 6-30 minutes after waking up (47.1%), followed by those who had it within less than 5 minutes (19.1%). Persons who were 45-64 years old (23.1%) were more likely to smoke within five minutes of waking than

² Education level is reported only among respondents 25+ years old.

persons who were 15-24 years old (9.0%). Compared to those with less education, persons with at least a college education (10.7%) were least likely to smoke within five minutes of waking.

Table 4-12: Percentage distribution of daily smokers ≥15 years, by time to first smoke upon waking and selected demographic characteristics – GATS Viet Nam, 2010.

Demographic	Time to first smoke											
Characteristics	≤5 ı	minutes	6-30	minutes	31-60) minutes	>60	Total				
				Percentage	(95% CI)							
Overall	19.1	(17.0, 21.4)	47.1	(44.2, 50.0)	15.0	(13.1, 17.2)	18.8	(16.7, 21.1)	100			
Gender												
Male	19.1	(16.9, 21.5)	47.2	(44.3, 50.2)	15.0	(13.0, 17.2)	18.7	(16.5, 21.1)	100			
Female	17.7	(10.5, 28.3)	42.5	(30.0, 56.1)	17.3	(9.2, 30.2)	22.4	(15.8, 30.9)	100			
Age (years)												
15-24	9.0	(5.2, 15.1)	51.8	(41.7, 61.8)	18.5	(12.4, 26.7)	20.7	(13.7, 30.1)	100			
25-44	18.8	(15.9, 22.2)	48.6	(44.7, 52.6)	13.8	(11.4, 16.8)	18.7	(15.8, 22.0)	100			
45-64	23.1	(19.4, 27.2)	43.6	(39.0, 48.2)	16.1	(12.8, 19.9)	17.3	(14.0, 21.2)	100			
65+	21.1	(14.3, 30.0)	42.7	(33.5, 52.5)	12.4	(7.3, 20.5)	23.7	(16.9, 32.3)	100			
Residence												
Urban	15.4	(12.9, 18.2)	42.4	(38.7, 46.2)	20.1	(16.9, 23.6)	22.1	(19.0, 25.7)	100			
Rural	20.7	(17.9, 23.8)	49.1	(45.3, 52.9)	12.9	(10.5, 15.7)	17.4	(14.7, 20.4)	100			
Education Level ¹												
Primary or less	22.6	(17.8, 28.2)	52.8	(46.6, 58.9)	10.8	(7.6, 15.1)	13.9	(10.5, 18.2)	100			
Lower secondary	19.8	(16.8, 23.3)	45.9	(41.9, 49.9)	15.3	(12.6, 18.5)	19.0	(15.9, 22.4)	100			
Upper secondary	23.1	(17.2, 30.4)	40.3	(32.7, 48.4)	15.3	(10.6, 21.5)	21.3	(15.7, 28.2)	100			
College or above	10.7	(6.4, 17.3)	36.8	(29.0, 45.3)	23.3	(16.7, 31.4)	29.3	(22.0, 37.8)	100			
Occupation												
Manager/Professional	11.9	(6.1, 21.9)	42.3	(30.1, 55.5)	24.3	(16.4, 34.5)	21.5	(14.4, 30.8)	100			
Office Worker												
Service/Sales	14.8	(10.6, 20.4)	48.5	(40.9, 56.1)	19.2	(14.0, 25.6)	17.5	(12.3, 24.3)	100			
Farming	21.3	(17.8, 25.3)	50.2	(45.7, 54.8)	11.3	(8.8, 14.4)	17.2	(14.1, 20.7)	100			
Forestry/Fishing	27.5	(15.0, 44.8)	58.9	(42.7, 73.3)	6.4	(2.5, 15.4)	7.2	(2.3, 20.4)	100			
Construction/Mining	14.1	(9.0, 21.3)	44.8	(36.2, 53.7)	20.3	(13.8, 28.8)	20.9	(13.6, 30.7)	100			
Production/Driving	18.5	(13.5, 24.9)	38.6	(31.3, 46.4)	16.4	(11.7, 22.5)	26.5	(20.5, 33.4)	100			
Other	16.8	(8.9, 29.7)	43.6	(28.5, 59.9)	15.7	(6.7, 32.5)	23.8	(12.7, 40.3)	100			

¹ Education level is reported only among respondents 25+ years old.

⁻⁻ Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

5. Secondhand Smoke

5.1 Exposure to Secondhand Smoke at Work

Prevalence of exposure to secondhand smoke (SHS) at work is defined as the percentage of indoor workers age 15 and over who had been exposed to tobacco smoke at work in the past 30 days. The definition of workers includes those who work outside the home and usually work indoors or both indoors or outdoors³.

³ Note that individuals who usually work outdoors, even though they might have indoor areas in their work place are excluded from this calculation, as are individuals who work from their own homes.

Table 5-1 shows that, in Viet Nam, 55.9% of all workers (representing nearly 8 million people) had been exposed to SHS at work during the previous 30 days. Considering only non-smoking workers, the prevalence of exposure to SHS at work was 49.0% (equivalent to about 5 million non-smoking workers).

Among all workers, males (68.7%) were more likely than females (41.4%) to have been exposed to SHS at work. Those with a college education or above (45.6%) were less likely to be exposed to SHS at work than were those with less education. Persons working as Managers/Professionals (44.4%), Office Workers (44.7%) and in Production/Driving (48.5%) were less likely to have been exposed to SHS in indoor workplaces than those who worked in Construction/Mining (81.8%), Farming (69.9%), or Service/Sales (63.9%).

The pattern of exposure to SHS at indoor workplaces was similar for non-smoking workers. Males (62.8%) were more likely than females (41.3%) to be exposed to SHS at work. Those with a college education or above (41.1%) were less likely to be exposed to SHS at work than were those with less education. Persons working as Managers/Professionals (38.8%), Office Workers (42.3%) and in Production/Driving (39.0%) were less likely to be exposed to SHS in indoor workplaces than were those who worked in Construction/Mining (78.3%), Farming (62.5%), or Service/Sales (60.5%).

Table 5-1: Percentage and number of adults ≥15 years who work indoors and are exposed to tobacco smoke at work, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

Demographic	Adults Exposed to Tobacco Smoke at Work ¹											
Characteristics		Ov	erall		Non-sm	okers						
	Perc	entage		Perd	centage	Number in						
	(95	% CI)	Number in thousands	(9	5% CI)	thousands						
Overall	55.9	(52.8, 59.0)	7,997.1	49.0	(45.5, 52.6)	5,113.4						
Gender												
Male	68.7	(64.9, 72.2)	5,225.9	62.8	(57.1, 68.1)	2,359.2						
Female	41.4	(37.2, 45.7)	2,771.2	41.3	(37.1, 45.6)	2,754.2						
Age (years)												
15-24	49.2	(41.8, 56.7)	1,796.5	45.7	(37.9, 53.7)	1,380.4						
25-44	58.0	(54.4, 61.6)	4,593.0	50.4	(46.1, 54.6)	2,805.3						
45-64	58.6	(53.6, 63.5)	1,554.5	50.3	(44.2, 56.3)	890.8						
65+	59.0	(36.8, 78.0)	53.2									
Residence												
Urban	52.4	(49.1, 55.7)	3,539.9	45.1	(41.3, 49.0)	2,232.5						
Rural	59.0	(53.9, 64.0)	4,457.2	52.6	(46.7, 58.5)	2,880.9						
Education Level ²												
Primary or less	66.1	(54.9, 75.7)	605.6	59.6	(46.5, 71.4)	363.4						
Lower secondary	61.1	(56.3, 65.7)	2,947.2	51.2	(45.1, 57.2)	1,586.6						
Upper secondary	61.6	(55.7, 67.2)	1,549.1	55.8	(48.8, 62.5)	998.6						
College or above	45.6	(41.1, 50.2)	1,096.3	41.1	(36.4, 46.0)	782.0						
Occupation												
Manager/Professional	44.4	(39.1, 49.8)	1,203.8	38.8	(33.1, 44.7)	780.2						
Office Worker	44.7	(35.8, 54.1)	370.1	42.3	(32.7, 52.6)	299.7						
Service/Sales	63.9	(58.7, 68.8)	2,039.1	60.5	(54.6, 66.0)	1,507.8						
Farming	69.9	(60.9, 77.5)	991.6	62.5	(51.4, 72.4)	611.0						
Forestry/Fishing	70.8	(45.2, 87.7)	167.4									
Construction/Mining	81.8	(69.9, 89.7)	764.2	78.3	(62.4, 88.7)	277.9						
Production/Driving	48.5	(41.8, 55.4)	1,666.3	39.0	(31.3, 47.1)	956.1						
Other	50.9	(38.6, 63.0)	295.7	40.5	(27.9, 54.4)	171.2						

¹ In the past 30 days. Among those respondents who work outside of the home who usually work indoors or both indoors and outdoors.

² Education level is reported only among respondents 25+ years old.

⁻⁻ Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

5.2 SHS exposure at home

Table 5-2 shows the pattern of SHS exposure at home among the study population in the past 30 days. In Viet Nam, 73.1% of adults age 15 and above (representing about 47 million people) said they were exposed to SHS at home at least monthly. Considering only non-smokers, the prevalence of exposure SHS at home was 67.6% (equivalent to about 33 million non-smokers).

Overall, males (77.2%) had a higher prevalence of exposure to SHS at home than females (69.2%). By age, the highest rate of exposure to SHS at home was among those age 15-24 (75.9%) and 25-44 (74.7%); the lowest rate was among those age 65 and above (62.7%). By residence, people living in rural areas (77.4%) were more likely than people living in urban areas (63.3%) to be exposed to SHS at home. By education, adults with primary education or less had the highest prevalence rate of exposure to SHS at home (77.8%) and those with a college degree or above had the lowest rate (50.6%). By occupation, people working in Forestry/Fishing (87.6%), Construction/Mining (83.0%), and Farming (80.0%) were more likely to be exposed to SHS at home than people who worked as Managers/Professionals (56.6%) or Office Workers (61.3%).

Among non-smokers, exposure to SHS at home decreased with increasing age. The highest rate of exposure to SHS at home was among those age 15-24 (74.2%) and the lowest rate was among those 65 and above (57.2%). By residence, people living in rural areas (72.0%) were more likely to be exposed than those living in urban areas (57.7%). By education, adults with primary education or less (71.5%) had the highest prevalence rate of exposure to SHS at home and those with college degrees or above (57.2%) had the lowest rate. By occupation, Forestry/Fishing people (77.5%) and farmers (73.5%) had the highest rates of exposure to SHS at home, while Manager/Professional staff had the lowest rate (48.3%).

Table 5-2: Percentage and number of adults ≥15 years who are exposed to tobacco smoke at home, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

Demographic	Adults Exposed to Tobacco Smoke at Home ¹											
Characteristics		Ove	erall		Non-	smokers						
	Perce	entage		Per	centage							
	(95)	% CI)	Number in thousands	(9	5% CI)	Number in thousands						
Overall	73.1	(71.7, 74.5)	46,774	67.6	(65.9, 69.2)	32,943						
Gender												
Male	77.2	(75.5, 78.9)	24,021	65.2	(62.3, 67.9)	10,650						
Female	69.2	(67.4, 71.0)	22,752	68.8	(67.0, 70.6)	22,293						
Age (years)												
15-24	75.9	(73.1, 78.5)	12,553	74.2	(71.2, 77.0)	10,644						
25-44	74.7	(72.9, 76.3)	20,025	68.2	(66.1, 70.4)	13,015						
45-64	71.2	(69.1, 73.2)	10,664	62.1	(59.4, 64.7)	6,541						
65+	62.7	(59.0, 66.3)	3,532	57.2	(53.1, 61.3)	2,743						
Residence												
Urban	63.3	(61.1, 65.5)	12,416	57.7	(55.2, 60.2)	8,676						
Rural	77.4	(75.7, 79.1)	34,358	72.0	(69.9, 74.0)	24,267						
Education Level ²												
Primary or less	77.8	(75.2, 80.1)	9,562	71.5	(68.5, 74.4)	6,655						
Lower secondary	74.3	(72.5, 76.1)	18,504	66.8	(64.4, 69.0)	11,646						
Upper secondary	64.7	(61.2, 67.9)	4,386	56.6	(52.5, 60.7)	2,789						
College or above	50.6	(46.9, 54.3)	1,736	43.7	(39.7, 47.8)	1,176						
Occupation												
Manager/Professional	56.6	(51.9, 61.2)	1,767	48.3	(42.9, 53.7)	1,081						
Office Worker	61.3	(52.8, 69.1)	561	58.3	(48.7, 67.2)	459						
Service/Sales	71.9	(69.0, 74.7)	6,438	68.9	(65.7, 71.9)	4,908						
Farming	80.0	(78.0, 81.8)	18,506	73.5	(71.0, 75.9)	12,147						
Forestry/Fishing	87.6	(80.4, 92.4)	756	77.5	(62.7, 87.5)	292						
Construction/Mining	83.0	(77.7, 87.3)	2,019	66.2	(55.4, 75.5)	558						
Production/Driving	74.2	(70.0, 78.0)	4,478	67.8	(62.4, 72.8)	2,778						
Other	72.6	(65.5, 78.8)	906	63.0	(53.5, 71.6)	513						

¹ Adults reporting that smoking inside their home occurs daily, weekly, or monthly.

² Education level is reported only among respondents 25+ years old.

5.3 SHS exposure in public places

The GATS survey asked respondents about visiting various public places in the past 30 days and whether they had noticed smoking occurring inside these places. Noticing smoking while visiting a public place was used as a proxy for SHS exposure.

who had visited various public places in the past 30 days. The highest proportion of exposure to SHS was found in Bars/Cafes/Tea shops (89.4%), followed by restaurants (80.7%). Healthcare facilities (21.6%) and schools (23.1%) had the lowest rates of exposure to SHS. The prevalence rates of exposure to SHS at Universities and Government office buildings were 55.6% and 34.8%, respectively. The rates of exposure to SHS among non-smokers in all sites were higher for males than for females and were, in general, highest among 15-24 year olds.

Table 5-3 presents patterns of SHS exposure in public places. Among adults who had visited various public places in the previous 30 days, the vast majority reported exposure to SHS in Bars/Cafes/Tea shops (92.6%), followed by restaurants (84.9%). Exposure to SHS was lowest in healthcare facilities (23.6%) and schools (22.3%). The prevalence rates of exposure to SHS at Universities and Government office buildings were 54.3% and 38.7%, respectively. The rates of exposure to SHS in all sites were higher for men than for women and, in general, lower for older people.

The pattern was similar for non-smokers who had visited various public places in the past 30 days. The highest proportion of exposure to SHS was found in Bars/Cafes/Tea shops (89.4%), followed by restaurants (80.7%). Healthcare facilities (21.6%) and schools (23.1%) had the lowest rates of exposure to SHS. The prevalence rates of exposure to SHS at Universities and Government office buildings were 55.6% and 34.8%, respectively. The rates of exposure to SHS among non-smokers in all sites were higher for males than for females and were, in general, highest among 15-24 year olds.

Table 5-3: Percentage of adults ≥15 years who noticed tobacco smoke when visiting various public places in the past 30 days, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

						Adults No	ticing To	bacco Smoke ¹ i	n					
Demographic	-						Bars/	Cafes/Tea		Public				
Characteristics	Governm	nent Buildings	Health	care Facilities	Re	staurants		Shop	Tran	sportation	:	Schools	Ur	niversities
					Percent	age (95% CI)								
Overall	38.7	(36.2, 41.3)	23.6	(21.4, 25.9)	84.9	(83.2, 86.4)	92.6	(91.2, 93.8)	34.4	(31.5, 37.4)	22.3	(20.2, 24.6)	54.3	(48.9, 59.7)
Gender														
Male	45.4	(42.0, 48.8)	29.9	(26.1, 34.0)	90.9	(89.0, 92.4)	96.2	(94.7, 97.2)	38.8	(34.4, 43.4)	26.2	(22.9, 29.8)	60.2	(52.7, 67.2)
Female	28.4	(25.0, 32.1)	19.6	(17.1, 22.4)	75.2	(72.0, 78.2)	84.0	(80.8, 86.8)	29.6	(26.1, 33.4)	19.2	(16.8, 21.7)	47.5	(39.6, 55.5)
Age (years)														
15-24	38.0	(31.9, 44.4)	29.8	(23.9, 36.5)	87.4	(83.7, 90.4)	92.3	(89.7, 94.2)	37.2	(31.7, 43.1)	42.9	(38.2, 47.6)	59.1	(52.1, 65.9)
25-44	38.3	(34.9, 41.9)	23.4	(20.3, 26.8)	86.5	(84.3, 88.5)	93.1	(90.9, 94.8)	36.5	(32.1, 41.2)	13.1	(11.2, 15.3)	46.7	(37.8, 55.9)
45-64	40.8	(36.6, 45.1)	21.4	(17.8, 25.5)	79.4	(75.4, 82.9)	93.4	(90.7, 95.4)	29.4	(24.7, 34.5)	9.3	(6.9, 12.6)	37.6	(24.8, 52.3)
65+	34.2	(25.9, 43.5)	18.1	(13.5, 23.9)	60.6	(49.7, 70.6)	77.1	(62.1, 87.3)	21.7	(15.3, 29.9)	9.7	(4.2, 20.6)		
Residence														
Urban	37.8	(34.5, 41.1)	28.0	(24.8, 31.4)	84.0	(82.0, 85.8)	91.1	(89.5, 92.5)	31.5	(28.1, 35.2)	21.7	(19.3, 24.4)	51.9	(46.9, 56.9)
Rural	39.3	(35.8, 43.0)	21.4	(18.6, 24.5)	85.7	(82.9, 88.0)	93.9	(91.6, 95.6)	36.4	(32.2, 40.8)	22.7	(19.8, 25.9)	58.4	(46.8, 69.2)
Education Level ²														
Primary or less	35.7	(28.1, 44.1)	17.9	(14.0, 22.7)	76.2	(69.3, 81.9)	91.9	(85.3, 95.7)	28.0	(21.7, 35.4)	11.8	(8.3, 16.6)		
Lower secondary	36.0	(32.2, 39.9)	20.2	(17.2, 23.5)	82.1	(79.1, 84.8)	93.1	(90.8, 94.9)	35.1	(30.7, 39.8)	11.3	(9.3, 13.6)	35.7	(21.1, 53.5)
Upper secondary	40.4	(34.2, 46.9)	29.5	(23.2, 36.7)	89.9	(86.1, 92.7)	92.4	(88.1, 95.2)	33.2	(25.9, 41.3)	12.2	(8.6, 17.0)	43.4	(27.1, 61.2)
College or above	46.4	(42.2, 50.6)	28.3	(23.6, 33.6)	84.7	(81.4, 87.5)	93.0	(89.8, 95.3)	30.3	(25.1, 36.1)	16.2	(13.1, 19.9)	50.9	(41.4, 60.3)
Occupation														
Manager/Professional	44.0	(38.7, 49.5)	31.2	(23.9, 39.7)	86.9	(82.8, 90.1)	95.4	(93.2, 97.0)	31.8	(24.1, 40.6)	15.8	(11.8, 20.9)	43.0	(32.0, 54.7)
Office Worker	47.9	(37.5, 58.5)	34.6	(23.4, 47.9)	88.0	(81.0, 92.7)	93.9	(86.0, 97.5)	25.0	(13.8, 40.9)	9.5	(4.6, 18.4)	63.8	(39.2, 82.8)
Service/Sales	32.8	(26.8, 39.4)	18.4	(13.9, 24.0)	85.2	(81.0, 88.6)	92.2	(89.0, 94.5)	29.4	(23.9, 35.6)	9.8	(7.2, 13.2)	58.2	(36.2, 77.3)
Farming	40.8	(35.7, 46.1)	21.0	(17.4, 25.2)	85.4	(80.7, 89.1)	95.5	(92.3, 97.4)	37.1	(30.8, 43.9)	11.1	(8.4, 14.4)	41.6	(17.6, 70.4)
Forestry/Fishing			47.9	(27.5, 69.1)	74.4	(47.7, 90.2)	98.2	(87.9, 99.8)						
Construction/Mining	24.8	(13.9, 40.2)	29.7	(15.0, 50.2)	93.1	(84.9, 97.0)	99.2	(94.8, 99.9)	42.0	(24.2, 62.1)	9.8	(4.8, 19.1)		
Production/Driving	37.8	(29.6, 46.7)	22.0	(14.6, 31.6)	88.2	(83.1, 91.9)	94.5	(90.5, 96.8)	32.7	(25.1, 41.4)	13.6	(8.9, 20.2)	43.8	(24.7, 64.9)
Other	48.5	(35.5, 61.8)	38.7	(23.5, 56.5)	79.7	(63.2, 90.0)	91.8	(84.4, 95.9)	39.4	(20.3, 62.3)	19.2	(12.0, 29.2)		

	Non-smokers Noticing Tobacco Smoke ¹ in													
Demographic	-						Bars/	'Cafes/Tea	Public Tr	ansportation				
Characteristics	Governn	nent Buildings	Health	care Facilities	Re	staurants		Shop				Schools	Ur	niversities
					Percen	tage (95% CI)								
Non-smokers	34.8	(31.9, 37.7)	21.6	(19.4, 23.9)	80.7	(78.5, 82.7)	89.4	(87.4, 91.2)	33.3	(30.1, 36.7)	23.1	(20.8, 25.6)	55.6	(49.7, 61.3)
Gender														
Male	42.5	(37.9, 47.3)	27.1	(22.7, 32.0)	87.5	(84.4, 90.1)	94.1	(91.5, 96.0)	39.7	(33.6, 46.1)	30.4	(26.0, 35.1)	64.4	(56.0, 72.1)
Female	28.1	(24.7, 31.8)	19.5	(17.0, 22.2)	75.3	(72.0, 78.3)	83.9	(80.7, 86.7)	29.5	(26.0, 33.2)	19.3	(16.9, 21.8)	47.5	(39.6, 55.5)
Age (years)														
15-24	38.0	(31.4, 45.1)	28.2	(22.2, 35.2)	85.9	(81.7, 89.2)	90.7	(87.6, 93.1)	38.4	(32.6, 44.7)	43.1	(38.4, 47.9)	59.2	(51.7, 66.3)
25-44	32.5	(28.8, 36.4)	21.1	(18.1, 24.6)	81.1	(78.0, 83.9)	89.2	(85.7, 91.9)	33.4	(28.5, 38.6)	12.0	(10.0, 14.3)	47.6	(37.5, 57.9)
45-64	35.3	(30.6, 40.3)	18.7	(15.1, 23.1)	71.8	(66.1, 76.9)	88.0	(82.9, 91.7)	28.0	(23.0, 33.6)	7.2	(4.8, 10.7)	43.1	(27.8, 59.8)
65+	32.3	(23.7, 42.5)	17.5	(12.6, 23.6)	54.2	(41.4, 66.4)	67.9	(48.0, 82.8)	20.2	(13.8, 28.6)	7.8	(2.5, 22.2)		
Residence														
Urban	34.7	(31.2, 38.4)	27.9	(24.7, 31.3)	80.6	(78.0, 82.9)	87.7	(85.4, 89.7)	30.6	(27.0, 34.5)	22.0	(19.2, 25.0)	51.0	(45.6, 56.3)
Rural	34.8	(30.7, 39.2)	18.4	(15.7, 21.6)	80.8	(77.1, 84.0)	91.1	(87.5, 93.7)	35.2	(30.5, 40.3)	23.7	(20.6, 27.1)	63.0	(50.7, 73.8)
Education Level ²														
Primary or less	27.1	(19.4, 36.4)	15.2	(11.3, 20.0)	67.0	(56.8, 75.9)	87.9	(80.2, 92.9)	24.1	(17.9, 31.5)	9.3	(6.0, 14.1)		
Lower secondary	29.3	(25.0, 34.0)	17.8	(14.9, 21.1)	73.2	(68.7, 77.3)	87.2	(82.9, 90.6)	31.9	(26.9, 37.3)	9.7	(7.6, 12.3)	44.1	(24.0, 66.3)
Upper secondary	33.5	(26.5, 41.4)	28.2	(21.5, 36.0)	86.8	(81.6, 90.8)	88.3	(81.7, 92.7)	31.7	(23.8, 40.8)	12.2	(8.3, 17.5)	42.3	(24.2, 62.8)
College or above	44.5	(39.9, 49.2)	27.9	(22.9, 33.5)	81.2	(77.3, 84.7)	90.8	(86.3, 93.9)	30.2	(24.5, 36.6)	14.7	(11.5, 18.5)	50.6	(40.7, 60.5)
Occupation														
Manager/Professional	44.2	(38.6, 50.0)	30.2	(22.6, 39.0)	81.6	(76.0, 86.2)	93.0	(89.6, 95.3)	36.9	(27.7, 47.2)	13.0	(9.6, 17.4)	41.1	(30.2, 53.0)
Office Worker	45.1	(34.1, 56.6)	35.1	(23.3, 49.1)	85.8	(77.4, 91.4)	92.2	(82.6, 96.7)	20.9	(10.4, 37.8)	11.1	(5.4, 21.5)	64.2	(39.4, 83.2)
Service/Sales	26.9	(20.6, 34.2)	17.4	(12.8, 23.2)	81.8	(76.3, 86.2)	88.5	(83.8, 91.9)	29.0	(23.1, 35.8)	8.8	(6.1, 12.5)	57.4	(33.1, 78.6)
Farming	33.9	(28.0, 40.4)	18.2	(14.5, 22.7)	80.1	(73.8, 85.3)	92.8	(87.9, 95.8)	36.5	(29.1, 44.6)	9.4	(6.9, 12.8)		
Forestry/Fishing														
Construction/Mining					86.3	(65.5, 95.4)	97.2	(82.7, 99.6)			5.7	(1.6, 18.6)		
Production/Driving	31.8	(21.4, 44.5)	19.9	(11.8, 31.5)	82.6	(74.2, 88.7)	92.3	(85.6, 96.0)	27.2	(18.2, 38.5)	13.9	(8.0, 23.0)		
Other	39.8	(26.9, 54.2)	35.5	(20.7, 53.6)	70.2	(49.2, 85.1)	87.4	(75.0, 94.1)	35.5	(16.0, 61.3)	13.7	(7.5, 23.5)		

¹ Among all adults in the past 30 days.

² Education level is reported only among respondents 25+ years old.

-- Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

6. Cessation

6.1 Interest in quitting smoking

Interest in quitting smoking in GATS is defined as current tobacco smokers who say they are planning to quit or thinking about quitting smoking within the next month, 12 months, or some day.

Table 6-1 presents five categories of "interest in quitting smoking". The answer "Will quit some day, but not in the next 12 months" was most commonly selected (38.2%), and then "Not interested in quitting" (30.4%). These were followed by "Thinking about quitting within the next 12 months" (19.8%), "Planning to quit within the next month" (9.5%) and "Don't know" (2.1%). Overall, 67.5% of current smokers were planning to quit or thinking about quitting sometime in the future.

The proportion of male smokers indicating interest in quitting smoking was higher than that of female smokers ("Planning to quit within next month": 9.6% vs. 5.3%, "Thinking about quitting within next 12 months":20% vs. 14.1%; "Will quit some day, but not in the next 12 months":38.9% vs. 17.5%). Inversely, the proportion of female smokers having no interest in quitting smoking was higher than that of male smokers ("Not interested in quitting": 46.5% vs.29.9% and "Don't know": 16.7% vs. 1.7%).

When classified by education level, those with primary or less education had a lower proportion of interest in quitting smoking, irrespective of whether the time to quit was "in the next month" (6.1% vs. 9.6%-14.4%); "in the next 12 months" (11.6% vs. 19.1%-29.7%), or "Will quit some day but not in the next 12 months" (34.9%-41.2%). Inversely, those with primary or less education were more likely to report that they were "not interested in quitting" (41.7%) or "don't know" (5.6%).

By occupation, only 5.3% of office workers were "not interested in quitting", while 20.4% to 33.9% of smokers in other occupational categories were "not interested in quitting". Office workers mostly selected "Thinking about quitting within the next 12 months" (35.5%) and "Will quit someday but not in the next 12 months" (53.3%); those with other occupation groups mostly selected "Will quit someday but not in the next 12 months" or "Not interested in quitting". There was no difference in interest in quitting smoking between smokers in urban and rural areas or among age groups.

Table 6-1: Percentage distribution of current smokers ≥15 years old by interest in quitting smoking and selected demographic characteristics – GATS Viet Nam, 2010.

	Interest in Quitting Smoking ¹													
	Plann	ing to Quit	Thin	king About	Will Qu	it Someday,								
Demographic	Wit	hin Next	Quitting	g Within Next	But No	t in the Next	Not In	terested in						
Characteristics	N	/lonth	12	Months	12	Months	Q	uitting	Dor	n't Know	Total			
					Percent	tage(95% CI)								
Overall	9.5	(8.2, 11.0)	19.8	(17.6, 22.1)	38.2	(35.6, 40.9)	30.4	(27.8, 33.1)	2.1	(1.4, 3.3)	100			
Gender														
Male	9.6	(8.3, 11.2)	20.0	(17.8, 22.3)	38.9	(36.2, 41.5)	29.9	(27.3, 32.6)	1.7	(1.1, 2.4)	100			
Female	5.3	(2.1, 12.6)	14.1	(7.2, 25.7)	17.5	(10.3, 28.2)	46.5	(34.5, 58.9)	16.7	(6.7, 35.8)	100			
Age (years)														
15-24	11.3	(7.1, 17.5)	22.7	(15.6, 31.8)	32.3	(25.1, 40.4)	31.0	(23.4, 39.9)	2.7	(1.2, 6.0)	100			
25-44	10.3	(8.3, 12.7)	19.4	(16.7, 22.4)	39.9	(36.5, 43.5)	28.5	(25.2, 32.0)	1.9	(1.1, 3.3)	100			
45-64	7.2	(5.4, 9.5)	20.3	(17.0, 24.0)	39.9	(35.8, 44.2)	31.0	(27.1, 35.2)	1.6	(0.8, 3.0)	100			
65+	9.5	(5.6, 15.8)	13.0	(8.3, 19.6)	28.5	(21.3, 37.0)	43.6	(35.1, 52.5)	5.4	(2.7, 10.6)	100			
Residence														
Urban	9.8	(7.9, 12.2)	15.9	(13.5, 18.6)	42.3	(38.8, 45.9)	30.3	(27.0, 34.0)	1.7	(1.0, 2.9)	100			
Rural	9.4	(7.7, 11.3)	21.4	(18.6, 24.6)	36.4	(33.1, 39.9)	30.4	(27.1, 34.0)	2.3	(1.4, 4.0)	100			
Education Level ²														
Primary or less	6.1	(3.9, 9.4)	11.6	(8.6, 15.6)	34.9	(29.5, 40.8)	41.7	(35.9, 47.8)	5.6	(3.1, 10.1)	100			
Lower secondary	9.6	(7.8, 11.7)	19.1	(16.5, 22.1)	41.2	(37.9, 44.6)	28.9	(25.7, 32.3)	1.1	(0.6, 2.0)	100			
Upper secondary	10.4	(6.6, 16.2)	29.7	(23.7, 36.4)	38.2	(31.9, 45.0)	20.9	(15.7, 27.3)	0.7	(0.2, 3.0)	100			
College or above	14.4	(9.7, 20.7)	25.5	(19.7, 32.2)	38.4	(31.8, 45.5)	21.8	(16.6, 27.9)	0.0		100			
Occupation														
Manager/Professional	13.3	(8.4, 20.3)	29.0	(19.6, 40.6)	37.4	(28.8, 46.8)	20.4	(13.7, 29.3)	0.0		100			
Office Worker	5.9	(1.4, 21.3)	35.5	(17.0, 59.7)	53.3	(32.4, 73.2)	5.3	(1.7, 15.5)	0.0		100			
Service/Sales	9.5	(5.9, 15.1)	16.9	(12.3, 22.9)	40.1	(34.0, 46.6)	31.5	(25.4, 38.2)	2.0	(0.8, 5.0)	100			
Farming	10.0	(7.9, 12.6)	19.4	(16.1, 23.3)	36.3	(32.2, 40.7)	31.3	(27.1, 35.8)	2.9	(1.6, 5.2)	100			
Forestry/Fishing	5.0	(1.8, 13.0)	12.8	(5.7, 26.3)	48.1	(32.0, 64.6)	31.1	(17.5, 49.0)	3.0	(1.0, 9.3)	100			
Construction/Mining	8.1	(4.1, 15.5)	20.1	(13.6, 28.6)	44.7	(37.2, 52.5)	26.3	(19.1, 35.0)	0.8	(0.2, 3.1)	100			
Production/Driving	8.3	(5.1, 13.2)	21.8	(16.5, 28.2)	38.6	(32.0, 45.6)	29.8	(23.7, 36.6)	1.5	(0.4, 5.6)	100			
Other	10.8	(4.7, 22.9)	15.8	(8.4, 27.7)	39.6	(26.2, 54.7)	33.9	(21.1, 49.6)	0.0		100			

¹Among current daily or less than daily smokers.

6.2 Time since quitting smoking

Time since quitting smoking is the number of years between the first day the former daily smoker stopped smoking tobacco smoking and the day of the interview.

Table 6-2 reports the distribution of time since quitting among former daily smokers age 15 and above. This was divided into four categories: less than 1 year, 1 year to less than 5 years, 5 years to less than 10 years, and, 10 years or more. Among those former daily smokers who had quit smoking, those who had quit for 10 years or more were the most common (43.5%) and those who had quit for less than one year were the least common (13.5%); 24. % of former daily smokers had quit for 1 to 4 years and 18.5% had quit for 5 to 9 years.

The pattern of time since quitting smoking was similar across demographic groups. Former daily smokers age 65 and over had the highest proportion of those having quit smoking for at least 10 years (62.8%), while there were no former daily smokers between 15-24 who had quit for at least 10 years.

² Education level is reported only among respondents 25+ years old.

Table 6-2: Percentage distribution of former daily smokers ≥15 years, by time since quitting smoking and selected demographic characteristics – GATS Viet Nam, 2010.

Demographic	Time since quitting smoking (years) ¹													
Characteristics		<1	1	. to <5	5	to <10		≥10	Total					
				Percentage ((95% CI)									
Overall	13.5	(10.1, 17.9)	24.5	(20.5, 29.1)	18.5	(15.0, 22.6)	43.5	(38.7, 48.4)	100					
Gender														
Male	13.1	(9.7, 17.6)	25.1	(21.0, 29.8)	18.7	(15.1, 23.0)	43.0	(38.2, 47.9)	100					
Female	21.6	(7.0, 50.1)	11.6	(4.0, 29.4)	12.1	(3.8, 32.8)	54.7	(32.7, 75.0)	100					
Age (years)														
15-24														
25-44	16.2	(11.1, 23.0)	31.6	(24.4, 39.9)	20.3	(14.5, 27.6)	31.9	(24.9, 39.8)	100					
45-64	11.7	(7.7, 17.2)	22.5	(17.5, 28.5)	18.2	(13.2, 24.5)	47.6	(40.4, 55.0)	100					
65+	6.7	(3.4, 13.0)	13.2	(7.8, 21.3)	17.3	(11.2, 25.7)	62.8	(53.0, 71.6)	100					
Residence														
Urban	11.6	(8.3, 16.0)	24.6	(19.3, 30.8)	18.5	(14.4, 23.5)	45.2	(39.6, 51.0)	100					
Rural	14.3	(9.8, 20.3)	24.5	(19.4, 30.5)	18.4	(13.9, 24.0)	42.8	(36.5, 49.3)	100					
Education Level ²														
Primary or less	8.7	(4.2, 17.0)	23.9	(15.2, 35.6)	23.2	(14.1, 35.7)	44.2	(32.7, 56.5)	100					
Lower secondary	14.8	(10.5, 20.5)	23.5	(18.2, 29.8)	19.2	(14.4, 25.2)	42.4	(36.1, 49.1)	100					
Upper secondary	9.4	(5.2, 16.3)	26.9	(17.4, 39.2)	13.2	(7.5, 22.1)	50.6	(39.1, 61.9)	100					
College or above	9.8	(5.4, 17.1)	22.7	(15.2, 32.5)	18.1	(11.8, 26.9)	49.3	(39.9, 58.9)	100					
Occupation														
Manager/Professional	10.9	(5.4, 20.6)	28.7	(17.2, 43.9)	9.4	(4.2, 19.8)	51.0	(36.9, 64.9)	100					
Office Worker														
Service/Sales	15.1	(7.7, 27.4)	22.6	(13.6, 35.2)	20.1	(11.9, 31.8)	42.2	(30.2, 55.3)	100					
Farming	15.8	(10.6, 22.9)	27.4	(20.7, 35.3)	18.6	(12.9, 26.0)	38.2	(30.5, 46.5)	100					
Forestry/Fishing														
Construction/Mining	17.5	(7.1, 37.1)	37.9	(19.5, 60.5)	17.1	(5.1, 44.3)	27.5	(13.2, 48.7)	100					
Production/Driving	7.1	(2.6, 18.1)	24.4	(12.7, 41.7)	18.6	(8.4, 36.2)	50.0	(32.9, 67.1)	100					
Other														

¹Among former daily smokers (current non-smokers).

6.3 Smoking cessation and health-care seeking behaviors

Smokers attempting to quit in the last 12 months included current tobacco smokers who said they had tried to quit in the last 12 months and former tobacco smokers who had been abstinent for less than 12 months.

² Education level is reported only among respondents 25+ years old.

⁻⁻ Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

Table 6-3 reports the proportions of adult smokers who made a quit attempt, visited a health-care provider (HCP), were asked about smoking and received advice by a HCP to quit smoking.

Made quit attempt

Among current tobacco smokers and former tobacco smokers who said they had quit within the last 12 months, 55.3% had made an attempt to quit in the previous 12 months. The proportion was 55.6% among males and 44.4% among females. Three of every five smokers age 15-24 (60.5%) had tried to quit; the rate declined by increasing age and was only 47.7% among smokers age 65 and over. Slightly more than half of smokers living in urban (51.9%) and rural (56.7%) areas had tried to quit. By education level, smokers with primary education or less had the lowest rate of quit attempts (46.1%), while the rates of attempting to quit were similar among other educational groups. By occupation, two-thirds of Office Workers (66.7%) had tried to quit, compared to two of every five Forestry/Fishing people (41.1%).

Visited healthcare providers

Visiting a healthcare provider is defined as current smokers and recent quitters (<12 months) who had visited a doctor or a healthcare provider (HCP) during the past 12 months for curative or preventive care or counseling services. The rate of visits to a HCP during the past 12 months was 27.2%. More than one-third of female smokers (36.1%) and one-fourth of male smokers (26.9%) had visited a HCP during the previous 12 months. Smokers age 65 and over had the highest rate of HCP visits (49.8%); rates did not vary much among those smokers in other age groups. The rate of visiting a HCP was 30.3% among smokers in urban areas as compared to 25.9% in rural areas. By education level, smokers with a college education and above had the highest rate of HCP visits (41.6%), while the lowest rate of HCP visits was found among those with lower secondary educational level (24.0%). By occupation, past-year visits to a HCP ranged from 45.7% among Managers/Professionals to 20.8% among those with other occupations.

Asked about smoking tobacco by HCP

Among the smokers who had visited a HCP during the previous 12 months, 34.9% were asked about their history of tobacco smoking. More than one-third of male smokers (35.3%) and about one-fourth of female smokers (25.6%) were asked about their smoking. By age group, the highest proportion was observed in the 45-64 age group (47.5%). The proportion was 40.9% in urban areas and 31.8% in rural areas. By educational level, smokers with upper secondary education and above had the highest rate of being asked about smoking tobacco by a HCP (47%), while the rates among those with primary level or less and lower secondary level were 36.9% and 33.3%, respectively. By occupation, the rates ranged from 40.7% in the production and driving category to 27.9% in the construction and mining category.

Getting Healthcare Provider's advice to quit tobacco smoking

The percentage of those getting advice from a HCP to quit smoking is defined as the percentage of current tobacco smokers and recent quitters (abstinent <12 months) who had visited a doctor or HCP during the past 12 months and were advised to quit smoking tobacco. Less than one third of all smokers and recent quitters (29.7%) had received advice to quit smoking by a HCP during the previous 12 months. The rate of getting advice from the HCP was 30.2% among male smokers and 20.3% among female smokers. The proportion of those receiving advice to quit smoking ranged from 39.6% among smokers age 45-64 to 14.9% among smokers age 15-24. The proportions were 33.8% among smokers in urban areas and 27.7% among smokers in rural areas. By educational level, the rate of receiving advice to quit smoking ranged from 45.9% among smokers with upper secondary level to 28.1% among smokers with lower secondary educational level. By occupation, the rate of getting advice to quit smoking ranged from 35.1% in the production and driving category to 25.4% in the construction and mining category.

Table 6-3: Percentage of smokers ≥15 years who made a quit attempt and received healthcare provider advice in the past 12 months, by selected demographic characteristics – GATS Viet Nam, 2010.

	Smoking cessation and healthcare seeking behavior											
Demographic Characteristics		ade quit ttempt ¹	Visit	ed a HCP ^{1,2}		l by HCP if a moker ^{2,3}	Advised to quit by HCP ^{2,3}					
				Percentag	e(95% (CI)						
Overall	55.3	(52.5, 58.0)	27.2	(25.0, 29.5)	34.9	(30.9, 39.1)	29.7	(25.8, 34.0)				
Gender												
Male	55.6	(52.9, 58.3)	26.9	(24.7, 29.2)	35.3	(31.2, 39.7)	30.2	(26.1, 34.5)				
Female	44.4	(30.1, 59.6)	36.1	(25.2, 48.6)	25.6	(11.8, 46.7)	20.3	(8.1, 42.4)				
Age (years)												
15-24	60.5	(51.6, 68.8)	26.3	(20.1, 33.7)	16.8	(8.7, 30.0)	14.9	(7.3, 28.2)				
25-44	55.2	(51.6, 58.7)	24.1	(21.3, 27.1)	32.5	(26.7, 38.8)	28.3	(22.7, 34.6)				
45-64	54.2	(49.9, 58.5)	28.6	(25.0, 32.5)	47.5	(40.2, 54.9)	39.6	(32.5, 47.1)				
65+	47.7	(39.4, 56.1)	49.8	(41.2, 58.3)	32.6	(22.8, 44.3)	27.3	(18.3, 38.6)				
Residence												
Urban	51.9	(48.4, 55.4)	30.3	(27.4, 33.4)	40.9	(35.2, 47.0)	33.8	(28.2, 39.8)				
Rural	56.7	(53.0, 60.3)	25.9	(23.0, 28.9)	31.8	(26.7, 37.4)	27.7	(22.8, 33.4)				
Education Level 4												
Primary or less	46.1	(40.1, 52.2)	28.4	(23.5, 34.0)	36.9	(28.2, 46.6)	28.9	(21.1, 38.1)				
Lower secondary	56.2	(52.7, 59.6)	24.0	(21.2, 27.1)	33.3	(27.8, 39.4)	28.1	(22.8, 34.0)				
Upper secondary	59.0	(52.3, 65.4)	33.1	(26.8, 40.1)	47.5	(34.9, 60.3)	45.9	(33.5, 58.9)				
College or above	56.2	(49.4, 62.8)	41.6	(34.9, 48.7)	47.1	(37.2, 57.2)	37.4	(28.0, 47.8)				
Occupation												
Manager/Professional	60.3	(50.9, 68.9)	45.7	(36.9, 54.8)	34.0	(23.9, 45.8)	26.8	(18.0, 38.0)				
Office Worker	66.7	(46.8, 82.0)	40.0	(22.4, 60.6)								
Service/Sales	49.7	(42.5, 56.9)	23.5	(18.2, 29.8)	36.8	(24.3, 51.5)	29.2	(17.8, 44.0)				
Farming	55.0	(50.4, 59.5)	25.7	(22.4, 29.4)	33.8	(27.1, 41.2)	29.9	(23.6, 37.0)				
Forestry/Fishing	41.1	(27.3, 56.5)	26.8	(16.1, 41.2)								
Construction/Mining	60.5	(51.6, 68.7)	21.7	(15.1, 30.2)	27.9	(16.7, 42.6)	25.4	(13.9, 42.0)				
Production/Driving	56.5	(49.7, 63.1)	25.0	(19.8, 31.0)	40.7	(28.7, 54.0)	35.1	(23.9, 48.1)				
Other	54.3	(39.8, 68.1)	20.8	(10.9, 36.1)								

¹ Among current smokers and former smokers who have been abstinent for less than 12 months.

² HCP = healthcare provider.

³ Among current smokers and former smokers who have been abstinent for less than 12 months, and who visited a HCP during the past 12 months.

⁴ Education level is reported only among respondents 25+ years old.

⁻⁻ Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

6.4 Cessation methods

Table 6-4 details cessation methods used in the past 12 months by current smokers who made quit attempts and recent quitters (abstinent <12 months). The methods are displayed in four categories: nicotine replacement therapy (such as the patch and gum), other prescription medications (such as Bupropion and Varenicline), counseling/advice, and "other", which included traditional medicines, switching to smokeless tobacco, and any other reported methods.

In Viet Nam, the method of tobacco cessation most commonly used (24.4%) was nicotine replacement therapy. The proportion of smokers who used traditional medicines and other methods for quitting was 9.6%. Only 3.0% of smokers sought counseling/advice to quit and only 0.4% used prescription medications.

Nicotine replacement therapy was used by 24.6% of male smokers and 16.3% of female smokers who made quit attempts; 13.1% of females used other methods, compared to 9.5% of males. The proportion of those using nicotine replacement therapy to quit tobacco smoking decreased as age increased. It was highest among those age 15-24 (37.2%) and lowest among the 65 and over age group (12.4%).

Smokers in urban areas had slightly higher rates of using cessation methods than rural areas (nicotine replacement therapy: 28.7% vs. 22.7%; prescription medications: 1.1% vs. 0.1%; counseling/advice 3.9% vs. 2.7%; other: 11.6% vs. 8.8%).

Table 6-4: Percentage of smokers ≥15 years old who attempted to quit smoking in the past 12 months, by cessation methods used and selected demographic characteristics – GATS Viet Nam, 2010.

	Use of Cessation Method ¹												
Demographic	Nicotine I	Replacement	Pres	cription									
Characteristics	The	erapy ²	Med	ications	Counsel	ing/Advice	0	ther ³					
					Percent	age(95% CI)							
Overall	24.4	(21.3, 27.8)	0.4	(0.1, 1.4)	3.0	(2.1, 4.4)	9.6	(7.8, 11.8)					
Gender													
Male	24.6	(21.5, 28.1)	0.4	(0.1, 1.4)	3.0	(2.1, 4.5)	9.5	(7.7, 11.7)					
Female	16.3	(6.3, 35.9)	0.0		3.2	(0.5, 20.0)	13.1	(5.3, 28.8)					
Age (years)													
15-24	37.2	(27.5, 48.0)	0.0		3.7	(1.3, 9.8)	6.4	(3.1, 12.9)					
25-44	25.3	(21.2, 30.0)	0.5	(0.1, 3.2)	2.5	(1.3, 4.8)	9.3	(6.9, 12.6)					
45-64	17.8	(13.6, 22.9)	0.4	(0.1, 1.4)	3.7	(2.2, 6.1)	11.8	(8.5, 16.1)					
65+	12.4	(6.8, 21.6)	0.8	(0.1, 5.3)	2.3	(0.6, 9.0)	9.6	(5.4, 16.7)					
Residence													
Urban	28.7	(24.6, 33.2)	1.1	(0.2, 4.9)	3.9	(2.3, 6.7)	11.6	(8.9, 15.0)					
Rural	22.7	(18.8, 27.2)	0.1	(0.0, 0.8)	2.7	(1.6, 4.4)	8.8	(6.6, 11.6)					
Education Level⁴													
Primary or less	23.7	(16.8, 32.3)	0.5	(0.1, 3.6)	1.8	(0.6, 5.3)	6.8	(3.9, 11.7)					
Lower secondary	22.1	(17.9, 26.9)	0.5	(0.1, 3.1)	3.0	(1.8, 5.0)	10.2	(7.8, 13.4)					
Upper secondary	19.3	(13.4, 26.9)	0.4	(0.1, 3.0)	3.8	(1.4, 10.3)	11.6	(6.8, 19.1)					
College or above	22.4	(16.1, 30.3)	0.0		3.3	(1.3, 8.2)	16.9	(10.7, 25.6)					
Occupation													
Manager/Professional	35.5	(23.2, 50.0)	0.0		3.0	(0.8, 10.4)	11.8	(6.9, 19.4)					
Office Worker													
Service/Sales	31.0	(22.5, 41.0)	2.1	(0.3, 13.6)	7.5	(3.6, 15.1)	10.4	(5.6, 18.3)					
Farming	19.6	(15.4, 24.5)	0.2	(0.0, 1.2)	2.3	(1.2, 4.4)	10.4	(7.6, 14.0)					
Forestry/Fishing	46.1	(22.9, 71.1)	0.0		8.7	(2.0, 30.6)	10.3	(2.9, 30.6)					
Construction/Mining	25.9	(16.5, 38.2)	0.0		2.8	(0.9, 7.8)	8.8	(4.0, 18.3)					
Production/Driving	31.3	(23.1, 40.8)	0.0		1.2	(0.3, 3.8)	7.6	(4.1, 13.6)					
Other	33.4	(16.4, 56.2)	0.0		0.0		5.8	(1.7, 18.1)					

¹ Among current smokers who made a quit attempt in the past 12 months and former smokers who have been abstinent for less than 12 months.

 $^{^{\}rm 2}\,{\rm Nicotine}$ replacement therapy such as the patch and chewing gums.

³ Other includes traditional medicines, switching to smokeless tobacco, and any other reported methods.

⁴ Education level is reported only among respondents 25+ years old.

⁻⁻ Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

7. Economics

7.1 Last brand of manufactured cigarettes purchased

GATS Viet Nam asked respondents to report on the brand name of the last cigarette product purchased. The five most frequently purchased brands were Vinataba (11.6%), Hero (9.5%), Basto (9.2%), Jet (8.4%) and Tourists (6.9%). Of the top 5 most popular cigarette brands, Vinataba and Tourists are local products, while Jet and Hero are smuggled into Viet Nam (Table 7-1). Vinataba was especially popular among males (15.9%), 15-24 year olds (23.3%), and persons with upper secondary (19.6%) or college or above (27.4%) education.

Table 7-1: Percentage of current manufactured cigarette smokers ≥15 years, by last brand purchased and selected demographic characteristics – GATS Viet Nam, 2010.

Demographic	Last cigarette brand purchased												
Characteristics	V	inataba		Hero		Basto		Jet	To	urists			
Overall	11.6	(9.4, 14.2)	9.5	(7.5, 12.0)	9.2	(7.3, 11.6)	8.4	(6.6, 10.5)	6.9	(5.2, 9.0)			
Gender													
Male	11.9	(9.7, 14.6)	9.7	(7.6, 12.3)	9.3	(7.3, 11.7)	8.5	(6.7, 10.7)	7.0	(5.3, 9.1)			
Female	0.0		2.0	(0.5, 8.2)	7.7	(2.6, 21.2)	3.2	(0.5, 16.8)	3.8	(0.8, 16.2)			
Age (years)													
15-24	23.3	(16.2, 32.3)	13.1	(7.3, 22.4)	8.6	(4.3, 16.3)	13.7	(8.6, 21.1)	3.7	(1.2, 10.8)			
25-44	10.5	(7.9, 13.8)	9.3	(7.2, 12.1)	8.3	(6.1, 11.1)	8.3	(6.2, 11.0)	7.2	(5.2, 9.9)			
45-64	7.4	(5.3, 10.2)	7.7	(5.1, 11.5)	11.5	(8.5, 15.4)	5.0	(3.1, 8.1)	7.1	(4.7, 10.5)			
65+	7.1	(3.7, 13.4)	9.2	(3.9, 20.1)	10.7	(4.7, 22.4)	9.5	(4.9, 17.9)	13.7	(8.0, 22.4)			
Residence													
Urban	13.9	(10.8, 17.8)	9.6	(7.0, 13.2)	7.3	(5.5, 9.8)	11.2	(8.6, 14.4)	1.7	(0.9, 3.3)			
Rural	10.4	(7.6, 14.0)	9.4	(6.8, 12.9)	10.3	(7.6, 13.7)	6.9	(4.8, 9.9)	9.6	(7.1, 12.8)			
Education Level ¹													
Primary or less	1.6	(0.5, 4.6)	11.6	(7.8, 17.0)	10.5	(7.0, 15.5)	6.1	(3.7, 9.8)	5.1	(2.9, 8.9)			
Lower secondary	7.5	(5.4, 10.4)	8.2	(6.0, 11.1)	10.6	(8.0, 14.0)	9.1	(6.7, 12.2)	7.8	(5.7, 10.6)			
Upper secondary	19.6	(13.7, 27.4)	7.7	(4.3, 13.3)	6.1	(3.4, 10.9)	3.5	(1.8, 6.8)	11.4	(7.1, 17.8)			
College or above	27.4	(20.4, 35.8)	7.3	(3.4, 14.9)	2.5	(0.9, 6.9)	5.3	(2.5, 10.8)	3.7	(1.8, 7.3)			
Occupation													
Manager/Professional	26.0	(18.5, 35.2)	17.8	(9.0, 32.2)	1.0	(0.3, 3.0)	2.6	(1.0, 6.6)	2.1	(0.8, 5.2)			
Office Worker	21.0	(8.9, 41.8)	12.4	(1.9, 51.4)	0.0		0.0		2.1	(0.3, 13.7)			
Service/Sales	10.4	(6.2, 17.1)	12.3	(7.6, 19.5)	7.9	(4.7, 12.9)	14.4	(9.5, 21.4)	2.4	(1.0, 5.5)			
Farming	5.8	(3.7, 8.9)	8.5	(5.9, 12.1)	12.6	(9.1, 17.4)	4.9	(2.9, 8.0)	10.7	(7.6, 14.8)			
Forestry/Fishing	0.5	(0.1, 3.3)	11.0	(4.0, 26.7)	12.1	(5.0, 26.6)	8.4	(3.6, 18.6)	0.0				
Construction/Mining	13.2	(6.9, 23.7)	9.7	(5.1, 17.7)	6.2	(3.4, 11.0)	10.9	(5.9, 19.3)	8.1	(4.3, 14.8)			
Production/Driving	16.1	(11.2, 22.7)	7.3	(4.5, 11.6)	5.6	(3.0, 10.2)	12.5	(8.1, 18.8)	2.3	(0.7, 6.6)			
Other	9.8	(4.0, 22.1)	14.0	(5.2, 32.4)	13.7	(6.4, 26.8)	22.4	(11.2, 39.9)	6.9	(2.0, 21.4)			

Note: Current manufactured cigarette smokers includes daily and occasional(less than daily) use. The top five reported brands last purchased among all manufactured cigarette smokers are shown here.

¹ Education level is reported only among respondents 25+ years old.

7.2 Source of last purchase of cigarettes among manufactured cigarette smokers

Table 7-2 presents data on the source of the last purchase of manufactured cigarettes among current manufactured-cigarette smokers. The most common source was shops/kiosks (61.3%), followed by tea stalls/street vendors (35.7%). Very few smokers of manufactured cigarette purchased their cigarettes at duty-free shops (0.5%), through the Internet (0.0%), or from other sources (2.6%).

There was little difference in the source of the last purchase of cigarettes by different demographic characteristics.

Table 7-2: Percentage distribution of manufactured cigarette smokers ≥15 years, by the source of last purchase of cigarettes and selected demographic characteristics – GATS Viet Nam, 2010.

				Gend	ler		Age (years)					Residence			
Source	Overall		Male		Female		15-24			≥ 25		Urban	Rural		
			Percentage (95% CI)												
Shop/Kiosk	61.3	(58.1, 64.4)	61.3	(58.1, 64.3)	62.4	(40.8, 80.1)	58.0	(48.6, 66.8)	61.9	(58.5, 65.2)	61.9	(57.9, 65.7)	61.0	(56.6, 65.2)	
Tea Stall/Street Vendor	35.7	(32.6, 38.8)	35.6	(32.6, 38.8)	37.6	(19.9, 59.2)	39.6	(30.8, 49.1)	34.9	(31.8, 38.2)	35.7	(32.0, 39.5)	35.7	(31.5, 40.0)	
Duty-free Shop	0.5	(0.2, 1.2)	0.5	(0.2, 1.3)	0.0		1.7	(0.4, 7.0)	0.2	(0.1, 0.7)	0.2	(0.0, 1.2)	0.6	(0.2, 1.8)	
Internet	0.0		0.0		0.0		0.0		0.0		0.0		0.0		
Other	2.6	(1.7, 3.8)	2.7	(1.8, 3.9)	0.0		0.7	(0.2, 2.9)	3.0	(2.0, 4.4)	2.2	(1.3, 3.8)	2.8	(1.7, 4.6)	
Total		100		100		100		100		100		100		100	

7.3 Cigarette expenditure

Table 7.3 presents information on monthly expenditures for manufactured cigarettes among manufactured-cigarette smokers who were ≥15 years old, by selected demographic characteristics. On average, a current manufactured-cigarette smoker spent VND 135,000 per month (around US\$ 7). The median cigarette expenditure per month was VND 91,000 (around US\$ 5). Male manufactured-cigarette smokers spent VND 135,900/month and females spent VND 97,200/month. By age, spending on manufactured cigarettes ranged from 84,000/month among smokers age 65 years and above to VND 141,900/month among smokers age 45-64. By residence, urban current smokers spent more on manufactured cigarettes than rural smokers (VND 180,200/month vs. VND 110,800/month, respectively). By education, the highest spending on manufactured cigarettes was found among smokers with upper secondary education (VND 180,200/month) and the lowest was among smokers with primary education or less (VND 124,700/month). By occupation, spending on manufactured cigarette ranged from VND 103,400 per month among farmers to VND 193,300 a month among office workers.

Table 7-3: Average cigarette expenditure per month among manufactured cigarette smokers ≥15 years, by selected demographic characteristics – GATS Viet Nam, 2010.

Demographic	Cigarette expenditure per month									
Characteristics	(VND in thousands)									
	Average	(95% CI)	Median							
Overall	134.9	(125.8, 143.9)	91.3							
Gender										
Male	135.9	(126.7, 145.1)	91.3							
Female	97.2	(52.2, 142.2)	42.6							
Age (years)										
15-24	119.0	(92.8, 145.2)	85.2							
25-44	140.5	(128.8, 152.2)	97.3							
45-64	141.9	(124.7, 159.0)	91.3							
65+	80.4	(64.8, 95.9)	60.8							
Residence										
Urban	180.2	(165.5, 194.9)	143.4							
Rural	110.8	(99.6, 122.0)	76.0							
Education Level ¹										
Primary or less	124.7	(107.3, 142.2)	82.1							
Lower secondary	128.0	(117.0, 138.9)	89.0							
Upper secondary	180.2	(150.7, 209.7)	114.1							
College or above	168.1	(139.8, 196.5)	114.1							
Occupation										
Manager/Professional	184.3	(149.5, 219.2)	125.5							
Office Worker	193.3	(73.2, 313.4)	152.1							
Service/Sales	171.8	(149.8, 193.8)	138.4							
Farming	103.4	(90.7, 116.1)	76.0							
Forestry/Fishing	152.4	(92.0, 212.9)	76.0							
Construction/Mining	118.0	(97.6, 138.5)	91.3							
Production/Driving	177.4	(150.7, 204.2)	121.7							
Other	162.5	(130.8, 194.2)	152.1							

¹ Education level is reported only among respondents 25+ years old.

7.4 Cigarette Affordability

The median amount paid per 100 packs of manufactured cigarettes was VND 550,000 (around US\$ 29). The average amount spent on 100 packs of manufactured cigarettes as a percentage of Gross Domestic Product (GDP)^{4 5} per capita was 2.7%.

⁴ Data on GDP per capita were obtained from the World Economic Outlook, April 2010 published by the International Monetary Fund (GDP of Viet Nam in 2009 was 91,854 millions)

⁵ Data on the total population in Viet Nam were obtained from General Statistics Office (Population of Viet Nam in 2009 was 85.8 millions)

8. Media

8.1 Awareness of anti-cigarette smoking information

This section covers the degree of awareness of anti-cigarette smoking information in the media and displayed in public places. This includes newspapers or magazines, television, radio, billboards, Internet, local radio and loudspeakers, posters, leaflets or pamphlets, and other media that disseminate information.

The main indicator used in this section is percentage of respondents who reported having noticed information about the dangers of smoking cigarettes or that encouraged quitting, through specific channels, such as in newspapers or magazines, television, radio, billboards, etc., during the previous 30 days.

Overall population awareness of anti-smoking information in various media sources

Non-smokers living in urban areas were more likely to notice anti-smoking information than non-smokers living in rural areas, in newspapers or magazines (42.5% vs. 26.1%), on billboards (54.4% vs. 39.2%), on the Internet (23.4% vs. 8.5%), on posters (41.7% vs. 22.7%), and on leaflets/pamphlets (10.6% vs. 6.9%); those living in rural areas were more likely to notice anti-smoking information on the radio (29.9% vs. 24.2%) and on local radio or loudspeakers (41.8% vs. 34.1%).

Table 8-1 shows that 91.6% of all adults age 15 years and above had noticed anti-smoking information broadcast through the media or displayed in public places at any location. Television was mentioned by the largest number of adults (85.9%), following by bill boards (42.8%) and local radio or loudspeaker (38.2%). The proportion of adults noticing anti – smoking information from leaflets or pamphlets was lowest (7.7%).

The pattern was quite similar across age groups, except that noticing anti- smoking information on the Internet was more common among the younger age group of 15-24 year olds (25.5%) than among those who were 25 and older (7.3%). Meanwhile the older group (\geq 25 years) reported noticing anti-smoking information more from radio (30.3% vs. 21.5%) and local radio or loudspeakers (40.3% vs. 32.1%).

Classified by residence, those who lived in urban areas reported higher percentages of noticing anti-smoking information than those in rural areas, from any location (93.9% vs. 90.7%), newspapers or magazines (42.2% vs. 25.7%), billboards (53.8% vs. 37.9%), the Internet (21.8% vs. 7.6%), and posters (41.1% vs. 21.7%). In contrast, those living in the rural areas reported higher percentages of noticing anti-smoking information from radio (29.5% vs. 24.7%) and from local radio or loudspeakers (40.3% vs. 33.5%).

Current smokers' awareness of anti-smoking information in various media sources

Classified by smoking status, the proportions of noticing anti-smoking information from different media sources among current smokers were similar to those among the overall population. Female smokers had less access to anti-smoking information than male smokers did for all kinds of media. The proportion of noticing anti-smoking information from any location among female smokers was 72.5% and among male smokers it was 92.3%.

Generally speaking, the proportion of smokers in the 15-24 age group noticing anti- smoking information from any location was lower than for those who were at least 25 years old (85.2% vs. 92.7%). This was true for almost all media sources, except the Internet and "somewhere else". About 20.7% of those in the 15-24 age group had noticed anti- smoking information from the Internet compared to 6.2% of those who were at least 25 years old.

By region, the proportions noticing anti-smoking information were higher among smokers in urban areas than in rural areas for almost all media sources. Specifically, those figures respectively for smokers in urban and rural areas were: 95.1% vs. 90.1% for "any sources", 41.2% vs. 24.5% for newspapers and magazines, 51.8% vs. 34% for billboards, 16.4% vs. 4.8% for Internet, 39.2% vs. 18.7% for posters and 10.1% vs. 4.8% for leaflets/pamphlets.

Non-smokers' awareness of anti-smoking information in various media sources

Among non-smokers, 91.6% had noticed anti-smoking information in any location. The pattern of awareness among non-smokers of anti-smoking information in different media sources was consistent with the pattern of the overall sample. The proportion of female non-smokers that reported noticing anti-smoking information from local radio or loudspeakers was higher than that among male non-smokers (42.3% vs.33.7%), while the proportion of male non-smokers who reported noticing anti-smoking information from newspapers or magazines was higher than for female non-smokers (34.9% vs. 29.3%).

In comparison with non-smokers in the 25 and over age group, non-smokers ages 15-24 had a higher proportion noticing anti-smoking information on the Internet (26.2% vs. 7.7%) and from somewhere else (26.2% vs. 7.7%). Inversely, the younger non-smokers had lower proportions noticing anti-smoking information from radio (21.8% vs. 30.7%) and local radio or loudspeakers (33.2% vs. 42.1%). Non-smokers living in urban areas were more likely to notice anti-smoking information than non-smokers living in rural areas, in newspapers or magazines (42.5% vs. 26.1%), on billboards (54.4% vs. 39.2%), on the Internet (23.4% vs. 8.5%), on posters (41.7% vs. 22.7%), and on leaflets/pamphlets (10.6% vs. 6.9%); those living in rural areas were more likely to notice anti-smoking information on the radio (29.9% vs. 24.2%) and on local radio or loudspeakers (41.8% vs. 34.1%).

Table 8-1: Percentage of adults ≥15 years who noticed anti-cigarette smoking information during the last 30 days in various places, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

	Gender					Age(years)						Residence				
Places	C	verall		Male	ı	Female		15-24		≥ 25		Urban		Rural		
						I	Percenta	ıge (95% CI)								
Overall																
In newspapers or in magazines	30.8	(29.4, 32.2)	32.7	(30.8, 34.7)	28.9	(27.4, 30.6)	33.5	(30.7, 36.3)	29.8	(28.4, 31.3)	42.2	(40.1, 44.3)	25.7	(24.0, 27.5)		
On television or the radio	87.2	(85.9, 88.4)	88.1	(86.4, 89.6)	86.4	(84.9, 87.8)	84.3	(81.6, 86.7)	88.2	(87.0, 89.3)	87.4	(85.9, 88.7)	87.1	(85.3, 88.7)		
On television	85.9	(84.6, 87.2)	86.8	(85.0, 88.4)	85.1	(83.5, 86.5)	83.4	(80.7, 85.8)	86.8	(85.6, 87.9)	86.3	(84.8, 87.7)	85.7	(83.9, 87.4)		
On the radio	28.0	(26.6, 29.5)	28.6	(26.7, 30.5)	27.5	(25.8, 29.3)	21.5	(19.0, 24.2)	30.3	(28.8, 31.8)	24.7	(22.9, 26.6)	29.5	(27.7, 31.4)		
On billboards	42.8	(41.2, 44.4)	43.2	(41.0, 45.4)	42.5	(40.5, 44.4)	45.9	(42.7, 49.2)	41.7	(40.1, 43.4)	53.8	(51.8, 55.9)	37.9	(35.8, 40.1)		
Internet	12.0	(11.1, 12.9)	13.4	(12.0, 14.8)	10.7	(9.6, 11.8)	25.5	(22.9, 28.3)	7.3	(6.6, 8.0)	21.8	(20.1, 23.6)	7.6	(6.7, 8.8)		
Local radio, loud speaker	38.2	(36.3, 40.1)	34.1	(32.0, 36.3)	42.1	(39.9, 44.3)	32.1	(29.0, 35.4)	40.3	(38.4, 42.3)	33.5	(31.0, 36.0)	40.3	(37.8, 42.8)		
Poster	27.6	(26.2, 29.1)	27.7	(25.8, 29.6)	27.6	(25.9, 29.3)	27.5	(24.9, 30.3)	27.7	(26.2, 29.2)	41.1	(38.9, 43.3)	21.7	(19.9, 23.6)		
Leaflets/Pamphlets	7.7	(6.9, 8.5)	7.2	(6.2, 8.3)	8.1	(7.2, 9.1)	7.8	(6.3, 9.6)	7.6	(6.8, 8.5)	10.5	(9.3, 11.7)	6.4	(5.5, 7.5)		
Somewhere else	12.0	(11.1, 12.9)	13.4	(12.0, 14.8)	10.7	(9.6, 11.8)	25.5	(22.9, 28.3)	7.3	(6.6, 8.0)	21.8	(20.1, 23.6)	7.6	(6.7, 8.8)		
Any Location	91.6	(90.5, 92.7)	92.3	(90.7, 93.6)	91.0	(89.7, 92.2)	90.6	(88.2, 92.6)	92.0	(91.0, 92.9)	93.9	(92.9, 94.7)	90.7	(89.0, 92.1)		
Current smokers ¹																
In newspapers or in magazines	29.5	(26.9, 32.2)	30.3	(27.7, 33.0)	4.7	(1.9, 11.1)	29.0	(21.6, 37.8)	29.6	(26.9, 32.4)	41.2	(37.2, 45.3)	24.5	(21.3, 27.9)		
On television or the radio	87.6	(84.9, 89.8)	88.2	(85.8, 90.3)	67.4	(48.2, 82.1)	79.4	(69.9, 86.5)	89.0	(86.8, 90.8)	88.1	(85.6, 90.3)	87.3	(83.6, 90.3)		
On television	86.4	(83.6, 88.7)	87.0	(84.5, 89.2)	66.5	(47.6, 81.3)	79.4	(69.9, 86.5)	87.6	(85.2, 89.6)	87.1	(84.4, 89.5)	86.0	(82.2, 89.2)		
On the radio	27.7	(25.4, 30.2)	28.3	(25.9, 30.8)	10.6	(5.1, 20.8)	19.1	(13.5, 26.3)	29.2	(26.7, 31.8)	26.3	(23.2, 29.7)	28.3	(25.3, 31.6)		
On billboards	39.3	(36.6, 42.1)	40.0	(37.3, 42.8)	18.7	(10.6, 30.9)	40.9	(32.2, 50.1)	39.1	(36.4, 41.8)	51.8	(48.1, 55.4)	34.0	(30.6, 37.6)		
Internet	8.3	(6.9, 9.8)	8.5	(7.1, 10.1)	0.7	(0.1, 5.1)	20.7	(14.4, 28.8)	6.2	(5.1, 7.4)	16.4	(13.9, 19.3)	4.8	(3.4, 6.8)		
Local radio, loud speaker	34.2	(31.4, 37.1)	34.5	(31.7, 37.3)	25.6	(15.1, 40.0)	25.3	(18.7, 33.2)	35.7	(32.8, 38.7)	31.3	(27.7, 35.1)	35.4	(31.8, 39.2)		
Poster	24.8	(22.5, 27.4)	25.3	(22.9, 27.9)	9.7	(4.2, 20.9)	22.1	(15.5, 30.4)	25.3	(22.9, 27.9)	39.2	(35.7, 42.9)	18.7	(15.8, 22.0)		
Leaflets/Pamphlets	6.4	(5.1, 8.0)	6.6	(5.3, 8.2)	0.8	(0.1, 5.5)	7.5	(4.2, 13.0)	6.2	(4.9, 7.9)	10.1	(8.0, 12.6)	4.8	(3.3, 7.0)		
Somewhere else	8.3	(6.9, 9.8)	8.5	(7.1, 10.1)	0.7	(0.1, 5.1)	20.7	(14.4, 28.8)	6.2	(5.1, 7.4)	16.4	(13.9, 19.3)	4.8	(3.4, 6.8)		
Any Location	91.6	(89.0, 93.7)	92.3	(89.9, 94.1)	72.5	(51.7, 86.6)	85.2	(75.4, 91.6)	92.7	(90.7, 94.3)	95.1	(93.3, 96.5)	90.1	(86.5, 92.9)		
Non-smokers ²																
In newspapers or in magazines	31.2	(29.7, 32.7)	34.9	(32.2, 37.6)	29.3	(27.7, 30.9)	34.1	(31.3, 37.1)	29.9	(28.3, 31.5)	42.5	(40.3, 44.7)	26.1	(24.2, 28.0)		
On television or the radio	87.1	(85.8, 88.3)	87.9	(85.8, 89.8)	86.6	(85.2, 88.0)	85.1	(82.5, 87.4)	87.9	(86.6, 89.1)	87.1	(85.6, 88.6)	87.1	(85.3, 88.7)		
On television	85.8	(84.4, 87.0)	86.6	(84.5, 88.5)	85.3	(83.8, 86.7)	84.0	(81.3, 86.4)	86.5	(85.2, 87.7)	86.1	(84.4, 87.6)	85.6	(83.8, 87.3)		
On the radio	28.1	(26.6, 29.7)	28.8	(26.3, 31.6)	27.8	(26.0, 29.6)	21.8	(19.2, 24.7)	30.7	(29.0, 32.5)	24.2	(22.3, 26.2)	29.9	(27.8, 32.1)		

			Gender					Age(ye	ears)		Residence			
Places	Overall		Male		Female		15-24		≥ 25		Urban			Rural
				Percentage (95% CI)										
On billboards	43.9	(42.1, 45.6)	46.0	(43.0, 49.0)	42.8	(40.9, 44.8)	46.7	(43.3, 50.1)	42.7	(40.9, 44.6)	54.4	(52.3, 56.6)	39.2	(36.9, 41.5)
Internet	13.1	(12.1, 14.2)	17.7	(15.7, 20.1)	10.8	(9.8, 12.0)	26.2	(23.5, 29.1)	7.7	(6.9, 8.6)	23.4	(21.6, 25.4)	8.5	(7.4, 9.9)
Local radio, loud speaker	39.4	(37.5, 41.5)	33.7	(31.0, 36.6)	42.3	(40.1, 44.6)	33.2	(29.8, 36.7)	42.1	(40.0, 44.2)	34.1	(31.6, 36.7)	41.8	(39.2, 44.5)
Poster	28.5	(27.0, 30.1)	29.8	(27.3, 32.5)	27.9	(26.2, 29.6)	28.4	(25.6, 31.3)	28.6	(26.9, 30.3)	41.7	(39.3, 44.1)	22.7	(20.8, 24.7)
Leaflets/Pamphlets	8.0	(7.2, 9.0)	7.7	(6.2, 9.4)	8.2	(7.3, 9.2)	7.9	(6.3, 9.8)	8.1	(7.2, 9.1)	10.6	(9.3, 12.0)	6.9	(5.8, 8.2)
Somewhere else	13.1	(12.1, 14.2)	17.7	(15.7, 20.1)	10.8	(9.8, 12.0)	26.2	(23.5, 29.1)	7.7	(6.9, 8.6)	23.4	(21.6, 25.4)	8.5	(7.4, 9.9)
Any Location	91.6	(90.5, 92.7)	92.3	(90.3, 93.9)	91.3	(90.1, 92.4)	91.5	(89.1, 93.4)	91.7	(90.6, 92.7)	93.5	(92.3, 94.5)	90.8	(89.2, 92.2)

¹ Includes daily and occasional(less than daily) smokers.

² Includes former and never smokers.

8.2 Noticing health warning label on cigarette packets and considering quitting among smokers

The percentage of current smokers who had noticed health warnings on cigarette packages in the last 30 days was defined as the number of current smokers who had noticed health warnings on cigarette packages in the last 30 days divided by the number of current smokers.

The percentage of current tobacco smokers who reported thinking about quitting smoking in the last 30 days because of warning labels on cigarette packs was defined as number of current smokers who thought about quitting smoking in the last 30 days because of the warning labels on cigarette packs divided by the number of current smokers.

Table 8-2 shows that 92.4% of current smokers had noticed health warnings on cigarette packs and 66.7% of current smokers thought about quitting smoking because of those health warnings. More male smokers noticed health warning labels than female smokers (93.3% vs. 64.3%) or thought about quitting smoking because of health warning labels (67.6% vs. 38.1%).

Regarding age, those in the age group of 65 and over had a slightly lower proportion of noticing health warnings on cigarette packs than other age groups (83.9% vs. 90.1%-94.5%). The proportion of those in the 65 and older age group who thought about quitting smoking because of warning labels was also lower than that in other age groups (51% vs. 64.4%-69.7%).

Current smokers who lived in urban areas were more likely to have noticed health warnings on cigarette packs compared to those in rural areas (96.3% vs. 90.7%). But these two groups did not significantly differ from each other in terms of thinking about quitting because of warning labels.

By education levels, those who had primary or less education had lower proportions than those who had a lower secondary education or higher in terms of noticing health warning labels, (81.3% vs. 94.3%-98.2%) and thinking about quitting smoking (51.7% vs. 69.9%-74.7%).

Regarding occupation, all office workers (100%) had noticed health warning labels and 91.7% had thought about quitting smoking because of the warning labels. Farmers were least likely to have noticed health warning labels (89.4%), and those doing sales/services were the group with the lowest proportion thinking about quitting smoking (61.5%).

Table 8-2: Percentage of current smokers ≥15 years who noticed health warnings on cigarette packages and considered quitting because of the warning labels during the last 30 days, by selected demographic characteristics – GATS Viet Nam, 2010.

	Current smokers ¹ who									
Demographic Characteristics		h warnings on package ²	_	out quitting varning label ²						
		Percentag	ne(95% CI)							
Overall	92.4	(90.7, 93.8)	66.7	(63.9, 69.4)						
Gender										
Male	93.3	(91.7, 94.6)	67.6	(64.9, 70.1)						
Female	64.3	(50.4, 76.1)	38.1	(25.1, 53.0)						
Age (years)										
15-24	94.5	(89.5, 97.1)	66.9	(58.2, 74.6)						
25-44	94.0	(91.8, 95.7)	69.7	(66.1, 73.0)						
45-64	90.1	(86.9, 92.6)	64.4	(60.0, 68.6)						
65+	83.9	(76.4, 89.3)	51.0	(42.5, 59.4)						
Residence										
Urban	96.3	(94.6, 97.4)	64.5	(61.0, 67.9)						
Rural	90.7	(88.4, 92.6)	67.6	(63.9, 71.1)						
Education Level ³										
Primary or less	81.3	(76.0, 85.6)	51.7	(45.5, 57.8)						
Lower secondary	94.3	(92.2, 95.8)	69.9	(66.5, 73.1)						
Upper secondary	97.7	(94.6, 99.0)	74.7	(68.4, 80.1)						
College or above	98.2	(95.2, 99.4)	74.1	(67.0, 80.2)						
Occupation										
Manager/Professional	97.2	(88.5, 99.3)	74.2	(65.2, 81.6)						
Office Worker	100.0		91.7	(74.3, 97.7)						
Service/Sales	94.1	(89.3, 96.8)	61.5	(54.7, 67.9)						
Farming	89.4	(86.2, 91.9)	67.9	(63.2, 72.1)						
Forestry/Fishing	97.1	(88.9, 99.3)	64.0	(47.8, 77.5)						
Construction/Mining	97.2	(93.4, 98.9)	70.3	(60.6, 78.6)						
Production/Driving	96.8	(94.1, 98.3)	66.9	(59.9, 73.2)						
Other	87.6	(70.3, 95.5)	67.5	(52.3, 79.7)						

¹ Includes daily and occasional(less than daily) smokers.

² During the last 30 days.

³ Education level is reported only among respondents 25+ years old.

8.3 Noticing cigarette marketing in various public places among adults

The key indicator for this section is the percentage of adults age 15 years and above who had noticed any advertisements or signs promoting cigarettes. This indicator is calculated by dividing the number of respondents who said they had noticed any advertisement or signs promoting cigarettes by the total number of respondents.

Table 8-3 presents the distribution of adults age 15 and above who had noticed cigarette marketing in public places and the media, such as in stores where cigarettes are sold, on television, radio, billboards, posters, newspapers or magazines, on the Internet, in cinemas, pubs/bars/karaoke shops, in public transportation stations, and on public walls.

The overall percentage noticing any kind of tobacco advertising, sponsorship or promotions was 16.9%. Men (19.9%), those in the 15-24 year old age group (25.3%) and those living in urban areas (25.1%) were more likely to have noticed tobacco advertisement, sponsorship or promotion, compared to women (14.1%), those 25 and older (14%), and those living in rural areas (13.3%).

Overall, the percentage that had noticed advertisements in stores was highest (8.6%), followed by restaurants/coffee or tea shops (3.7%) and on television (2.1%), and was lowest in cinemas (0.2%). The patterns of noticing advertisements between men and women were almost identical, except that the proportion of males that noticed advertisements in restaurants/coffee or tea shops was higher than that of females (4.7% vs. 2.7%). In general, the younger age group (15-24) had slightly higher proportions noticing all kind of advertisements. In comparison with those ages 25 and over, those in the 15-24 age group had a higher proportion of noticing advertisements in stores (13.5% vs. 6.8%), on the Internet (1.1% vs. 0.2%) and in restaurants/coffee or tea shops (5.8% vs. 2.9%). Those who lived in urban areas were more exposed to tobacco advertisements than those who lived in rural areas, including advertisements in stores (12.8% vs. 6.7%), on the Internet (1.0% vs. 0.1%), on public walls (1.6% vs. 0.6%) and in restaurants/coffee or tea shops (7.4% vs. 2.0%).

The overall percentage that had noticed sport sponsorships was 0.9%. Men and those in the 15-24 age group were more exposed to sport sponsorships than women (1.2% vs. 0.6%) and those age 25 and over (1.6% vs. 0.7%), respectively. Regarding cigarette promotions, noticing clothing or items with a tobacco brand name or logo was the most common (3.2%) and noticing any other promotions was the least common (0.2%). The overall percentage of noticing event sponsored by tobacco was 0.6%.

Table 8-3: Percentage of adults ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Viet Nam, 2010.

				Gend	der		Age(years)				Residence			
Places	(Overall		Male	ı	emale		15-24		≥ 25		Urban		Rural
							Percer	ntage (95% CI)						
Noticed advertisements														
In stores	8.6	(7.8, 9.4)	9.9	(8.8, 11.2)	7.3	(6.3, 8.4)	13.5	(11.6, 15.7)	6.8	(6.1, 7.6)	12.8	(11.4, 14.2)	6.7	(5.7, 7.8)
On television	2.1	(1.6, 2.6)	2.1	(1.5, 2.8)	2.1	(1.6, 2.8)	2.2	(1.5, 3.4)	2.0	(1.6, 2.6)	1.6	(1.2, 2.3)	2.3	(1.7, 3.0)
On the radio	0.6	(0.4, 0.9)	0.6	(0.4, 1.1)	0.6	(0.3, 1.1)	0.7	(0.3, 1.7)	0.6	(0.4, 0.9)	0.3	(0.2, 0.6)	0.7	(0.5, 1.2)
On billboards	0.7	(0.5, 1.0)	0.7	(0.4, 1.1)	0.7	(0.5, 1.1)	0.9	(0.5, 1.8)	0.6	(0.4, 0.9)	1.1	(0.7, 1.6)	0.5	(0.3, 0.9)
On posters	0.4	(0.3, 0.6)	0.3	(0.2, 0.5)	0.5	(0.3, 0.8)	0.6	(0.3, 1.2)	0.3	(0.2, 0.5)	0.7	(0.4, 1.1)	0.3	(0.1, 0.5)
In newspapers or magazines	0.7	(0.5, 1.0)	0.7	(0.4, 1.2)	0.7	(0.5, 1.1)	1.2	(0.6, 2.2)	0.6	(0.4, 0.8)	0.8	(0.6, 1.2)	0.7	(0.4, 1.1)
In cinemas	0.2	(0.1, 0.4)	0.4	(0.2, 0.8)	0.1	(0.0, 0.3)	0.4	(0.2, 0.9)	0.2	(0.1, 0.4)	0.5	(0.3, 0.8)	0.1	(0.0, 0.5)
On the internet	0.4	(0.3, 0.6)	0.6	(0.4, 1.0)	0.2	(0.1, 0.5)	1.1	(0.7, 1.9)	0.2	(0.1, 0.3)	1.0	(0.7, 1.6)	0.1	(0.1, 0.3)
On public transportation stations	0.8	(0.5, 1.2)	0.9	(0.6, 1.3)	0.7	(0.4, 1.4)	1.1	(0.6, 2.1)	0.7	(0.5, 1.0)	1.1	(0.8, 1.7)	0.7	(0.4, 1.2)
On public walls	1.0	(0.7, 1.2)	0.9	(0.6, 1.3)	1.0	(0.7, 1.4)	1.4	(0.9, 2.1)	0.8	(0.6, 1.1)	1.6	(1.2, 2.2)	0.6	(0.4, 1.0)
Restaurants/café/tea shops	3.7	(3.1, 4.3)	4.7	(3.9, 5.6)	2.7	(2.1, 3.5)	5.8	(4.6, 7.3)	2.9	(2.4, 3.6)	7.4	(6.3, 8.7)	2.0	(1.5, 2.8)
Somewhere else	0.6	(0.5, 0.9)	0.8	(0.5, 1.4)	0.5	(0.3, 0.7)	0.9	(0.4, 2.0)	0.5	(0.4, 0.8)	1.0	(0.7, 1.4)	0.5	(0.3, 0.9)
Noticed sports sponsorship	0.9	(0.7, 1.2)	1.2	(0.9, 1.7)	0.6	(0.4, 0.9)	1.6	(1.0, 2.5)	0.7	(0.5, 0.9)	1.3	(0.9, 1.8)	0.8	(0.5, 1.1)
Noticed musical, theater, art/fashion event														
sponsorship	0.6	(0.4, 0.8)	0.6	(0.4, 0.9)	0.6	(0.4, 0.9)	0.7	(0.4, 1.4)	0.5	(0.4, 0.8)	0.9	(0.6, 1.3)	0.4	(0.3, 0.7)
Noticed cigarette promotions														
Free samples	0.8	(0.6, 1.1)	1.3	(1.0, 1.7)	0.4	(0.2, 0.7)	1.0	(0.6, 1.6)	8.0	(0.6, 1.0)	2.0	(1.5, 2.7)	0.3	(0.2, 0.5)
Sale prices	0.7	(0.5, 0.9)	0.7	(0.5, 1.0)	0.7	(0.5, 1.1)	1.1	(0.6, 1.8)	0.6	(0.4, 0.8)	1.3	(0.9, 1.8)	0.4	(0.3, 0.7)
Coupons	1.0	(0.7, 1.4)	1.3	(0.9, 1.8)	0.8	(0.4, 1.3)	1.0	(0.6, 1.9)	1.0	(0.7, 1.4)	1.2	(0.9, 1.7)	0.9	(0.6, 1.4)
Free gifts/discounts on other products	1.2	(0.9, 1.5)	1.7	(1.2, 2.3)	0.7	(0.5, 1.1)	1.6	(1.0, 2.5)	1.1	(0.8, 1.4)	2.0	(1.5, 2.6)	0.8	(0.5, 1.3)
Clothing/item with brand name or logo	3.2	(2.7, 3.6)	4.4	(3.7, 5.3)	1.9	(1.5, 2.4)	5.0	(4.0, 6.3)	2.5	(2.1, 2.9)	5.8	(5.0, 6.8)	2.0	(1.5, 2.5)
Other cigarette promotions	0.2	(0.1, 0.4)	0.3	(0.2, 0.6)	0.1	(0.1, 0.3)	0.2	(0.1, 0.5)	0.2	(0.1, 0.4)	0.5	(0.3, 0.8)	0.1	(0.0, 0.3)
Noticed any advertisement, sponsorship, or														
promotion	16.9	(15.8, 18.1)	19.9	(18.3, 21.5)	14.1	(12.8, 15.6)	25.3	(22.9, 27.9)	14.0	(12.9, 15.1)	25.1	(23.1, 27.1)	13.3	(11.9, 14.8)

^{*}Estimate based on less than 25 un-weighted cases.

8.4 Noticed cigarette marketing in various places among current smokers

The key indicator for this section is the percentage of current smokers age 15 years and above who had noticed any advertisements or signs promoting cigarettes. This indicator was calculated by dividing the number of current smokers age 15 and above who had noticed any advertisements or signs promoting cigarettes by the total number of current smokers age 15 and above.

Table 8-4 shows percentages of current smokers who had noticed cigarette advertisements, sport sponsorships, cigarette promotions, event sponsorships or any kind of marketing by sex, age group and residence.

Overall, 19.1% of current smokers had noticed any kind of advertisement, sponsorship or promotion. Current smokers in the 15-24 age group and those living in urban areas had higher proportions noticing any kind of advertisement, sponsorship or promotion as compared to those over age 25 (27.9% vs. 17.6%), and those living in rural areas (30.5% vs. 14.2%), respectively.

The pattern of noticing advertisements among current smokers was similar to that in the overall sample. The highest proportion of current smokers who had noticed advertisements was in stores (9.4%) and the lowest was on posters, in cinemas, and on the Internet (0.2%). A higher proportion of those in the 15-24 age group had noticed advertisements in stores than those 25 years old and above (16.8% vs. 8.2%). Compared to those living in rural areas, those living in urban areas had higher proportions of noticing advertisements in stores (15.3% vs. 6.9%) and in restaurant/coffee or tea shops (7.9% vs. 2.5%).

The percentage of noticing sport sponsorships among current smokers was 0.8%. The percentages noticing cigarette promotions were generally higher among male smokers, younger groups and those living in urban areas. The percentage of current smokers that noticed other event sponsorships (music, theater, art/fashion) was 0.5%. The percentage noticing event sponsorships among people living in urban areas was higher than among those living in rural areas (1.3% vs. 0.1%, respectively).

8.5 Noticed cigarette marketing in various places among non-smokers

The key indicator for this section is the percentage of non-smokers age 15 and above who had noticed any advertisements or signs promoting cigarettes. This indicator is calculated by dividing the number of non-smokers age 15 and above who had noticed any advertisements or signs promoting cigarettes by the total number of non-smokers age 15 and above.

Table 8-5 shows that the pattern of noticing cigarette advertisements, sponsorships and promotions among non-smokers was similar to that among the overall sample.

Table 8-4: Percentage of current smokers ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Viet Nam, 2010.

				Gend	ler		Age(years)				Residence			
Places	C	Overall		Male	F	emale		15-24		≥ 25		Urban		Rural
							Percento	age (95% CI)						
Noticed advertisements														
In stores	9.4	(7.9, 11.3)	9.4	(7.9, 11.3)	8.6	(4.0, 17.5)	16.8	(10.9, 25.0)	8.2	(6.8, 9.8)	15.3	(12.6, 18.5)	6.9	(5.1, 9.3)
On television	2.1	(1.4, 3.1)	2.1	(1.4, 3.2)	0.0		2.4	(0.8, 6.9)	2.0	(1.3, 3.1)	1.4	(0.7, 3.0)	2.3	(1.5, 3.7)
On the radio	0.7	(0.3, 1.5)	0.7	(0.3, 1.5)	0.0		0.0		8.0	(0.4, 1.7)	0.2	(0.0, 0.7)	0.9	(0.4, 2.0)
On billboards	0.6	(0.3, 1.1)	0.6	(0.3, 1.2)	0.0		1.2	(0.3, 5.5)	0.5	(0.3, 0.9)	1.3	(0.6, 3.0)	0.3	(0.1, 0.8)
On posters	0.2	(0.1, 0.5)	0.2	(0.1, 0.5)	0.0		0.3	(0.0, 2.5)	0.2	(0.1, 0.5)	0.5	(0.1, 1.5)	0.1	(0.0, 0.6)
In newspapers or magazines	0.3	(0.1, 0.7)	0.3	(0.1, 0.7)	0.0		0.1	(0.0, 0.9)	0.3	(0.1, 0.8)	0.2	(0.0, 0.7)	0.4	(0.1, 0.9)
In cinemas	0.2	(0.0, 1.3)	0.3	(0.0, 1.3)	0.0		0.2	(0.0, 1.6)	0.3	(0.0, 1.7)	0.1	(0.0, 0.7)	0.3	(0.0, 2.1)
On the internet	0.2	(0.1, 0.8)	0.2	(0.1, 0.8)	0.0		1.2	(0.3, 5.3)	0.1	(0.0, 0.4)	0.6	(0.1, 2.6)	0.1	(0.0, 0.5)
On public transportation	0.8	(0.5, 1.3)	0.8	(0.5, 1.3)	0.0		0.4	(0.1, 2.7)	0.9	(0.5, 1.4)	1.2	(0.6, 2.5)	0.6	(0.3, 1.2)
On public walls	0.8	(0.5, 1.3)	0.8	(0.5, 1.3)	1.1	(0.2, 4.8)	0.3	(0.0, 2.3)	0.9	(0.5, 1.5)	1.5	(0.8, 2.8)	0.5	(0.2, 1.2)
Restaurants/café/tea shops	4.1	(3.2, 5.4)	4.2	(3.2, 5.4)	3.1	(1.2, 8.2)	7.5	(3.8, 14.3)	3.6	(2.7, 4.6)	7.9	(6.2, 10.1)	2.5	(1.4, 4.2)
Somewhere else	0.8	(0.4, 1.5)	0.8	(0.4, 1.4)	2.4	(0.4, 11.9)	1.9	(0.5, 7.8)	0.6	(0.4, 1.0)	1.2	(0.7, 2.2)	0.6	(0.2, 1.7)
Noticed sports sponsorship	0.8	(0.4, 1.4)	0.8	(0.4, 1.5)	0.3	(0.0, 2.0)	1.2	(0.3, 5.4)	0.7	(0.4, 1.3)	1.1	(0.6, 1.9)	0.6	(0.2, 1.7)
Noticed musical, theater, art/fashion event														
sponsorship	0.5	(0.3, 0.8)	0.5	(0.3, 0.9)	0.0		0.2	(0.0, 1.5)	0.5	(0.3, 0.9)	1.3	(0.7, 2.4)	0.1	(0.0, 0.5)
Noticed cigarette promotions														
Free samples	1.5	(1.0, 2.1)	1.5	(1.1, 2.1)	0.0		2.2	(0.9, 4.9)	1.4	(0.9, 2.0)	3.7	(2.6, 5.3)	0.5	(0.2, 1.1)
Sale prices	0.6	(0.4, 1.1)	0.6	(0.4, 1.1)	0.0		0.6	(0.2, 2.2)	0.6	(0.3, 1.1)	1.1	(0.6, 2.0)	0.4	(0.2, 1.1)
Coupons	1.7	(1.1, 2.5)	1.7	(1.2, 2.6)	0.0		2.8	(1.1, 7.2)	1.5	(1.0, 2.3)	2.5	(1.5, 4.1)	1.4	(0.7, 2.4)
Free gifts/discounts on other products	1.8	(1.3, 2.6)	1.9	(1.3, 2.6)	0.0		2.5	(1.0, 6.0)	1.7	(1.2, 2.4)	3.7	(2.4, 5.6)	1.0	(0.6, 1.8)
Clothing/item with brand name or logo	4.4	(3.4, 5.5)	4.5	(3.5, 5.6)	1.4	(0.2, 9.7)	7.7	(4.4, 13.4)	3.8	(2.9, 4.9)	8.4	(6.4, 10.8)	2.7	(1.7, 4.0)
Other cigarette promotions	0.4	(0.2, 1.0)	0.4	(0.2, 1.0)	0.0		0.0		0.5	(0.2, 1.1)	1.0	(0.5, 1.9)	0.2	(0.0, 1.4)
Noticed any advertisement, sponsorship, or														
promotion	19.1	(17.0, 21.2)	19.3	(17.2, 21.5)	12.5	(6.8, 21.8)	27.9	(21.2, 35.8)	17.6	(15.6, 19.7)	30.5	(27.1, 34.0)	14.2	(11.8, 17.0)

Note: Current smokers includes daily and occasional(less than daily) smokers.

Table 8-5: Percentage of current non-smokers ≥15 years who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Viet Nam, 2010.

				Gend	ler			Age(ye	ears)		Residence			
Places	C	verall		Male	I	Female		15-24		≥ 25		Urban		Rural
						ı	Percenta	ge (95% CI)						
Noticed advertisements														
In stores	8.3	(7.4, 9.2)	10.4	(8.8, 12.1)	7.3	(6.3, 8.4)	13.0	(11.1, 15.3)	6.3	(5.5, 7.2)	12.0	(10.5, 13.6)	6.7	(5.6, 7.9)
On television	2.1	(1.6, 2.7)	2.0	(1.3, 2.9)	2.1	(1.6, 2.9)	2.2	(1.4, 3.5)	2.0	(1.5, 2.7)	1.7	(1.2, 2.4)	2.3	(1.6, 3.1)
On the radio	0.6	(0.4, 1.0)	0.6	(0.3, 1.3)	0.6	(0.3, 1.1)	0.8	(0.3, 2.0)	0.5	(0.3, 0.8)	0.4	(0.2, 0.8)	0.7	(0.4, 1.3)
On billboards	0.7	(0.5, 1.1)	0.7	(0.4, 1.4)	0.7	(0.5, 1.1)	0.9	(0.4, 1.9)	0.7	(0.5, 1.0)	1.0	(0.6, 1.6)	0.6	(0.3, 1.1)
On posters	0.5	(0.3, 0.7)	0.4	(0.2, 0.8)	0.5	(0.3, 0.8)	0.6	(0.3, 1.3)	0.4	(0.2, 0.7)	0.7	(0.5, 1.2)	0.3	(0.2, 0.7)
In newspapers or magazines	0.9	(0.6, 1.2)	1.1	(0.6, 1.9)	0.7	(0.5, 1.2)	1.4	(0.7, 2.5)	0.7	(0.5, 1.0)	1.0	(0.7, 1.5)	0.8	(0.5, 1.3)
In cinemas	0.2	(0.1, 0.4)	0.4	(0.2, 0.9)	0.1	(0.0, 0.3)	0.4	(0.2, 1.0)	0.2	(0.1, 0.3)	0.6	(0.3, 1.0)	0.1	(0.0, 0.3)
On the internet	0.5	(0.3, 0.7)	0.9	(0.6, 1.5)	0.2	(0.1, 0.5)	1.1	(0.6, 1.9)	0.2	(0.1, 0.3)	1.2	(0.7, 1.8)	0.2	(0.1, 0.4)
On public transportation	0.8	(0.5, 1.3)	1.0	(0.5, 1.7)	0.7	(0.4, 1.4)	1.2	(0.6, 2.3)	0.6	(0.4, 1.0)	1.1	(0.7, 1.7)	0.7	(0.3, 1.4)
On public walls	1.0	(0.7, 1.3)	1.0	(0.6, 1.7)	1.0	(0.7, 1.4)	1.5	(1.0, 2.4)	0.8	(0.5, 1.1)	1.7	(1.2, 2.4)	0.7	(0.4, 1.1)
Restaurants/café/tea shops	3.5	(3.0, 4.2)	5.2	(4.1, 6.5)	2.7	(2.1, 3.5)	5.5	(4.3, 7.0)	2.7	(2.2, 3.4)	7.2	(6.0, 8.7)	1.9	(1.3, 2.7)
Somewhere else	0.6	(0.4, 0.9)	0.9	(0.5, 1.7)	0.4	(0.3, 0.7)	0.8	(0.4, 1.6)	0.5	(0.3, 0.8)	0.9	(0.6, 1.4)	0.5	(0.2, 0.9)
Noticed sports sponsorship	1.0	(0.7, 1.3)	1.6	(1.1, 2.4)	0.6	(0.4, 0.9)	1.6	(1.0, 2.6)	0.7	(0.5, 0.9)	1.3	(0.9, 1.9)	0.8	(0.5, 1.2)
Noticed musical, theater, art/fashion event														
sponsorship	0.6	(0.4, 0.9)	0.7	(0.4, 1.2)	0.6	(0.4, 0.9)	0.8	(0.4, 1.5)	0.5	(0.3, 0.8)	8.0	(0.5, 1.3)	0.5	(0.3, 0.9)
Noticed cigarette promotions														
Free samples	0.6	(0.4, 0.9)	1.1	(0.6, 1.8)	0.4	(0.2, 0.7)	0.8	(0.4, 1.5)	0.6	(0.4, 0.9)	1.5	(1.0, 2.3)	0.2	(0.1, 0.5)
Sale prices	0.7	(0.5, 1.0)	0.8	(0.5, 1.3)	0.7	(0.5, 1.1)	1.1	(0.7, 2.0)	0.6	(0.4, 0.9)	1.4	(0.9, 2.0)	0.5	(0.3, 0.8)
Coupons	0.8	(0.5, 1.2)	0.9	(0.5, 1.7)	8.0	(0.5, 1.3)	0.8	(0.3, 1.7)	8.0	(0.5, 1.3)	8.0	(0.5, 1.3)	0.8	(0.5, 1.4)
Free gifts/discounts on other products	1.0	(0.7, 1.4)	1.5	(0.9, 2.6)	0.7	(0.5, 1.1)	1.4	(0.8, 2.4)	8.0	(0.6, 1.2)	1.5	(1.1, 2.1)	0.8	(0.4, 1.4)
Clothing/item with brand name or logo	2.8	(2.3, 3.3)	4.4	(3.5, 5.6)	1.9	(1.5, 2.4)	4.6	(3.6, 5.9)	2.0	(1.6, 2.5)	5.0	(4.2, 6.0)	1.8	(1.3, 2.4)
Other cigarette promotions	0.1	(0.1, 0.3)	0.2	(0.1, 0.4)	0.1	(0.1, 0.3)	0.2	(0.1, 0.6)	0.1	(0.1, 0.2)	0.4	(0.2, 0.7)	0.1	(0.0, 0.2)
Noticed any advertisement, sponsorship, or														
promotion	16.2	(15.0, 17.6)	20.4	(18.2, 22.8)	14.1	(12.8, 15.6)	24.9	(22.3, 27.7)	12.6	(11.5, 13.9)	23.4	(21.3, 25.7)	13.0	(11.5, 14.7)

Note: Current non-smokers include former and never smokers.

9. Knowledge, Attitudes and Perceptions

9.1 Beliefs that tobacco smoking causes serious illnesses and specific diseases

The percentage of respondents who believe that smoking tobacco causes serious illness is calculated by dividing number of respondents who believe that smoking causes serious illness by the total number of respondents. Table 9-1 presents the percentages of all respondents who were aware of the health effects of tobacco smoking by socio-demographic groups. Almost all adults (95.7%) believed that smoking caused serious diseases and illnesses. The percentage of respondents aware that smoking caused lung cancer (95.6%), stroke (70.3%), and heart attack (62.7%) indicated that 55.5% of adults believed that smoking caused all three of these diseases.

Regarding age groups, the proportions of those who believed smoking caused serious illnesses, stroke, heart attack and lung cancer were lowest in the oldest age group (65 and above). Urban adults had a greater perception of all the health effects of smoking than rural adults. Knowledge was generally lowest among adults having primary education or less and among adults involved in forestry or fishing.

Beliefs that tobacco smoking causes serious illnesses and specific diseases among current smokers

Table 9-2 shows the proportions of current smokers who were aware of the health effects of tobacco smoking, including serious illness, heart attack, stroke, lung cancer and the three diseases together.

Current smokers were less aware of the health effects of smoking compared to non-smokers. Different from the general sample, female smokers were less aware of all of the health effects of smoking than were male smokers. The largest difference between male and female smokers was awareness of stroke as a health effect of smoking (the difference was 31.5%). The smallest difference was awareness of heart attack, stroke and lung cancer as a health effect of smoking (the difference was 22.4%).

Among different age groups, current smokers age 65 and above were less likely to be aware of all mentioned health effects than other age groups.

Among educational groups, those with primary education or less had less knowledge of all health effects than other educational groups: serious illness (83.6% vs. 94.4%-97.2%); stroke (44.4% vs. 65.9% -71.9%); heart attack (42.8% vs. 56.7%-71.2%), lung cancer (83.7% vs. 93.2%-97.1%), and all three diseases (35.2% vs. 50.1%-62.5%). Among occupational groups, knowledge was especially low among those involved in forestry and fishing.

Beliefs that tobacco smoking causes serious illnesses and specific diseases among current non-smokers

As shown in Table 9-3, the pattern of awareness of the health effects of smoking among non-smokers was quite similar to the pattern of overall sample.

Almost all non-smokers (96.8%) believed that smoking caused serious diseases and illnesses. The percentage of respondents who believed that smoking caused lung cancer (96.8%), stroke (72.5%), and heart attack (64.8%) resulted in 57.5% of current non-smokers believing that that smoking caused all three of these diseases.

Regarding age groups, the proportions of those who believed smoking caused serious illnesses, stroke, heart attack and lung cancer, were lowest in the oldest age group (65 and above).

Urban non-smokers were more aware of the health effects of smoking than rural non-smokers. Non-smokers who only had a primary education or less were less likely to be aware of the health effects of smoking than other educational groups. Among occupation groups, knowledge was generally low among those in the forestry/fishing group.

Table 9-1: Percentage of adults ≥15 years who believe that smoking causes serious illness, stroke, heart attack, or lung cancer, by selected demographic characteristics – GATS Viet Nam, 2010.

	Adults who believe that smoking causes											
•									Stroke	And Heart		
Demographic									Attac	k And Lung		
Characteristics	Serio	ous illness	S	troke	Hea	rt attack	Lun	g cancer	(Cancer		
				P	ercenta <u>(</u>	ge(95% CI)						
Overall	95.7	(95.0, 96.3)	70.3	(68.6, 71.9)	62.7	(61.0, 64.2)	95.6	(94.8, 96.2)	55.5	(53.8, 57.2)		
Gender												
Male	95.4	(94.4, 96.2)	69.3	(67.2, 71.4)	63.0	(60.8, 65.1)	95.2	(94.3, 96.1)	55.3	(53.0, 57.5)		
Female	96.0	(95.2, 96.8)	71.2	(69.3, 73.0)	62.3	(60.4, 64.2)	95.9	(95.0, 96.6)	55.8	(53.8, 57.7)		
Age (years)												
15-24	97.2	(95.8, 98.1)	75.3	(72.2, 78.2)	61.4	(58.2, 64.5)	97.6	(95.9, 98.6)	55.5	(52.2, 58.8)		
25-44	96.1	(95.1, 96.9)	68.9	(66.7, 71.1)	63.1	(61.0, 65.1)	96.2	(95.2, 96.9)	55.6	(53.3, 57.8)		
45-64	95.6	(94.5, 96.4)	70.6	(68.2, 72.8)	64.5	(62.0, 66.9)	94.9	(93.7, 95.9)	57.7	(55.1, 60.2)		
65+	90.1	(87.6, 92.1)	61.2	(57.5, 64.6)	59.7	(55.9, 63.3)	88.5	(85.8, 90.8)	49.7	(46.0, 53.4)		
Residence												
Urban	97.0	(96.4, 97.5)	72.9	(71.1, 74.6)	67.2	(65.5, 68.9)	97.1	(96.5, 97.6)	59.3	(57.5, 61.2)		
Rural	95.1	(94.1, 96.0)	69.1	(66.9, 71.3)	60.6	(58.4, 62.8)	94.9	(93.8, 95.8)	53.8	(51.5, 56.1)		
Education Level ¹												
Primary or less	88.4	(86.2, 90.3)	54.8	(51.5, 58.0)	51.7	(48.5, 54.9)	88.4	(86.3, 90.3)	43.1	(39.9, 46.4)		
Lower secondary	97.3	(96.5, 97.9)	72.2	(70.2, 74.1)	64.3	(62.2, 66.3)	96.6	(95.8, 97.3)	57.4	(55.2, 59.4)		
Upper secondary	98.2	(96.7, 99.1)	74.4	(70.8, 77.6)	72.2	(68.8, 75.4)	98.1	(96.8, 98.9)	64.5	(60.7, 68.2)		
College or above	98.9	(98.0, 99.4)	79.4	(76.5, 82.1)	77.2	(74.4, 79.8)	98.6	(97.6, 99.1)	68.8	(65.6, 71.8)		
Occupation												
Manager/Professional	99.1	(98.0, 99.6)	79.2	(75.0, 82.8)	75.0	(70.5, 79.0)	98.5	(97.3, 99.2)	67.7	(63.0, 72.1)		
Office Worker	98.9	(96.3, 99.7)	79.6	(71.7, 85.8)	72.2	(63.8, 79.2)	100.0		66.9	(58.5, 74.3)		
Service/Sales	97.2	(95.9, 98.1)	72.5	(69.6, 75.2)	68.0	(65.1, 70.7)	97.3	(95.5, 98.3)	60.3	(57.3, 63.2)		
Farming	94.7	(93.2, 95.9)	66.8	(63.7, 69.7)	59.2	(56.3, 62.1)	94.6	(93.1, 95.8)	52.2	(49.2, 55.2)		
Forestry/Fishing	89.2	(81.3, 94.0)	46.4	(34.7, 58.4)	40.3	(29.6, 52.0)	91.2	(83.3, 95.6)	31.8	(22.6, 42.7)		
Construction/Mining	95.0	(91.0, 97.3)	69.9	(63.4, 75.7)	61.3	(54.5, 67.7)	94.0	(89.3, 96.7)	54.3	(47.5, 60.9)		
Production/Driving	96.2	(93.7, 97.8)	72.4	(68.4, 76.0)	61.0	(56.8, 65.0)	96.4	(94.0, 97.9)	55.6	(51.3, 59.9)		
Other	93.6	(87.4, 96.9)	66.1	(57.3, 73.8)	61.0	(51.7, 69.5)	93.1	(87.1, 96.5)	52.8	(44.4, 61.1)		

¹ Education level is reported only among respondents 25+ years old.

Table 9-2: Percentage of current smokers ≥15 years old who believe that smoking causes serious illness, stroke, heart attack, or lung cancer, by selected demographic characteristics – GATS Viet Nam, 2010.

	Adults who believe that smoking causes												
Demographic										And Heart And Lung			
Characteristics	Serio	us illness	S	troke	Hea	rt attack	Lun	g cancer	C	ancer			
					Percent	age(95% CI)							
Current smokers ¹	92.4	(90.6, 93.8)	63.3	(60.3, 66.1)	55.6	(52.7, 58.5)	91.7	(90.0, 93.1)	49.1	(46.2, 52.0)			
Gender													
Male	93.3	(91.8, 94.5)	64.3	(61.4, 67.0)	56.3	(53.4, 59.2)	92.7	(91.1, 94.0)	49.8	(46.9, 52.7)			
Female	64.5	(49.0, 77.5)	32.8	(21.0, 47.4)	33.4	(21.3, 48.2)	61.7	(47.7, 74.0)	27.4	(16.6, 41.9)			
Age (years)													
15-24	92.5	(86.3, 96.0)	70.4	(61.2, 78.2)	52.4	(43.2, 61.5)	91.3	(84.4, 95.3)	49.3	(40.1, 58.4)			
25-44	93.4	(91.3, 95.1)	64.0	(60.4, 67.5)	56.9	(53.2, 60.5)	93.6	(91.7, 95.1)	50.4	(46.6, 54.1)			
45-64	91.7	(89.0, 93.7)	60.5	(56.3, 64.5)	56.1	(51.9, 60.3)	90.5	(87.6, 92.8)	48.5	(44.2, 52.7)			
65+	86.2	(79.3, 91.1)	52.8	(44.0, 61.3)	49.9	(41.3, 58.6)	81.5	(73.9, 87.3)	40.3	(32.3, 48.9)			
Residence													
Urban	93.9	(92.1, 95.3)	65.9	(62.5, 69.2)	58.8	(55.1, 62.4)	93.5	(91.5, 95.0)	51.9	(48.3, 55.4)			
Rural	91.7	(89.3, 93.6)	62.1	(58.2, 65.9)	54.3	(50.4, 58.1)	90.9	(88.5, 92.8)	47.9	(44.0, 51.8)			
Education Level ²													
Primary or less	83.6	(78.8, 87.5)	44.4	(38.5, 50.5)	42.8	(36.9, 48.9)	83.7	(79.0, 87.5)	35.2	(29.7, 41.1)			
Lower secondary	94.4	(92.6, 95.8)	65.9	(62.4, 69.3)	56.7	(53.0, 60.3)	93.2	(91.2, 94.8)	50.1	(46.4, 53.8)			
Upper secondary	96.2	(92.4, 98.2)	71.9	(65.1, 77.9)	69.6	(62.6, 75.8)	97.1	(94.7, 98.4)	62.5	(55.4, 69.1)			
College or above	97.2	(93.9, 98.7)	69.9	(62.7, 76.3)	71.2	(64.0, 77.5)	96.2	(92.5, 98.1)	61.2	(54.1, 67.8)			
Occupation													
Manager/Professional	98.6	(96.0, 99.5)	74.0	(65.4, 81.1)	67.7	(57.9, 76.2)	97.1	(94.0, 98.6)	60.4	(50.7, 69.3)			
Office Worker	99.2	(94.6, 99.9)	88.8	(70.3, 96.4)	73.5	(51.8, 87.8)	100.0		73.5	(51.8, 87.8)			
Service/Sales	92.7	(87.0, 96.0)	66.5	(59.2, 73.2)	63.3	(56.1, 70.0)	93.8	(88.4, 96.8)	56.5	(49.3, 63.4)			
Farming	92.2	(89.4, 94.3)	61.7	(57.2, 66.1)	54.0	(49.5, 58.5)	91.6	(88.9, 93.7)	47.6	(43.0, 52.2)			
Forestry/Fishing	82.2	(68.7, 90.7)	45.9	(32.3, 60.1)	32.1	(20.5, 46.5)	86.6	(74.4, 93.5)	25.2	(14.3, 40.4)			
Construction/Mining	93.0	(87.1, 96.3)	67.9	(59.7, 75.0)	56.7	(47.9, 65.2)	91.5	(84.4, 95.5)	49.6	(40.9, 58.4)			
Production/Driving	95.0	(91.9, 97.0)	68.3	(61.6, 74.3)	54.1	(47.0, 61.1)	95.2	(92.2, 97.0)	49.8	(42.8, 56.8)			
Other	87.0	(70.7, 94.9)	57.2	(42.5, 70.8)	60.0	(45.2, 73.1)	87.2	(70.8, 95.0)	50.2	(35.8, 64.5)			

¹Includes daily and occasional(less than daily) smokers.

² Education level is reported only among respondents 25+ years old.

Table 9-3: Percentage of non-smokers ≥15 years old who believe that smoking causes serious illness, stroke, heart attack, or lung cancer, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

		Adults who believe that smoking causes											
										e And Heart			
Demographic									Atta	ck And Lung			
Characteristics	Serio	us illness	S	troke	Hea	rt attack	Lun	g cancer		Cancer			
				P	ercentag	re(95% CI)							
Non-smokers ¹	96.8	(96.1, 97.3)	72.5	(70.8, 74.1)	64.8	(63.1, 66.5)	96.8	(96.1, 97.4)	57.5	(55.7, 59.3)			
Gender													
Male	97.3	(96.0, 98.2)	73.9	(71.2, 76.5)	69.0	(66.1, 71.7)	97.6	(96.4, 98.4)	60.2	(57.3, 63.1)			
Female	96.5	(95.8, 97.1)	71.7	(69.9, 73.5)	62.8	(60.9, 64.6)	96.4	(95.5, 97.1)	56.2	(54.2, 58.1)			
Age (years)													
15-24	97.9	(96.7, 98.7)	76.1	(72.9, 79.0)	62.8	(59.5, 66.0)	98.5	(97.3, 99.2)	56.5	(53.1, 59.8)			
25-44	97.2	(96.2, 97.9)	70.9	(68.5, 73.2)	65.5	(63.2, 67.8)	97.2	(96.2, 97.9)	57.6	(55.2, 60.1)			
45-64	97.2	(96.2, 98.0)	74.8	(72.3, 77.2)	68.0	(65.4, 70.5)	96.8	(95.6, 97.7)	61.5	(58.8, 64.2)			
65+	90.8	(88.1, 92.9)	62.6	(58.8, 66.3)	61.4	(57.2, 65.4)	89.8	(86.7, 92.2)	51.4	(47.3, 55.5)			
Residence													
Urban	98.0	(97.4, 98.4)	75.0	(73.2, 76.7)	69.8	(68.0, 71.5)	98.2	(97.8, 98.6)	61.6	(59.6, 63.5)			
Rural	96.2	(95.3, 97.0)	71.3	(69.0, 73.6)	62.6	(60.3, 64.9)	96.1	(95.1, 96.9)	55.7	(53.3, 58.1)			
Education Level ²													
Primary or less	89.9	(87.7, 91.8)	58.1	(54.8, 61.4)	54.5	(51.2, 57.8)	90.0	(87.6, 91.9)	45.7	(42.3, 49.1)			
Lower secondary	98.5	(97.6, 99.0)	74.9	(72.7, 77.0)	67.5	(65.2, 69.7)	98.1	(97.3, 98.7)	60.4	(58.0, 62.8)			
Upper secondary	99.0	(97.0, 99.7)	75.3	(71.0, 79.1)	73.2	(69.2, 76.8)	98.5	(96.6, 99.4)	65.3	(60.7, 69.6)			
College or above	99.4	(98.7, 99.7)	82.0	(79.0, 84.7)	78.8	(75.8, 81.6)	99.2	(98.5, 99.6)	70.9	(67.5, 74.0)			
Occupation													
Manager/Professional	99.3	(97.7, 99.8)	81.2	(76.3, 85.3)	77.8	(73.1, 81.9)	99.1	(97.4, 99.7)	70.6	(65.5, 75.3)			
Office Worker	98.9	(95.6, 99.7)	78.1	(69.3, 85.0)	71.9	(62.9, 79.5)	100.0		65.8	(56.7, 73.9)			
Service/Sales	98.3	(97.4, 98.9)	74.0	(71.0, 76.9)	69.2	(66.2, 72.1)	98.1	(97.0, 98.9)	61.2	(58.0, 64.3)			
Farming	95.7	(94.1, 96.8)	68.8	(65.3, 72.0)	61.3	(58.1, 64.4)	95.8	(94.1, 97.0)	54.1	(50.8, 57.3)			
Forestry/Fishing	98.2	(92.4, 99.6)	47.1	(30.1, 64.7)	50.7	(32.5, 68.7)	97.1	(90.9, 99.1)	40.3	(25.6, 57.0)			
Construction/Mining	98.7	(94.5, 99.7)	73.7	(63.6, 81.8)	69.8	(59.5, 78.4)	98.7	(94.9, 99.7)	63.0	(52.5, 72.3)			
Production/Driving	96.8	(92.8, 98.6)	74.3	(69.4, 78.6)	64.2	(59.2, 68.9)	97.0	(93.0, 98.7)	58.3	(53.1, 63.4)			
Other	97.2	(92.4, 99.0)	70.9	(60.9, 79.2)	61.6	(51.1, 71.0)	96.3	(91.8, 98.4)	54.2	(43.8, 64.3)			

¹Includes former and never smokers.

 $^{^{\}rm 2}$ Education level is reported only among respondents 25+ years old.

9.2 Beliefs about second-hand smoke (SHS) causing serious illness in non-smokers

The percentage of adults who believed that breathing other people's tobacco smoke caused serious illness in non-smokers was calculated by dividing the number of respondents who believed that breathing other people's smoke caused serious illness in non-smokers by the total number of respondents.

Table 9-4 shows that 87% of adults age 15 and above believed that breathing second-hand smoke (SHS) could cause serious illnesses to non-smokers. Current smokers (82.2%) were less likely than non-smokers (88.5%) to believe this. Among all adults, men did not differ from women in terms of awareness of health effects of SHS (87% vs. 86.9%). Among non-smokers, men were more aware of the health effects of SHS than women (90.6% vs. 87.4%). Among current smokers, the difference between sexes was larger, as men were far more aware of the health effects of SHS than women (83.1% vs. 53.6%).

By age group, those in the 65 and over age group were less aware of the health effects of SHS than adults in other age groups (71.7% vs. 84.4%- 92.5%). The pattern was similar among current smokers as well as among current non-smokers.

By residence, adults living in urban areas had greater awareness than those living in rural areas of the health effects of SHS (91.4% vs. 85%). The pattern was similar for current smokers (86.2% vs. 80.5%) and for non-smokers (93% vs. 86.4%).

By educational group, all those with primary education or less were less aware of the health effects of SHS. This was true overall (67.8% vs. 89.3%-96.5%), for current smokers (66.4% vs. 84.3%-92.0%), and for non-smokers (68.3% vs., 91.5% - 98.1%).

Table 9-4: Percentage of adults ≥ 15 years old who believe that breathing other people's smoke causes serious illness in non-smokers, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

	Believe that breathing other people's smoke causes serious illness in									
Demographic			non-s	mokers						
Characteristics	0	verall	Curren	t smokers ¹	Non-smokers ²					
			Percenta	ge(95% CI)						
Overall	87.0	(85.7, 88.1)	82.2	(79.8, 84.3)	88.5	(87.2, 89.6)				
Gender										
Male	87.0	(85.5, 88.4)	83.1	(80.9, 85.1)	90.6	(88.7, 92.2)				
Female	86.9	(85.4, 88.2)	53.6	(39.2, 67.3)	87.4	(86.0, 88.7)				
Age (years)										
15-24	92.5	(90.6, 94.1)	85.5	(77.8, 90.9)	93.6	(91.7, 95.2)				
25-44	88.2	(86.5, 89.6)	84.3	(81.3, 87.0)	89.7	(88.0, 91.2)				
45-64	84.4	(82.5, 86.2)	79.6	(76.0, 82.7)	86.4	(84.2, 88.4)				
65+	71.7	(68.2, 75.0)	67.7	(59.1, 75.2)	72.4	(68.6, 75.9)				
Residence										
Urban	91.4	(90.3, 92.4)	86.2	(83.6, 88.4)	93.0	(91.9, 93.9)				
Rural	85.0	(83.3, 86.5)	80.5	(77.2, 83.4)	86.4	(84.7, 88.0)				
Education Level ³										
Primary or less	67.8	(64.8, 70.7)	66.4	(60.3, 72.0)	68.3	(65.1, 71.4)				
Lower secondary	89.3	(87.9, 90.6)	84.3	(81.4, 86.8)	91.5	(89.9, 92.8)				
Upper secondary	94.6	(92.8, 96.0)	92.0	(87.9, 94.9)	95.6	(93.3, 97.1)				
College or above	96.5	(95.0, 97.6)	90.6	(85.0, 94.2)	98.1	(97.0, 98.8)				
Occupation										
Manager/Professional	95.2	(91.1, 97.5)	93.9	(85.4, 97.6)	95.8	(90.3, 98.2)				
Office Worker	99.1	(97.0, 99.8)	99.2	(94.6, 99.9)	99.1	(96.4, 99.8)				
Service/Sales	90.1	(88.0, 92.0)	86.1	(80.3, 90.4)	91.2	(88.8, 93.1)				
Farming	83.6	(81.5, 85.6)	79.6	(75.7, 82.9)	85.3	(82.9, 87.3)				
Forestry/Fishing	75.5	(58.6, 87.1)	74.0	(61.1, 83.7)	77.5	(45.4, 93.5)				
Construction/Mining	86.2	(80.5, 90.5)	84.1	(76.6, 89.6)	90.1	(81.1, 95.1)				
Production/Driving	90.2	(86.8, 92.9)	86.2	(81.3, 90.0)	92.1	(87.7, 95.1)				
Other	84.4	(77.0, 89.8)	76.8	(61.3, 87.3)	88.6	(79.0, 94.1)				

¹Includes daily and occasional(less than daily) smokers

² Includes former and never smokers.

³ Education level is reported only among respondents 25+ years old.

9.3. Beliefs about the relative harm of different types of cigarettes

Table 9-5 shows that 21.2% of adults age 15 and above believed that certain types of cigarettes could be less harmful than others. Current smokers (27.5%) were more likely to believe this than non-smokers (19.3%). By gender, the proportion was higher for men than for women (overall: 25.1% vs. 17.5%, respectively) and the same was true for both current smokers (27.7% vs. 19.3%, respectively) and non-smokers (22.9% vs.17.5%, respectively). The proportions of adults who believed that certain types of cigarettes could be less harmful than others did not differ by age, residence or occupation. By education, the proportion of adults who believed that certain types of cigarettes could be less harmful than others was highest among those with college degree or above (overall: 27.1%, current smokers: 34.8%, non-smokers: 25.0%).

Table 9-5 also reveals that 94.4% of the study participants believed that cigarettes caused an addiction (92.6% among current smokers and 94.9% among current non-smokers). By age, non-smokers age 65 and over (88.6%) were less likely to believe that smoking caused an addiction than were non-smokers in other age groups (95.3%-96.1%). There were no clear differences in the proportions of adults who believed cigarettes were addictive by gender, residence, education or occupation.

Table 9-5: Percentage of adults ≥15 years old who have certain beliefs about cigarettes, by smoking status, and selected demographic characteristics – GATS Viet Nam, 2010.

Demographic				t certain types of rmful than others			Adults who believe that cigarettes cause an addiction					
Characteristics	0	verall	Currer	nt smokers ²	Non	-smokers ³	O	verall	Current smokers ²		Non	-smokers ³
						Percentage(95%	CI)					
Overall	21.2	(20.1, 22.4)	27.5	(25.0, 30.1)	19.3	(18.0, 20.6)	94.4	(93.7, 95.0)	92.6	(91.2, 93.8)	94.9	(94.1, 95.6)
Gender												
Male	25.1	(23.5, 26.9)	27.7	(25.2, 30.4)	22.9	(20.6, 25.2)	94.6	(93.7, 95.4)	92.7	(91.2, 93.9)	96.4	(94.9, 97.4)
Female	17.5	(16.1, 19.0)	19.3	(10.5, 32.7)	17.5	(16.1, 18.9)	94.1	(93.1, 95.0)	90.1	(80.1, 95.3)	94.2	(93.2, 95.0)
Age (years)												
15-24	21.5	(19.1, 24.1)	25.2	(17.8, 34.3)	20.9	(18.4, 23.7)	95.5	(93.9, 96.8)	91.6	(84.9, 95.5)	96.1	(94.5, 97.3)
25-44	19.7	(18.3, 21.3)	26.6	(23.4, 30.1)	17.0	(15.4, 18.7)	94.6	(93.6, 95.4)	92.9	(90.9, 94.5)	95.3	(94.1, 96.2)
45-64	24.0	(22.0, 26.0)	29.0	(25.2, 33.0)	21.9	(19.8, 24.2)	94.8	(93.7, 95.7)	93.0	(90.7, 94.8)	95.5	(94.2, 96.5)
65+	19.8	(17.1, 22.9)	33.4	(25.5, 42.4)	17.6	(14.7, 20.8)	88.8	(85.9, 91.1)	89.9	(83.3, 94.0)	88.6	(85.5, 91.1)
Residence												
Urban	22.5	(21.0, 24.2)	28.9	(25.6, 32.4)	20.7	(19.0, 22.4)	95.1	(94.3, 95.8)	92.0	(89.7, 93.8)	96.0	(95.3, 96.7)
Rural	20.6	(19.1, 22.1)	26.9	(23.6, 30.4)	18.7	(17.0, 20.4)	94.0	(93.1, 94.9)	92.8	(91.0, 94.3)	94.4	(93.3, 95.4)
Education Level⁴												
Primary or less	21.9	(19.5, 24.5)	31.6	(26.5, 37.2)	18.9	(16.5, 21.6)	88.5	(86.6, 90.1)	91.3	(87.8, 93.9)	87.6	(85.4, 89.5)
Lower secondary	20.1	(18.7, 21.7)	26.3	(23.2, 29.6)	17.6	(15.9, 19.4)	95.3	(94.4, 96.0)	92.3	(90.2, 93.9)	96.5	(95.5, 97.4)
Upper secondary	20.3	(17.4, 23.5)	25.6	(20.2, 32.0)	18.2	(15.1, 21.8)	97.7	(96.2, 98.6)	97.9	(95.1, 99.1)	97.6	(95.6, 98.7)
College or above	27.1	(24.1, 30.3)	34.8	(27.9, 42.4)	25.0	(21.9, 28.4)	96.7	(95.1, 97.8)	90.9	(84.8, 94.8)	98.3	(97.1, 99.0)
Occupation												
Manager/Professional	27.7	(23.7, 32.2)	31.8	(24.0, 40.8)	26.2	(21.7, 31.1)	97.8	(96.5, 98.7)	94.6	(90.2, 97.1)	99.1	(97.9, 99.6)
Office Worker	13.5	(9.1, 19.5)	18.4	(6.5, 42.3)	12.7	(8.5, 18.6)	99.2	(97.2, 99.8)	100.0		99.1	(96.7, 99.7)
Service/Sales	19.2	(16.8, 22.0)	25.0	(19.3, 31.8)	17.8	(15.1, 20.8)	94.9	(92.9, 96.3)	90.1	(84.4, 93.9)	96.1	(94.6, 97.2)
Farming	21.4	(19.5, 23.4)	26.5	(23.0, 30.4)	19.4	(17.3, 21.7)	93.7	(92.5, 94.7)	92.8	(90.5, 94.5)	94.0	(92.6, 95.2)
Forestry/Fishing	32.5	(24.7, 41.3)	39.0	(25.8, 54.1)	25.0	(13.7, 41.2)	87.2	(73.0, 94.5)	94.6	(87.5, 97.8)	77.7	(51.2, 92.0)
Construction/Mining	21.1	(15.6, 27.8)	23.9	(16.4, 33.4)	16.0	(9.7, 25.1)	93.6	(88.4, 96.5)	92.2	(84.7, 96.2)	96.2	(88.2, 98.8)
Production/Driving	20.8	(17.6, 24.4)	31.0	(24.6, 38.3)	16.0	(12.5, 20.2)	94.6	(91.9, 96.4)	93.5	(89.5, 96.1)	95.1	(91.3, 97.3)
Other	23.3	(16.8, 31.4)	37.6	(24.2, 53.2)	16.3	(10.5, 24.5)	89.9	(84.2, 93.7)	88.7	(77.5, 94.7)	90.6	(83.9, 94.6)

Among those who believe or don't know if smoking causes serious illness. Includes daily and occasional(less than daily) smokers.

³ Includes former and never smokers.

⁴ Education level is reported only among respondents 25+ years old.

9.4. Support for prohibiting smoking indoors and outdoors at various locations

Table 9-6 shows that a high percentage of adults ≥15 years old supported enacting a law that completely prohibited both indoor and outdoor smoking at various places (97.2% for hospitals, 97.5% for schools and 92.8% for universities). There were no differences by smoking status or by socio-demographic characteristics of the respondents in the rates of supporting a law that completely prohibited both indoor and outdoor smoking.

Table 9-6: Percentage of adults ≥15 years old who support enacting a law that completely prohibits both indoor and outdoor smoking at various places, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

	Adults who support prohibiting both indoor and outdoor smoking at									
Demographic										
Characteristics	Н	spitals	S	chools	Universities					
			Percent	age(95% CI)						
Overall	97.2	(96.6, 97.7)	97.5	(96.9, 98.0)	92.8	(91.7, 93.7)				
Gender										
Male	97.2	(96.3, 97.8)	97.6	(96.7, 98.3)	91.8	(90.3, 93.1)				
Female	97.3	(96.6, 97.8)	97.4	(96.7, 97.9)	93.7	(92.6, 94.6)				
Age (years)										
15-24	98.2	(97.0, 98.9)	98.2	(96.9, 98.9)	92.6	(90.6, 94.2)				
25-44	97.3	(96.4, 97.9)	97.8	(97.0, 98.4)	92.7	(91.3, 93.9)				
45-64	97.1	(96.2, 97.8)	97.4	(96.5, 98.1)	94.2	(92.9, 95.3)				
65+	94.5	(92.5, 96.0)	94.4	(92.2, 96.1)	89.9	(87.2, 92.0)				
Residence										
Urban	98.1	(97.6, 98.6)	98.8	(98.4, 99.1)	94.6	(93.7, 95.3)				
Rural	96.8	(96.0, 97.5)	96.9	(96.0, 97.6)	92.0	(90.5, 93.3)				
Education Level ¹										
Primary or less	92.7	(90.7, 94.3)	92.9	(91.0, 94.5)	85.2	(82.5, 87.6)				
Lower secondary	98.2	(97.5, 98.6)	98.6	(98.0, 99.0)	95.3	(94.3, 96.1)				
Upper secondary	98.5	(97.2, 99.2)	99.2	(98.1, 99.7)	95.7	(94.0, 96.9)				
College or above	99.6	(99.2, 99.8)	99.7	(99.3, 99.9)	96.9	(95.4, 97.9)				
Occupation										
Manager/Professional	99.8	(99.4, 99.9)	99.7	(98.4, 99.9)	97.0	(95.1, 98.1)				
Office Worker	100.0		99.5	(96.4, 99.9)	98.0	(94.8, 99.2)				
Service/Sales	98.7	(98.0, 99.2)	99.4	(98.9, 99.6)	94.1	(92.1, 95.7)				
Farming	95.6	(94.3, 96.6)	96.1	(94.8, 97.1)	90.3	(88.1, 92.1)				
Forestry/Fishing	93.5	(75.2, 98.5)	93.7	(68.0, 99.1)	88.6	(63.9, 97.2)				
Construction/Mining	99.1	(97.4, 99.7)	99.2	(96.6, 99.8)	93.2	(89.0, 95.9)				
Production/Driving	98.5	(97.4, 99.1)	98.9	(97.9, 99.5)	96.4	(94.9, 97.4)				
Other	97.2	(89.2, 99.3)	97.1	(89.3, 99.2)	95.9	(90.0, 98.4)				

¹ Education level is reported only among respondents 25+ years old.

Table 9.6 (cont.): Percentage of adults ≥15 years old who support enacting a law that completely prohibits both indoor and outdoor smoking at various places, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

	Adults who support prohibiting both indoor and outdoor smoking at									
Demographic					5					
Characteristics	Н	ospitals	S	chools	Uni	versities				
			Percent	age(95% CI)						
Current Smokers	96.8	(95.7, 97.7)	97.5	(96.5, 98.2)	90.3	(88.2, 92.0)				
Gender										
Male	97.2	(96.0, 98.0)	97.7	(96.8, 98.4)	90.8	(88.9, 92.4)				
Female	86.4	(75.3, 93.0)	90.5	(80.4, 95.7)	74.7	(61.3, 84.7)				
Age (years)										
15-24	98.4	(93.8, 99.6)	97.3	(92.9, 99.0)	88.1	(82.0, 92.3)				
25-44	97.0	(95.4, 98.1)	97.8	(96.5, 98.6)	89.8	(87.4, 91.7)				
45-64	96.2	(94.2, 97.5)	97.3	(95.6, 98.4)	92.3	(89.2, 94.6)				
65+	94.1	(87.3, 97.4)	96.6	(89.2, 99.0)	89.9	(82.1, 94.5)				
Residence										
Urban	97.9	(96.7, 98.7)	99.0	(98.1, 99.4)	90.7	(88.4, 92.6)				
Rural	96.4	(94.8, 97.5)	96.9	(95.5, 97.9)	90.1	(87.3, 92.3)				
Education Level ¹										
Primary or less	91.1	(87.1, 93.9)	93.8	(90.3, 96.0)	80.5	(74.5, 85.4)				
Lower secondary	98.2	(97.1, 98.9)	98.5	(97.3, 99.1)	93.2	(91.3, 94.7)				
Upper secondary	97.6	(94.5, 98.9)	99.1	(96.3, 99.8)	94.8	(91.5, 96.9)				
College or above	99.3	(97.8, 99.8)	99.6	(98.2, 99.9)	95.3	(90.7, 97.7)				
Occupation										
Manager/Professional	99.8	(98.5, 100.0)	100.0		95.6	(91.0, 97.9)				
Office Worker	100.0		100.0		92.4	(72.6, 98.3)				
Service/Sales	98.2	(96.4, 99.1)	99.5	(98.4, 99.8)	90.5	(85.1, 94.1)				
Farming	95.5	(93.4, 97.0)	96.3	(94.5, 97.5)	87.5	(83.6, 90.5)				
Forestry/Fishing	98.9	(92.6, 99.9)	100.0		93.4	(80.6, 98.0)				
Construction/Mining	99.5	(97.1, 99.9)	99.2	(94.5, 99.9)	95.0	(90.8, 97.3)				
Production/Driving	98.0	(95.6, 99.1)	98.6	(96.2, 99.5)	92.8	(89.1, 95.3)				
Other	94.6	(70.4, 99.2)	94.6	(70.4, 99.2)	98.0	(90.4, 99.6)				

¹ Education level is reported only among respondents 25+ years old.

Table 9.6 (cont.): Percentage of adults ≥15 years old who support enacting a law that completely prohibits both indoor and outdoor smoking at various places, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

	Adults who support prohibiting both indoor and outdoor smoking at									
Demographic										
Characteristics	Нс	spitals	S	chools	Uni	versities				
		F	Percent	age(95% CI)						
Non-Smokers	97.3	(96.7, 97.9)	97.5	(96.8, 98.0)	93.6	(92.5, 94.5)				
Gender										
Male	97.2	(95.9, 98.0)	97.5	(96.2, 98.4)	92.8	(90.9, 94.4)				
Female	97.4	(96.8, 97.9)	97.5	(96.8, 98.0)	93.9	(92.9, 94.8)				
Age (years)										
15-24	98.1	(96.8, 98.9)	98.3	(96.9, 99.0)	93.3	(91.3, 94.8)				
25-44	97.3	(96.4, 98.0)	97.8	(96.9, 98.4)	93.9	(92.5, 95.1)				
45-64	97.5	(96.5, 98.2)	97.5	(96.4, 98.2)	95.0	(93.7, 96.1)				
65+	94.5	(92.4, 96.1)	94.0	(91.5, 95.8)	89.9	(87.0, 92.2)				
Residence										
Urban	98.2	(97.6, 98.7)	98.7	(98.3, 99.1)	95.7	(94.8, 96.5)				
Rural	96.9	(96.0, 97.6)	96.9	(96.0, 97.7)	92.6	(91.1, 93.8)				
Education Level ¹										
Primary or less	93.2	(91.1, 94.8)	92.7	(90.5, 94.4)	86.8	(84.1, 89.1)				
Lower secondary	98.1	(97.4, 98.7)	98.6	(97.9, 99.0)	96.2	(95.0, 97.0)				
Upper secondary	98.8	(97.2, 99.5)	99.3	(97.8, 99.8)	96.0	(93.9, 97.4)				
College or above	99.7	(99.2, 99.9)	99.7	(99.2, 99.9)	97.3	(95.7, 98.4)				
Occupation										
Manager/Professional	99.8	(99.3, 99.9)	99.6	(97.8, 99.9)	97.5	(95.4, 98.6)				
Office Worker	100.0		99.4	(95.8, 99.9)	98.9	(96.0, 99.7)				
Service/Sales	98.8	(98.0, 99.3)	99.3	(98.8, 99.6)	95.1	(93.1, 96.5)				
Farming	95.7	(94.2, 96.8)	96.0	(94.5, 97.1)	91.4	(89.2, 93.1)				
Forestry/Fishing	86.5	(53.6, 97.3)	85.8	(44.7, 97.8)	82.5	(46.8, 96.2)				
Construction/Mining	98.3	(93.4, 99.6)	99.1	(94.1, 99.9)	89.9	(79.5, 95.3)				
Production/Driving	98.7	(97.2, 99.4)	99.1	(97.6, 99.7)	98.0	(96.3, 98.9)				
Other	98.6	(94.2, 99.7)	98.4	(94.3, 99.6)	94.8	(85.3, 98.3)				

¹ Education level is reported only among respondents 25+ years old.

9.5. Support for prohibiting smoking indoors at various locations

Table 9-7 reports the percentages of adults ≥15 years old who supported enacting a law that prohibited indoor smoking at various places, by different socio-demographic groups and by smoking status. Overall, public support for enacting legislation prohibiting indoor smoking at all places was high. It was highest for banning smoking on public transportation (95.3%), places of worship (94.5%), and workplaces (93.8%). Support for legislation that prohibited smoking in restaurants and bars was significantly lower than for other places (82.3% and 76.3%, respectively).

Overall, females were more likely than males to support legislation for banning smoking in restaurants (86.4% vs. 78.0%) and bars (81.1% vs. 71.2%). There was no difference among age groups, between males and females, or among occupational groups. Those who lived in the rural areas supported such a law at significantly lower rates than urban areas.

Classified by education, support for legislation was lowest among those who had a primary or less educational level. There were no significant differences among the other educational groups.

Support for smoke-free legislation was significantly lower among smokers than among non-smokers for workplaces (90.1% vs. 95%), restaurants (72.5% vs. 85.4%), bars (64.5% vs. 79.9%), places of worship (92.3%-95.2%), public transportation (93.7% vs. 95.8%) and other places, including libraries, cinemas, theatres, and community cultural houses (87.1% vs. 91.3%). The differences in supporting the law were much larger for restaurants and bars.

Table 9-7: Percentage of adults ≥15 years old who support enacting a law that prohibits indoor smoking at various places, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

Adults who support prohibiting indoor smoking at... Libraries/cinemas/ Demographic theatres/community Public transport Characteristics Workplaces Restaurants **Bars** Places of worship means cultural houses Percentage(95% CI) Overall 93.8 (92.9, 94.6) 82.3 (80.9, 83.6) 76.3 (74.7, 77.8)94.5 (93.6, 95.3) 95.3 (94.5, 96.0)90.3 (88.8, 91.6)Gender Male 92.8 (91.5, 93.9) 78.0 (76.0, 79.9) 71.2 (69.1, 73.2)93.7 (92.4, 94.9)95.2 (94.1, 96.0)89.6 (87.7, 91.1)Female 94.8 (93.8, 95.6) 86.4 (84.9, 87.7) 81.1 (79.4, 82.7)95.3 (94.3, 96.1)95.4 (94.5, 96.2)91.0 (89.5, 92.3)Age (years) 15-24 95.1 (93.4, 96.3) 80.6 (77.9, 83.0) 70.8 (67.9, 73.5)94.6 (92.6, 96.0)96.1 (94.6, 97.2) 90.9 (88.5, 92.9)25-44 92.9 (91.6, 94.0) 80.9 (79.1, 82.7) 75.0 (72.9, 77.0)94.0 (92.8, 95.0)95.1 (94.0, 96.0) 89.9 (88.1, 91.4)45-64 94.8 (93.6, 95.9) 85.9 (84.1, 87.6) 82.6 (80.6, 84.5)95.9 (94.8, 96.8)95.9 (94.7, 96.8)91.6 (89.8, 93.0)65+ 91.8 (89.3, 93.7) 84.5 (81.3, 87.1) 81.4 (91.1, 95.3)92.5 (90.0, 94.4) (83.9, 89.4)(78.3, 84.2)93.5 86.9 Residence Urban 95.1 (94.1, 95.9) 80.2 (78.5, 81.9) 73.6 96.7 (71.6, 75.5)(96.0, 97.3)96.8 (96.1, 97.4)94.7 (93.7, 95.5)Rural 93.3 94.7 (93.5, 95.6) (92.0, 94.3) 83.2 (81.4, 85.0) 77.5 (75.4, 79.4)93.6 (92.3, 94.7)88.3 (86.3, 90.1)Education Level¹ Primary or less 87.0 (84.5, 89.2) 76.8 (73.9, 79.5) 71.7 (68.6, 74.7)89.0 (86.6, 91.0)87.8 (85.3, 89.9) 78.0 (74.5, 81.2)Lower secondary 95.2 (94.2, 96.1) 84.8 96.1 (83.2, 86.3) 80.6 (78.7, 82.3)(95.1, 96.9)97.0 (96.3, 97.5)92.6 (91.3, 93.8)Upper secondary 96.3 (94.9, 97.4) 86.8 (84.3, 89.0) 81.4 (77.9, 84.4)97.4 (95.8, 98.3)98.9 (97.6, 99.5)97.9 (96.7, 98.6)College or above (98.1, 99.4)96.8 (95.2, 97.8) 83.6 (80.5, 86.2) 78.5 (96.3, 98.4)99.3 (98.4, 99.7) (75.3, 81.3)97.6 98.9 Occupation Manager/Professional 96.5 (94.4, 97.9) 81.3 (77.3, 84.6) 77.5 (73.5, 81.1)98.1 (96.7, 98.9) 99.6 (97.8, 99.9) 98.7 (97.3, 99.4) (98.4, Office Worker 99.7 (97.7, 100.0) 80.2 (71.9, 86.6) 73.0 99.8 (63.9, 80.5)96.7 (93.2, 98.5)100.0) 97.1 (91.9, 99.0)Service/Sales 95.9 96.1 (94.8, 97.1) 81.1 (78.3, 83.6) 76.1 (73.2, 78.8)(94.2, 97.1)97.4 (96.1, 98.3) 93.7 (91.8, 95.2)Farming 91.7 91.8 (90.0, 93.3) 81.7 (79.2, 84.0) 76.7 (74.0, 79.3)(89.8, 93.3)92.8 (91.1, 94.3)84.1 (81.2, 86.7)Forestry/Fishing 90.8 (72.0, 97.5) 79.2 (65.3, 88.5) 67.0 (53.8, 78.0)90.8 (71.2, 97.5)89.8 (71.2, 96.9)83.2 (66.4, 92.5)Construction/Mining 90.5 (83.0, 94.9) 77.9 (71.9, 83.0) 73.7 97.4 (94.8, 98.8)(94.0, 98.2)94.1 (66.8, 79.6)96.7 (89.8, 96.6)Production/Driving 95.0 (92.8, 96.5) 80.6 (77.3, 83.5) 71.8 98.0 94.8 (67.7, 75.5)(96.8, 98.8)96.5 (94.6, 97.8) (92.3, 96.5)Other 95.6 (90.7, 98.0) 82.0 (75.2, 87.2) 76.3 (69.0, 82.3) 95.7 (89.7, 98.3)97.2 (90.7, 99.2) 95.6 (91.2, 97.9)

¹ Education level is reported only among respondents 25+ years old.

Table 9.7 (cont.): Percentage of adults ≥15 years old who support enacting a law that prohibits indoor smoking at various places, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

	Adults who support prohibiting indoor smoking at											
Demographic												s/cinemas/
Characteristics	\Mc	orkplaces	Pos	staurants		Bars	Dlaces	s of worship	Public transport		theatres/community cultural houses	
	VVC	пкріасез	Nes	staurants				•	means cul			ai ilouses
Current Smokers	00.4	(00.4.04.0)	70.5	(60 7 75 0)	64.5	Percento	•	•	00.7	(02.0.05.4)	07.4	(0.4.7.00.0)
	90.1	(88.1, 91.8)	72.5	(69.7, 75.0)	64.5	(61.7, 67.2)	92.3	(90.7, 93.7)	93.7	(92.0, 95.1)	87.1	(84.7, 89.2)
Gender												
Male 	90.4	(88.4, 92.0)	73.1	(70.4, 75.6)		(62.2, 67.7)	92.8	(91.2, 94.1)	94.2	(92.6, 95.5)	87.9	(85.6, 89.8)
Female	82.3	(70.6, 89.9)	53.7	(37.4, 69.1)	49.8	(34.9, 64.7)	79.3	(63.9, 89.2)	79.1	(64.1, 88.9)	63.9	(48.6, 76.8)
Age (years)												
15-24	88.4	(81.1, 93.1)	64.1	(55.3, 72.1)	52.3	(43.5, 60.9)	93.2	(88.4, 96.1)	95.0	(90.2, 97.5)	85.6	(78.7, 90.5)
25-44	88.7	(86.2, 90.9)	71.1	(67.6, 74.3)	62.3	(58.5, 65.8)	91.4	(89.1, 93.2)	92.7	(90.4, 94.5)	86.8	(83.9, 89.3)
45-64	92.7	(89.6, 94.9)	78.1	(74.0, 81.8)	72.6	(68.5, 76.4)	93.4	(90.9, 95.2)	94.9	(92.1, 96.7)	88.0	(84.3, 91.0)
65+	93.5	(86.4, 97.0)	77.0	(68.3, 83.9)	74.2	(65.6, 81.3)	93.8	(88.9, 96.7)	93.3	(86.9, 96.7)	89.0	(82.5, 93.3)
Residence												
Urban	91.3	(89.0, 93.1)	68.0	(64.2, 71.7)	57.8	(53.8, 61.7)	93.8	(91.8, 95.3)	95.7	(93.9, 97.0)	91.9	(89.7, 93.8)
Rural	89.6	(86.8, 91.9)	74.4	(70.8, 77.7)	67.4	(63.7, 70.9)	91.7	(89.5, 93.5)	92.9	(90.5, 94.7)	85.0	(81.7, 87.9)
Education Level ¹												
Primary or less	83.9	(78.4, 88.2)	64.8	(58.6, 70.7)	58.1	(51.8, 64.1)	85.3	(80.3, 89.1)	83.7	(78.1, 88.1)	68.0	(61.4, 73.9)
Lower secondary	91.6	(89.4, 93.4)	76.7	(73.4, 79.7)	69.2	(65.5, 72.6)	94.1	(92.2, 95.5)	96.0	(94.6, 97.1)	91.8	(89.6, 93.6)
Upper secondary	94.9	(91.4, 97.0)	79.5	(73.9, 84.1)	71.7	(65.3, 77.3)	95.2	(90.8, 97.5)	97.2	(92.1, 99.0)	96.4	(93.0, 98.2)
College or above	93.0	(87.9, 96.0)	67.9	(60.0, 74.9)	61.9	(54.4, 68.9)	94.4	(90.0, 96.9)	98.9	(95.6, 99.8)	98.4	(95.5, 99.4)
Occupation												
Manager/Professional	93.2	(87.5, 96.4)	72.4	(63.6, 79.8)	66.2	(57.1, 74.2)	95.5	(91.6, 97.7)	100.0		98.9	(96.5, 99.7)
Office Worker	100.0		80.0	(56.0, 92.6)	69.9	(47.7, 85.6)	92.0	(71.8, 98.1)	100.0		100.0	
Service/Sales	91.8	(87.4, 94.7)	68.7	(61.4, 75.2)	57.7	(50.5, 64.5)	91.7	(85.7, 95.4)	97.9	(95.3, 99.1)	92.3	(87.3, 95.4)
Farming	88.5	(85.2, 91.1)	73.0	(68.5, 77.0)	66.0	(61.4, 70.3)	89.5	(86.6, 91.8)	90.4	(87.1, 92.9)	80.0	(75.6, 83.8)
Forestry/Fishing	94.8	(86.9, 98.0)	76.5	(60.5, 87.3)	67.5	(51.2, 80.4)	94.7	(84.3, 98.4)	94.9	(84.6, 98.5)	83.2	(69.7, 91.4)
Construction/Mining	89.3	(77.7, 95.3)	76.2	(68.3, 82.7)	69.9	(60.7, 77.7)	97.5	(93.6, 99.0)	96.7	(92.9, 98.5)	93.5	(88.6, 96.4)
Production/Driving	90.0	(84.3, 93.8)	68.1	(61.3, 74.1)		(51.4, 65.2)	96.9	(93.8, 98.5)	95.9	(91.5, 98.1)	94.0	(90.2, 96.3)
Other	91.6	(79.0, 96.9)	72.9	(59.0, 83.4)	64.0	(49.8, 76.1)	98.8	(91.9, 99.8)	99.4	(95.7, 99.9)	92.8	(81.6, 97.4)

¹ Education level is reported only among respondents 25+ years old.

Table 9.7 (cont.): Percentage of adults ≥15 years old who support enacting a law that prohibits indoor smoking at various places, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

	Adults who support prohibiting indoor smoking at											
Demographic Characteristics	Workplaces Restaurants			Bars	Places of worship			Public transport means		Libraries/cinemas/ theatres/community cultural houses		
						Percen	tage(95	% CI)				
Non-Smokers	95.0	(94.1, 95.7)	85.4	(84.0, 86.7)	79.9	(78.4, 81.4)	95.2	(94.3, 96.0)	95.8	(95.0, 96.5)	91.3	(89.9, 92.5)
Gender												
Male	95.0	(93.5, 96.2)	82.5	(80.0, 84.7)	76.8	(74.2, 79.2)	94.6	(92.7, 96.1)	96.1	(94.7, 97.1)	91.1	(88.9, 92.9)
Female	95.0	(94.0, 95.8)	86.9	(85.5, 88.1)	81.5	(79.8, 83.1)	95.5	(94.6, 96.3)	95.7	(94.8, 96.4)	91.4	(89.9, 92.6)
Age (years)												
15-24	96.1	(94.5, 97.2)	83.1	(80.4, 85.5)	73.7	(70.6, 76.5)	94.8	(92.8, 96.3)	96.3	(94.7, 97.4)	91.8	(89.4, 93.7)
25-44	94.6	(93.4, 95.6)	84.9	(83.0, 86.7)	80.1	(77.9, 82.2)	95.1	(93.8, 96.1)	96.1	(95.0, 96.9)	91.1	(89.3, 92.7)
45-64	95.7	(94.5, 96.7)	89.2	(87.5, 90.7)	86.9	(84.9, 88.7)	97.0	(95.9, 97.8)	96.3	(95.0, 97.2)	93.0	(91.5, 94.4)
65+	91.5	(88.7, 93.6)	85.8	(82.5, 88.5)	82.7	(79.4, 85.5)	93.4	(90.8, 95.3)	92.3	(89.6, 94.4)	86.5	(83.2, 89.3)
Residence												
Urban	96.2	(95.3, 96.9)	83.9	(82.1, 85.5)	78.4	(76.3, 80.3)	97.6	(96.9, 98.1)	97.2	(96.4, 97.8)	95.5	(94.5, 96.3)
Rural	94.4	(93.2, 95.4)	86.0	(84.2, 87.7)	80.6	(78.5, 82.6)	94.2	(92.8, 95.3)	95.2	(94.0, 96.2)	89.4	(87.4, 91.1)
Education Level ¹												
Primary or less	88.0	(85.4, 90.2)	80.7	(77.7, 83.3)	76.1	(72.9, 79.0)	90.2	(87.8, 92.2)	89.1	(86.6, 91.1)	81.3	(78.0, 84.1)
Lower secondary	96.7	(95.7, 97.5)	88.2	(86.6, 89.7)	85.4	(83.5, 87.1)	97.0	(95.9, 97.7)	97.4	(96.6, 98.0)	93.0	(91.4, 94.3)
Upper secondary	96.9	(95.2, 98.0)	89.6	(86.8, 91.9)	85.0	(81.1, 88.3)	98.2	(96.5, 99.1)	99.6	(98.8, 99.9)	98.4	(97.1, 99.1)
College or above	97.8	(96.1, 98.8)	87.9	(85.1, 90.2)	83.0	(79.9, 85.7)	98.5	(97.3, 99.1)	99.4	(98.3, 99.8)	99.1	(98.2, 99.5)
Occupation												
Manager/Professional	97.8	(95.3, 99.0)	84.7	(80.2, 88.4)	81.9	(77.2, 85.8)	99.1	(97.7, 99.6)	99.4	(97.0, 99.9)	98.7	(96.7, 99.5)
Office Worker	99.6	(97.3, 99.9)	80.3	(71.4, 86.9)	73.5	(63.6, 81.4)	97.5	(94.2, 99.0)	99.7	(98.1, 100.0)	96.6	(90.6, 98.9)
Service/Sales	97.2	(96.0, 98.1)	84.3	(81.4, 86.7)	80.8	(77.8, 83.4)	97.0	(95.5, 98.0)	97.2	(95.7, 98.2)	94.1	(92.1, 95.6)
Farming	93.1	(91.3, 94.6)	85.3	(82.8, 87.5)	81.1	(78.3, 83.6)	92.6	(90.4, 94.3)	93.8	(91.9, 95.3)	85.8	(82.8, 88.3)
Forestry/Fishing	85.8	(44.7, 97.8)	82.6	(47.2, 96.2)	66.5	(41.6, 84.7)	85.8	(44.7, 97.8)	83.2	(46.4, 96.6)	83.1	(53.9, 95.4)
Construction/Mining	92.7	(85.7, 96.4)	81.1	(70.9, 88.3)	80.8	(70.4, 88.1)	97.4	(92.1, 99.2)	96.8	(91.6, 98.8)	95.2	(87.3, 98.3)
Production/Driving	97.3	(95.7, 98.4)	86.5	(82.9, 89.4)	78.1	(73.3, 82.1)	98.5	(97.1, 99.3)	96.8	(94.3, 98.2)	95.2	(92.0, 97.2)
Other	97.8	(93.1, 99.3)	86.9	(78.5, 92.3)	82.9	(74.3, 89.1)	94.0	(84.5, 97.8)	96.0	(85.5, 99.0)	97.1	(92.7, 98.9)

¹ Education level is reported only among respondents 25+ years old.

9.6. Support for increasing taxes on tobacco products

Table 9-8 reports the percentage of adults ≥15 years old who said they supported increasing taxes on tobacco products, by smoking status and selected demographic characteristics. Overall, 71.3% of adults over 15 years old, including 61.9% of current smokers and 74.3% of non-smokers, supported increasing taxes on tobacco products. The percentage of smokers who supported increasing taxes was significantly lower than for non-smokers.

Among both smokers and non-smokers, females were less likely than males to support increasing taxes on tobacco products (smokers: 33.4% vs. 62.9%; non-smokers: 71.4% vs. 80.1%). The difference between male and female smokers was larger.

There were no differences in support for increasing taxes on tobacco among age groups.

Among non-smokers, those who lived in urban areas (79.5%) supported increasing taxes at a slightly higher rate compared to those who lived in rural areas (71.9%). Among current smokers, there was no significant difference between urban and rural areas.

Classified by educational levels, there was a consistent trend that those with lower educational levels were less supportive of tax increases on tobacco products. The differences were statistically significant, except the difference between "upper secondary" and "college and above" groups among current smokers.

Regarding occupation, the "farming" and "forestry and fishing" groups had significantly lower rates of support for tobacco tax increases (range from 46.4% to 69.3%). Office workers and managers/professionals were especially supportive of tax increases on tobacco products (ranging from 79.4% to 89.9%).

Table 9-8: Percentage of adults ≥15 years old who support increasing taxes on tobacco products, by smoking status and selected demographic characteristics – GATS Viet Nam, 2010.

Demographic —	Adults who support increasing taxes on tobacco products									
Characteristics	o	verall	Curren	t smokers	Non-smokers					
			Percento	age(95% CI)						
Overall	71.3	(69.6, 73.0)	61.9	(59.0, 64.8)	74.3	(72.5, 76.0)				
Gender										
Male	71.9	(69.8, 73.9)	62.9	(60.0, 65.7)	80.1	(77.4, 82.4)				
Female	70.8	(68.8, 72.7)	33.4	(22.2, 46.8)	71.4	(69.4, 73.3)				
Age (years)										
15-24	73.0	(70.0, 75.9)	55.0	(46.5, 63.3)	75.8	(72.8, 78.6)				
25-44	70.0	(67.7, 72.1)	61.9	(58.1, 65.6)	73.2	(70.8, 75.5)				
45-64	72.7	(70.3, 75.0)	65.3	(60.7, 69.6)	75.8	(73.2, 78.2)				
65+	69.4	(65.6, 72.9)	62.3	(53.3, 70.5)	70.7	(66.4, 74.6)				
Residence										
Urban	75.9	(74.0, 77.6)	63.8	(59.9, 67.4)	79.5	(77.6, 81.3)				
Rural	69.4	(67.0, 71.6)	61.2	(57.3, 64.9)	71.9	(69.5, 74.3)				
Education Level ¹										
Primary or less	54.8	(51.4, 58.1)	41.2	(35.4, 47.4)	59.2	(55.6, 62.7)				
Lower secondary	72.8	(70.7, 74.8)	66.2	(62.7, 69.5)	75.6	(73.2, 77.9)				
Upper secondary	82.3	(79.2, 85.0)	77.2	(70.7, 82.7)	84.2	(80.6, 87.2)				
College or above	90.3	(88.1, 92.1)	85.6	(80.0, 89.8)	91.6	(89.1, 93.5)				
Occupation										
Manager/Professional	86.2	(82.4, 89.3)	79.4	(71.4, 85.6)	88.8	(84.4, 92.1)				
Office Worker	84.6	(77.0, 90.0)	89.9	(74.6, 96.4)	83.8	(75.0, 89.9)				
Service/Sales	73.0	(69.7, 76.1)	69.0	(61.9, 75.2)	74.0	(70.6, 77.2)				
Farming	65.2	(62.4, 68.0)	55.2	(50.4, 59.9)	69.3	(66.2, 72.2)				
Forestry/Fishing	54.0	(43.8, 64.0)	60.1	(45.8, 72.8)	46.4	(29.0, 64.7)				
Construction/Mining	71.1	(64.7, 76.8)	64.1	(55.2, 72.1)	84.3	(74.3, 90.9)				
Production/Driving	71.6	(67.3, 75.5)	65.8	(59.0, 72.0)	74.3	(69.2, 78.8)				
Other	72.8	(64.5, 79.7)	65.2	(50.3, 77.6)	76.9	(64.8, 85.7)				

¹ Education level is reported only among respondents 25+ years old.

10. Discussion

GATS is a nationally representative survey, using a consistent and standard protocol across countries, including Viet Nam. GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It also assists countries to fulfill their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) [3] to generate comparable data within and across countries. The WHO has developed MPOWER [4], a technical assistance package of six evidence-based policies that include: 1) Monitor tobacco use and prevention policies; 2) Protect people from tobacco smoke; 3) Offer help to quit tobacco use; 4) Warn about the dangers of tobacco; 5) Enforce bans on tobacco advertising, promotion, and sponsorship; and 6) Raise taxes on tobacco. By effectively implementing MPOWER, countries can impact the tobacco epidemic and meet their commitments under the WHO FCTC.

Viet Nam was the 47th country to ratify the FCTC, which became effective in Viet Nam on March 17th, 2005. Recently, on 21 August 2009, the Prime Minister issued Decision No. 1315/QĐ-TTg on Ratification of the Action Plan for the Implementation of the WHO Framework Convention on Tobacco Control [16]. The Action Plan provides contents, a time frame and delegation of responsibility to related agencies in the development and promulgation of domestic legislation to meet the requirements of the Framework Convention, meeting Viet Nam's obligations and rights as a Party to the Convention. In this context, the findings from GATS Viet Nam 2010 are extremely important in monitoring the progress of implementation of FCTC and MPOWER in Viet Nam.

10.1 Monitor - WHO FCTC: Article 20 "Research, surveillance and exchange of information"

Article 20 strongly recommends that countries develop surveillance programs: "The Parties shall establish, as appropriate, programs for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke" [3]. The WHO MPOWER states that "Good monitoring provides information about the extent of the tobacco use epidemic in a country, as well as how to tailor policies to specific country needs "[4].

Viet Nam has participated in all four surveys belonging to the WHO/CDC Global Tobacco Surveillance System (GTSS), including the Global Youth Tobacco Survey (GYTS) in 2003 and 2007; the Global School Personnel Survey (GSPS) in 2006; the Global Health Professions Students Survey (GHPSS) in 2007; and now the GATS. However, the country itself does not have a routine and standardized system to collect information on tobacco use. During the past two decades, Viet Nam has had four national surveys on tobacco use, including the Viet Nam Living Standards Survey (VLSS) 1992–93, VLSS 1997-1998, Viet Nam National Health Survey (VNHS) 2001-2002, and the Viet Nam Household Living Standards Survey (VHLSS) 2006. These surveys used different methodologies (e.g., definition of smokers, geographical coverage, and sample size) so that the findings on prevalence of tobacco use and other related factors were not accurately comparable. Apart from tobacco use surveys, Viet Nam has conducted studies to monitor other issues related to tobacco control, such as the violation of the ban on tobacco advertisement, promotion and sponsorship, and the implementation of health warnings in tobacco product labels [17-21]. However, those studies are not regularly conducted and are not all nationally representative. The data were not widely disseminated to be effectively used for further activities of tobacco control [22].

As stated in Decision No. 1315/QĐ-TTg on Ratification of the Action Plan for the Implementation of the WHO Framework Convention on Tobacco Control, tobacco use monitoring is planned to be integrated into the Viet Nam National Living Standards Survey (conducted every two years) or other national health surveillance systems [16] and the GATS definitions and methods should now be employed as the standard.

The findings from GATS Viet Nam 2010 have shown that the prevalence of tobacco use, especially smoking, is very high in Viet Nam. In 2010, 23.8% of Vietnamese age 15 and over (47.4% of males, 1.4% of females) said they currently smoked tobacco. Thus the estimated number of current adult smokers in Viet Nam was about 15.3 million (14.8 million male and

477,000 female). The current smoking prevalence was lower than the rate in 2001 (56.1% of males, 1.8% of females) [5]⁶ and was slightly lower than the figure of 2006 (49.2% of males, 1.5% of females) [23]⁷. However, the ambitious target set by the National Tobacco Control Policy (NTCP) for 2000-2010 on reducing the male smoking rate from 50% to 20% has not been met. The recently released 2010-2014 WHO/WPR Regional Action Plan for Tobacco Control set a target for countries to reduce the tobacco use prevalence of adults (men and women) by 10% from the most recent baseline [24]. Based on the Regional Action Plan, Viet Nam can now revise its own target and use the GATS data as a baseline to monitor tobacco use prevalence and prevention policies towards 2014.

10.2 Protect – WHO FCTC: Article 8 "Protection from exposure to tobacco smoke"

The WHO FCTC, Article 8, urges the parties to implement control measures to avoid exposure to tobacco smoke, and enact and enforce laws providing protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places, and, as appropriate, other public places [3]. MPOWER also notes that "There is no safe level of exposure to secondhand smoke. Only a total ban on smoking in public places, including all indoor workplaces, protects people from the harms of secondhand smoke, helps smokers quit ,and reduces youth smoking" [4].

According to the National Tobacco Control Policy 2000-2010, smoking is prohibited in theaters, offices, health facilities, schools and other public areas. Directive 12/2007/CT-TTg confirms the Government's commitment to strictly implement smoking bans at indoor workplaces and in public places such as libraries, cinemas, theatres, cultural venues, sports venues, stadiums, exhibition centers, and waiting rooms at train stations, bus stops, airports, and wharfs. The government's Decision No. 1315/QĐ-TTg also states that from January 1st, 2010, smoking is strictly prohibited in schools, kindergartens, health facilities, libraries, cinemas, theatres, community cultural centers and indoor work areas, places at high risk of explosion and fire, and on public transport. However, GATS Viet Nam revealed that the prevalence rates of exposure to SHS at work as well as in public places were still very high. About 49.0% of non-smoking workers age 15 and over (representing about 5 million people) were exposed to SHS at indoor workplaces. The rates of noticing tobacco smoking in Government buildings, Public Transportation, Schools and Universities were 38.7%, 34.4%, 22.3% and 54.3%, respectively. These findings imply that compliance with smoke-free regulations in Viet Nam is still poor. There is a need to enforce existing tobacco control regulations and to pass additional tobacco control legislation in Viet Nam. A smoke-free environment will not only benefit non-smokers by protecting them from exposure to secondhand smoke but will also help smokers who want to quit. It has been found in several industrialized countries that smoke-free polices in work places reduced total tobacco consumption among workers by an average of 29% [4].

GATS Viet Nam also showed that, in Viet Nam, 67.6% of non-smokers (equivalent to about 33 million people) age 15 and above were exposed to SHS at home. Females had higher prevalence of exposure to SHS at home than males (68.8% vs. 65.2%, respectively). The Viet Nam National Health Survey 2001–2002 also reported that 63% of households in Viet Nam had at least one smoker [5]. These findings implied that even though the prevalence of smoking among Vietnamese women was low, they have still been greatly exposed to the hazards of tobacco smoke. Tobacco control in Viet Nam has not yet prioritized a focus on advocating for smoke-free homes. This should be considered in the near future in order to protect children and vulnerable household members from SHS in the home. Community health education programs to raise public awareness and practice are also need to encourage families to make their homes smoke-free, which would protect children and other family members from the dangers of secondhand smoke.

⁶ In 2001–02, the Viet Nam National Health Survey (VNHS) was conducted, based on a sample that covered all 61 provinces, including urban and rural areas and coastal and mountainous areas, for a total of 36 000 households. The VNHS identified current smokers as those who consumed more than seven cigarettes/hand-rolled cigarettes/hits from a water pipe in a week

⁷ The 2006 Viet Nam Household Living Standards Survey (VHLSS) component that measured tobacco use was conducted using a sample of 9189 households and is nationally representative as well as representative across Viet Nam's eight regions, urban and rural strata and provinces. VHLSS measures tobacco use by asking the following questions: Have you ever smoked cigarette or pipe tobacco?; Now do you smoke every day, sometimes or already quit smoking? VHLSS does not differentiate between cigarette and waterpipe tobacco use.

In fact, GATS Viet Nam 2010 showed that the majority of adults supported smoke-free environment regulations at work and in public places. The proportion of adults who supported smoke-free environments was 93.8% at work places, 82.3% in restaurants, 76.2% in bars, 94.5% in temples/pagodas, 95.3% on public transportation, and 90.3% in other public places (library, cinema, theater). Even among smokers, support was high, ranging from 64.5% supporting smoke-free bars to 93.7% supporting smoke-free public transportation. A study in three provinces in Viet Nam in 2009 reported high support for smoke—free environments in schools and universities (85.1-98%), health facilities (97.9%), public transportation (80.3%), and government offices (86.7%). Support for a smoke-free environment in cinemas (46.2%) and restaurants/bars (26.3%) was lower. Support for the promulgation of tobacco control legislation was also high (90%) [20].

10.3 Offer – WHO FCTC: Article 14 "Demand reduction measures concerning tobacco dependence and cessation"

Many smokers who are addicted to nicotine want to quit. However, like people dependent on any addictive drug, it is difficult for most tobacco users to quit on their own and they would benefit from help and support to overcome their dependence. The WHO FCTC recommends in Article 14 on "Demand reduction measures concerning tobacco dependence and cessation" that Parties implement best practices to promote cessation of tobacco use and implement the treatment of nicotine addiction [3]. MPOWER also emphasizes "Offering help to quit tobacco use" and recommends three types of tobacco dependence treatment: (i) tobacco cessation advice incorporated into primary healthcare services; (ii) easily accessible and free quit lines; and (iii) access to low-cost pharmacological therapy [4].

GATS Viet Nam 2010 showed that 67.5% of current smokers were interested in quitting and that 55.3% of smokers had attempted to quit in the previous 12 months. Only 27.2% of smokers had visited a healthcare provider in the previous year. Of those who visited a healthcare provider, 34.9% were asked if they smoked and 29.7% were advised by the healthcare provider to quit. The quit ratio (the percentage of ever daily tobacco smokers who currently do not smoke tobacco) was 23.5%. The proportion of quitters who used a medical prescription was very low. The findings showed that services to treat tobacco dependence were not easily accessible by smokers in Viet Nam. They suggested that tobacco cessation counseling was not a concern of most of healthcare providers. In fact, Viet Nam still has no national toll-free quit line and smoking cessation support services are available in a few hospitals, but not in primary care facilities or in the community. Providers at higher levels of the healthcare system often suffer from a heavy work burden with huge numbers of patients, while healthcare providers at primary healthcare services have fewer work pressures, but have not been trained sufficiently to be aware of the importance of counseling in tobacco control and to provide tobacco cessation services to smokers [25].

These findings reflect the high need for effective cessation services in cessation clinics and implementation of quit lines. Measures to support smoking cessation services in Viet Nam are clearly reflected in the Government's Decision No. 1315/QĐ-TTg, which states, "Continue to develop and effectively implement smoking cessation programs and diversify the methods of smoking cessation counselling. Smoking cessation support activities have to be integrated into national health and educational programs and strategies, and involve health workers, educators and community workers. Issue permission for production, import and use of pharmaceutical products for the treatment of tobacco addiction and apply preferential taxation policies to these products in accordance with the relevant government regulations. Promote research into and application of cessation methods appropriate to the socio-economic conditions of Viet Nam. And allocate a budget for the development of cessation services from the state budget, international aid, and contributions from service users in the forms of user fees and health insurance premiums" [20].

10.4 Warn – WHO FCTC: Article 11 "Packaging and labeling of tobacco products"

Health warnings on tobacco packaging are an important and effective strategy to increase consumer knowledge of the health risk and dangers relating to tobacco use, encourage cessation and discourage uptake or relapse. The WHO FCTC, in Article 11, states that "Each Party will implement effective health warnings, including pictograms, on the packaging of all products of tobacco use within three years of adoption of the FCTC" [3]. MPOWER notes that "Health warnings on tobacco packaging reach all smokers and cost governments nothing... Pictures of diseases have a greater impact than words alone" [4].

GATS Viet Nam 2010 showed that 92.4% of current smokers had noticed health warnings on cigarette packs. Although 66.7% of them thought about quitting smoking because of those health warnings, the percentage of smokers who had a plan to quit within the next month was only 9.5% and within the next 12 months it was 19.8%. This shows that the existing textual health warnings in Viet Nam (covering 30% of the cigarette pack's area) were not strong enough to encourage cessation. It has been reported in some studies that most smokers did not care about textual health warnings and 56.8% thought that textual health warnings had not been effective because the text was small and did not impress them. Furthermore, nonreaders and people with lower educational levels cannot read and understand textual health warnings on cigarette packs. Therefore, textual health warnings should cover a larger area (50-70%) of tobacco packages and pictorial and or graphic warnings are recommended [21].

The Government's Decision No. 1315/QĐ-TTg also supports the implementation of pictorial health warnings to warn about the harmful health effects of smoking. In fact, graphic warnings have been shown to be the most cost-effective means of educating the public without cost to the government [26].

Although almost all adults (95.7%) said they believed cigarette smoking caused serious diseases and illnesses, only about half (55.5%) knew that cigarette smoking could cause the three diseases of lung cancer, heart attack and stroke. Viet Nam should launch different community anti-tobacco counter-advertising campaigns in all forms of the media to publicize the full extent of tobacco's dangers. This is in line with what was stated by the Government's Decision No. 1315/QĐ-TTg, to "Promote and strengthen health education programs and raise public awareness about the health effects of tobacco use, the benefits of smoking cessation and of a smoke-free lifestyle, focusing on programs to educate and prevent young people from taking up smoking. Implement training programs to raise awareness of the dangers of tobacco use for health workers, staff of government branches and social organizations; community workers; social workers; communication workers, teachers, policy makers, managers and other relevant persons". Scientific evidence has shown that hard-hitting campaigns using graphic images of the harms of tobacco use can be especially effective in convincing users to quit [27].

10.5 Enforce – WHO FCTC: Article 13 "Tobacco advertising, promotion and sponsorship"

The WHO FCTC, in Article 13 states that "Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products" [3]. MPOWER specifies "A total ban on direct and indirect advertising, promotion and sponsorship can substantially reduce tobacco consumption and protect people, particularly youths, from industry marketing tactics" [4].

In Viet Nam, according to the Government's Directive 12/2007/CT-TTg and the Government's Decision No. 1315/QĐ-TTg, all forms of cigarette advertisement, sponsorship and marketing are strictly banned. Findings from other studies have proved that Viet Nam has successfully implemented the ban on direct tobacco advertising, especially in the mass media [25]. However, GATS Viet Nam 2010 showed that 16.9% of Vietnamese adults reported noticing some form of cigarette advertisement, sponsorship or promotion during the past 30 days (8.6% in stores, 3.7% in restaurants/coffee or tea shops, 2.1% on television and 0.2% in cinemas). A study in 2010 of tobacco purchasing points in 10 provinces in Viet Nam reported that regulations around tobacco advertisement were seriously violated by 95.4% of points of purchase (100% of tobacco stores, 96% of bar/coffee shops, 88.9% of restaurants, and 64.5% of supermarkets and variety stores)[25]. In Viet Nam, free distribution of cigarettes still exists, along with non-tobacco products with tobacco brand names and sponsorship of sports teams. This reflects the need for consistent enforcement of existing regulations that prohibit all direct and indirect tobacco advertising, promotion and sponsorship in Viet Nam. A ban on marketing and promotion is a powerful weapon against tobacco use.

10.6 Raise – WHO FCTC: Article 6 "Price and tax measures to reduce the demand for tobacco"

It is widely known that the single most effective method to reduce smoking prevalence and cigarette consumption is to increase tobacco prices through higher excise taxes. A tax increase also directly benefits governments, as increased revenues can be used for tobacco control and other important health and social programs. The WHO FCTC, in Article 6, states "The Parties recognize that price and tax measures are an effective and important means of reducing tobacco

consumption by various segments of the population, in particular young persons" (2). MPOWER concludes, "Tobacco taxes are generally well accepted by the public and raise government revenues... Taxes need to be increased regularly to correct for inflation and consumer purchasing power" ([4].

The Government's Decision No. 1315/QĐ-TTg notes, "From now until 2010, develop a price and taxation road map for tobacco products with the aim to: increase taxation and prices of tobacco products; levy high taxes on imported tobacco products; and apply regulations on the minimum price for tobacco products". However, GATS Viet Nam showed that the prices of tobacco products in Viet Nam were still low, and it was among the countries with the lowest tobacco prices. The median price per cigarette pack was only VND 5,500 (US\$ 0.29) and the average price of 100 packs of manufactured cigarettes as a percentage of Gross Domestic Product (GDP) per capita was 2.7%. Vinataba was still the most commonly purchased cigarette brand in Viet Nam and its price has not changed in the past ten years. A pack of Vinataba (Viet Nam's most popular brand) that cost about VND 10 000 in 1996 (in 2006 VND) (US\$ 0.63) was priced at about VND 8500 (US\$ 0.53) 10 years later. This is in sharp contrast to the evolution of real income in Viet Nam: real per capita GDP increased by more than 80% between 1995 and 2006, thus making tobacco much cheaper on average [8].

In fact, in 2006, Viet Nam's Special Consumption Tax (SCT) on cigarettes was made uniform across cigarette and cigar types and set at 55% of the wholesale price. The SCT was increased to 65% of wholesale price in January 2008. Tobacco taxes in Viet Nam currently account for at most 45% of the tax-inclusive retail sale price of cigarettes, well below the 65–80% rate noted by the World Bank in countries with effective tobacco control policies [8]. Raising taxes, and therefore prices, is the most effective way to reduce tobacco use, and especially to discourage young people from using tobacco. It also helps convince tobacco users to quit [28].

11. Conclusions and Recommendations

11.1 Conclusions

The GATS is a global standard tool for systematically monitoring adult tobacco use and for tracking key tobacco control indicators, which can be utilized by policy-makers for strengthening tobacco control. In addition, it allows international comparability and an opportunity to learn lessons about tobacco control from other countries.

GATS Viet Nam 2010 has provided national estimates for both smoking and smokeless tobacco use by urban-rural and by gender. In addition, indicators for various dimensions of tobacco control, such as exposure to secondhand smoke, exposure through media to anti-tobacco information, exposure to tobacco advertising, and expenditures related to tobacco, are also generated. This was the first nationwide survey to provide extensive information on all kinds of tobacco products, including smokeless tobacco, and other key indicators of tobacco control.

This was also the first survey in Viet Nam that used electronic data collection devices for collecting data from more than 11,000 households from different regions. Capacity building of national staff and technology transfer through collaboration with international partners led to the successful completion of the survey. Implementing agencies are now capable of doing other surveys through electronic data collection and many staff were trained, including both IT and survey experts, in different phases by international partners such as CDC, RTI and WHO.

The findings from GATS Viet Nam 2010 have shown that the prevalence of tobacco use, especially smoking, is very high in Viet Nam. In 2010, 23.8% of Vietnamese age 15 and over (47.4% of males, 1.4% of females) currently smoked tobacco. The estimated number of current adult smokers in Viet Nam was about 15.3 million (14.8 million male and 477,000 female).

Compliance with smoke-free regulations in Viet Nam was still poor. The prevalence rates of exposure to SHS at work as well as in public places were very high: 49.0% of non-smoking workers age 15 and over (representing about 5 million people) were exposed to SHS at indoor workplaces. The prevalence rates of noticing tobacco smoking in government buildings, healthcare facilities, on public transportation, and at schools and universities were 38.7%, 23.6%, 34.4%, 22.3% and 54.3%, respectively. GATS Viet Nam also showed that, in Viet Nam, 67.6% of non-smokers (equivalent to about 33 million non-smokers) age 15 and above were exposed to SHS at home. Females had a higher prevalence of exposure to SHS at home than males (68.8% vs. 65.2%, respectively).

Services to treat tobacco dependence were not easily accessible by smokers in Viet Nam. Also, tobacco cessation counseling appeared to not be a concern of most of healthcare providers. Around 67.5% of current cigarette smokers were interested in quitting and 55.3% of smokers had made an attempt to quit in the past 12 months. Only 27.2% of smokers had visited a healthcare provider in the past year and of those, 34.9% were asked if they smoked and 29.7% were advised by the healthcare provider to quit. The quit ratio for daily smoking (the percentage of ever daily tobacco smokers who currently do not smoke tobacco) was 23.5%. Medical prescription and counseling services were used at very low rates among those who successfully quit smoking (0.3% and 3%).

Existing textual health warnings in Viet Nam (covering 30% of the cigarette pack area) are not strong enough to encourage cessation. GATS Viet Nam 2010 showed that 92.4% of current smokers had noticed health warnings on cigarette packs but the percentage of those smokers who had a plan to quit within next month was only 9.5%, implying that textual health warnings are not strong enough to encourage smokers to quit.

Although almost all adults (95.7%) believed that cigarette smoking caused serious diseases and illnesses, only about half of them (55.5%) knew that cigarette smoking could cause three diseases, lung cancer, heart attack and stroke.

In Viet Nam, there is still free distribution of cigarettes, non-tobacco products with tobacco brand names, and tobacco sponsorships of a sport team (The company produces not only cigarettes but also other products). This reflects the

consistent need for enforcement of existing regulations that prohibit all direct and indirect tobacco advertising, promotions and sponsorships.

GATS Viet Nam also showed that the prices of tobacco products in Viet Nam remained low. The median price per cigarette pack was only VND 5,500 (US\$ 0.29) and the average price of 100 packs of manufactured cigarettes as a percentage of Gross Domestic Product (GDP) per capita was only 2.7%. Tobacco taxes in Viet Nam currently account for at most 45% of the tax-inclusive retail sale price of cigarettes, well below the 65–80% rate noted by the World Bank in countries with effective tobacco control policies.

11.2 Recommendations

Even though tobacco control activities in Viet Nam appeared to have received recent attention, there are still some issues that need to be improved. The Prime Minister has issued Decision No. 1315/QĐ-TTg on Ratification of the Action Plan for the Implementation of the WHO Framework Convention on Tobacco Control. This Action Plan can be effectively implemented using the WHO's MPOWER guidelines.

M: Monitor

GATS Viet Nam 2010 has provided nationally representative data on both smoking and smokeless tobacco use among the adult population for the year 2010. However, for effective monitoring of tobacco use and its control program, regular surveillance on key indicators is necessary.

Key strategies should be implemented for effective monitoring of tobacco use, such as:

- Periodically implementing GATS, either through regular repeats or through inclusion of the GATS core questions in other ongoing surveys, such as the Viet Nam National Living Standards Survey (conducted every 2 years) or other national health surveillance systems. The GATS definitions and methods should be employed as the standard.
- Developing a monitoring plan responding to indicators and FCTC guidelines, including (i) prevalence of tobacco use; (ii) impact of policy interventions; and (iii) tobacco industry marketing, promotion and lobbying.
- Increasing collaboration among tobacco control experts from various research institutions and also tobacco control stakeholders for strengthening the tobacco surveillance system.
- Effectively disseminating findings so that government, country leadership and civil society can use the information to develop tobacco control policies and build capacity for effective policy implementation and enforcement.

P: Protect

GATS Viet Nam 2010 has shown that a high percentage of people are exposed to secondhand smoke at home, at work and in public places. Steps to protect people from tobacco smoke are:

- Enforcing existing tobacco control regulations and passing a strong tobacco control law in Viet Nam.
- Advocating for smoke-free homes initiatives.
- Promoting community health-education programs to raise public awareness of the harms of tobacco use and exposure to tobacco smoke.
- Providing continuous training for the mass media.

O: Offer help

GATS Viet Nam 2010 has shown that many current smokers have an interest in quitting smoking but the services to treat tobacco dependence are not available or easily accessible by the smokers in Viet Nam.

Users of either smoked or smokeless tobacco products should be offered help in quitting by:

- Strengthening existing cessation clinic services through staff training of nurses and healthcare workers with counselling skills.
- Integrating cessation services in the primary healthcare facilities (district and commune health centers).

- Making available nicotine replacement therapy (NRT) and other pharmaco-therapeutic agents used in cessation.
- Developing quit lines to support smokers interested in quitting.
- Including formal training on tobacco cessation counselling and integrating tobacco control-related information in health professional student curricula.
- Conducting research to apply new therapies in tobacco cessation services.

W: Warn

GATS Viet Nam 2010 has shown that existing textual health warnings on cigarette packs are not strong enough to encourage cessation. Non-readers and people with lower educational levels cannot understand the textual health warnings on cigarette packs. Better impact through public education may be achieved by:

- Formulating and enacting effective pictorial health warnings on all types of tobacco products.
- Launching different community anti-tobacco counter-advertising campaigns in all forms of media to publicize the full extent of tobacco's dangers.

E: Enforce

By law, cigarette advertisements and sponsorships are completely banned in Viet Nam. GATS Viet Nam 2010 has shown that several forms of cigarette advertising, promotion and sponsorships still exist. Bans on tobacco advertising, promotions and sponsorships should be enhanced through:

- Enforcing the existing law to cover all forms of direct and indirect advertisement, promotions and sponsorships.
- Strengthening the capacity of the task force to enforce tobacco legislation.
- Providing evidence of violations to the public and policy makers
- Raising social awareness regarding tobacco's harm and exposing the selfish tactics of the tobacco industry in its promotion of tobacco.
- Coordinating with government and nongovernmental organizations for tobacco control at every level, especially in remote areas, and for systematic monitoring of tobacco industry advertising.
- Increasing compliance by creating and promoting best practice models.

R: Raise taxes on tobacco

Results from GATS Vietnam 2010 showed that cigarette prices in Vietnam were still low compared to those in other countries. To limit accessibility to cigarette by the population especially the poor and the youth, the National Assembly and the Government should increase the excise tax on tobacco products. This measure has been referred to as a one of the most effective ways to discourage youth from starting to smoke, reduce tobacco use, and save lives. Advocacy for raising taxes on all types of tobacco products is needed.

References

- 1. Mathers CD, Loncar D: **Projections of Global Mortality and Burden of Disease from 2002 to 2030**. *PLoS Med* 2006, **3**(11):e442.
- 2. Peto R, Lopez AD, Boreham J, Thun M, Heath C, Jr., Doll R: **Mortality from smoking worldwide**. *Br Med Bull* 1996, **52**(1):12-21.
- 3. World Health Organization: **WHO Framework Convention on Tobacco Control**. Geneva: World Health Organization; 2003.
- 4. World Health Organization: WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER Packaged. Geneva: World Health Organization; 2008.
- 5. Ministry of Health: Vietnam National Health Survey (VNHS), 2001-02. Hanoi: Ministry of Health; 2003.
- 6. Anh PH, Efroymson D, John L, Wien S, Thu LT: **Tobacco and Poverty: Evidences from Vietnam**. Hanoi: HealthBridge Canada; 2010.
- 7. Centers for Disease Control and Prevention: **Global Youth Tobacco Survey (GYTS) 2007**. Atlanta: Centers for Disease Control and Prevention; 2007.
- 8. Guindon GE, Nguyen TT Hien, Hoang V Kinh, McGirr E, Dang V Trung, Lam. NT: **Tobacco Taxation in Vietnam**. Paris: International Union Against Tuberculosis and Lung Disease; 2010.
- 9. Levy DT, Bales S, Lam NT, Nikolayev L: The role of public policies in reducing smoking and deaths caused by smoking in Vietnam: Results from the Vietnam tobacco policy simulation model. Soc Sci Med 2006, 62:1819-1830.
- 10. Norman R, Higashi H, Vos T, Barendregt J, Linh BN, A AL: **The burden of disease attributable to tobacco** smoking in Vietnam in **2006 (In manuscript)**. 2010.
- 11. Ross H, Trung DV, Phu VX: **The costs of smoking in Vietnam: the case of inpatient care**. *Tobacco Control* 2007, **16**(6):405-409.
- 12. General Statistics Office: Vietnam Living Standard Survey 2007. Hanoi: General Statistics Office; 2007.
- 13. The Government of Vietnam: Government Resolution No 12/2000/NQ-CP on "National Tobacco Control Policy 2000 -2010. 2000.
- 14. The Government of Vietnam: Directive No 12/2007/CT-TTg of the Prime Minister on strengthening tobacco control activities in Vietnam. 2007.
- 15. The Government of Vietnam: **Decision No. 1315/QĐ-TTg of the Prime Minister, on Ratification of the Action plan for the Implementation of the WHO Framework Convention on Tobacco Control. 2009.**
- 16. The Prime Minister: **Decision No. 1315/QĐ-TTg on Ratification of the Action plan for the Implementation of the WHO Framework Convention on Tobacco Control.** 2009.
- 17. Lê Việt Hoa, Lê Thị Kim Ánh, Đỗ Hải Sơn, Đỗ Minh Sơn, Anh PTH: **The implementation of smoke free** policy in public place and overnment office in Ha Noi (Khảo sát việc thực thi chính sách không hút thuốc trong công sở và nơi công cộng tại Hà Nội). Ha Noi; 2009.
- 18. Center for Development Research and Community Support (Trung tâm nghiên cứu phát triển và trợ giúp cộng đồng -CDS): Rapid assessment : developing Ha Long smoke free tourism city (Khảo sát nhanh: xây dựng Hạ Long, thành phố du lịch không khói thuốc). 2009.
- 19. Hanoi School of Public Health, VINACOSH, WHO, Bloomberg Initiative: **Baseline survey on the violation of ban on tobacco advertisement, promotion and sponsorship** Ha Noi; 2010.
- 20. Vietnam Steering Committee on Smoking and Health (VINACOSH), Hanoi Medical University: Preintervention assessment: Implementation of regulations of Smoke-free environment and legal documents on Tobacco Control Hanoi; 2009.
- 21. VINACOSH, CDS: Study on compliance and effectiveness of pictorial health warning series in tobacco product labels in Vietnam, April 2008. Ha Noi; 2008.
- 22. Vletnam Steering Committee on Smoking and Health (VINACOSH), Johns Hopkins University Bloomberg School of Public Health: **Tobacco control Research in Vietnam: Towards research for Action: Research mapping and Capacity Assessment.**; 2009.

- 23. General Statistics Office: **Vietnam Living Standard Survey (VLSS) 2006**. Hanoi: Statistical Publishing House; 2007.
- 24. World Health Organization: Regional Action Plan for the Tobacco Free Initiative in the Western Pacific Region (2010-2014). Malina: World Health Organization; 2010.
- 25. Vietnam Steering Committee on Smoking and Health: **Evaluation of National Tobacco Control Policy 2000-2010**. Hanoi: Vietnam Steering Committee on Smoking and Health; 2010.
- 26. World Health Organization: **WHO Report on the Global Tobacco Epidemic, 2009: The MPOWER Packaged**. Geneva: World Health Organization; 2009.
- 27. Siahpush M et al: Socioeconomic and country variations in knowledge of health risks of tobacco smoking and toxic constituents of smoke: results from the 2002 International Tobacco Control (ITC) Four Country Survey. *Tobacco Control* 2006, **15(Suppl.3)**:iii65-iii70.
- 28. World Health Organization: **WHO Tobacco Free Initiative. Building blocks for tobacco control: a handbook**. Geneva: World Health Organization; 2004.

Appendix A: Questionnaire

Household Questionnaire
INTERVIEW'S START TIME : _ : : : _ : : _ : : _ : : _ : : _ : : _ : _ : : _
INTERVIEWER: THE HOUSEHOLD SCREENING INTERVIEW RESPONDENT MUST BE 18 YEARS OR OLDER AND YOU MUST BE CONFIDENT THAT THIS PERSON COULD PROVIDE EXACT INFORMATION ABOUT ALL MEMBERS OF THE HOUSEHOLD.
IF NEEDED, VERIFY AGE OF THE HOUSEHOLD SCREENING INTERVIEW RESPONDENT TO DEFINITELY ENSURE THAT HE/SHE IS 18 YEARS OR OLDER.
INTRODUCTION: Currently <i>Ministry of Health, General Statistics Office and World Health Organization</i> are conducting an important survey on the adult tobacco use behavior in the whole country and your household has been selected to participate in this survey. All participating households are randomly selected. Findings of this survey will be used by the Ministry of Health for public health purposes. All information collected will be kept absolutely confidential. Let us ask some questions to identify who in your household would be appropriate for participating in
the interview. HH1. First of all, please let us know how many people are living in your household?
INCLUDE ANYONE WHO CONSIDERS THIS HOUSEHOLD AS HIS/HER MAIN PLACE OF RESIDENCE
PERSONS
HH2. How many people in your household are 15 years or older (according to the western calendar)?
PERSONS
IF HH2 = 00 (THERE IS NO ELIGIBLE PERSON IN THE HOUSEHOLD) THEN TERMINATE THE INTERVIEW AND RECORD THE INTERVIEW'S ENDING TIME. ENTER THE RESULT INTO CODE

HH3. Now we would like to ask some information about the household members who are 15 years or older. Please start listing them from the eldest to the youngest.

ASK THE FOLLOWING QUESTIONS AND RECORD THE ANSWERS INTO THE FOLLOWING TABLE

- a. What is the name of this person?
- b. How old is this person? IF THE RESPONDENT DOES NOT KNOW, ASK HIM/HER TO ESTIMATE
- c. IF THE REPORTED AGE IS BETWEEN 15 AND 17, ASK THAT PERSON ABOUT HIS/HER DATE OF BIRTH: What is the month and year of his/her birth according to the western calendar?

CHECK TO VERIFY IF THE DATE OF BIRTH FALLS INTO THE TIME BEFORE DATE [FILL THE MONTH/YEAR] TO STEADILY ENSURE THAT THE PERSON IS 15 YEARS OR OLDER. IF HE/SHE IS NOT 15 YEARS OR OLDER, DELETE THAT LINE.

IF THE INTERVIEWEE DOES NOT KNOW THAT DATE OF BIRTH, GO TO d

- d. Is this person male or female?
- e. Is this person currently smoking (cigarette, waterpipe, pipe, cigar, terracotta bowl pipe)?

	a. Name	b. Age	ONLY WHEN AGE = 15-17 c. Date of Birth	4.6	ender	o Sm	oking curr	onth/2
	a. Name	b. Age	C. Date of Birth	Male	Female	YES	NO	DO NOT KNOW
1			Month: Year:	□ 1	2	<u></u> 1	2	7
2			Month: Year:	<u> </u>	2	<u> </u>	2	7
3			Month: Year:	<u> </u>	2	<u> </u>	2	7
4			Month: Year:	<u> </u>	2	<u> </u>	2	7
5			Month: Year:	<u> </u>	2	1	2	7
6			Month: Year:	<u> </u>	2	<u> </u>	2	7
7			Month: Year:	<u> </u>	2	1	2	7
8			Month: Year:	<u> </u>	2	<u> </u>	2	7
9			Month: Year:	<u> </u>	2	1	2	7
10			Month: Year:	□ 1	2	□ 1	2	7

SELECT INDIVIDUAL RESPONDENT USING THE RANDOMIZED TABLE:

NUMBER OF ELIGIBLE PERSONS IN THE		FINAL	_ DIGIT (OF THE I	D NUME	BER ON	THE QUI	ESTION	NAIRE	
HOUSEHOLD	0	1	2	3	4	5	6	7	8	9
0		TERMINATE THE INTERVIEW								
1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	2	3
4	1	2	3	4	1	2	3	4	1	2
5	1	2	3	4	5	1	2	3	4	5
6	6	1	2	3	4	5	6	1	2	3
7	5	6	7	1	2	3	4	5	6	7
8	1	2	3	4	5	6	7	8	1	2
9	8	9	1	2	3	4	5	6	7	8
10	9	10	1	2	3	4	5	6	7	8

USE ABOVE RANDOMIZED TABLE FOR SELECTING THE INTERVIEWEE AND WRITE THE NUMBER DOWN INTO HH5 BELOW

- IF ONLY ONE ELIGIBLE PERSON LIVES IN THE HOUSEHOLD, RECORD "1" INTO HH5
- IF THERE IS NO ELIGIBLE PERSONS LIVING IN THE HOUSEHOLD, RECORD "0" INTO HH 5 AND TERMINATE THE INTERVIEW
- IF MORE THAN 20 LIVE IN THE HOUSEHOLD, TERMINATE THE INTERVIEW, AND CONSULT THE SUPERVISOR BEFORE SELECTING ANYONE FOR THE INDIVIDUAL INTERVIEW

HH5.	RUNNING NUMBER OF THE SELECTED PERSON IN THE ELIGIBLE HOUSEHOLD LIST
HH6.	TRANSCRIBE THE ID NUMBER OF THE QUESTIONNAIRE
	ID NUMBER OF THE QUESTIONNAIRE:

INTERVIEWER: IF YOU CAN NOT SPEAK TO THE PERSON SELECTED FOR INTERVIEWING OR IF THAT PERSON IS NOT PRESENT AT HOME TO ANSWER THE INTERVIEW AT THAT MOMENT, RECORD NAME OF THAT PERSON AND PLAN FOR THE NEXT INTERVIEW (DAY AND HOUR)

NAME		
DAY OF THE NEXT	VISIT:	HOUR :
DAY OF THE NEXT	VISIT:	HOUR:
DAY OF THE NEXT	VISIT:	HOUR:
DAY OF THE NEXT	VISIT:	HOUR:
	HOUSEHOLD INTERVIEW'S TERMINATION TIME [CLOCK OF 24 HOURS]	HOURS MINUTES

Individ	HISL (NIDETIA	nnaira
Individ	uai 🤄	xuesiio	ıııaııc

ID NUMBE QUESTIONNA	•
CONSENT 1.	CHECK AGE OF THE PERSON SELECTED FOR INTERVIEWING FROM CASE DETAILS IN THE HOUSEHOLD QUESTIONNAIRE, AND SELECT THE APPROPRIATE LIST BELOW:
	15-17
CONSENT 2.	Before starting the interview, I need to ask for informed consent from the parent or guardian of [RECORD NAME OF THE RESPONDENT].
	IF BOTH PERSON SELECTED FOR INTERVIEWING AND THE PARENT/GUARDIAN ARE PRESENT THEN CONTINUE INTERVIEWING.

APPOINTMENT FOR COMING BACK.

IF THE RESPONDENT WHO IS ADOLESCENT IS NOT PRESENT THEN CONTINUE TO ASK FOR CONSENT FROM THE PARENT.

IF THE PARENT/GUARDIAN IS NOT PRESENT THEN STOP INTERVIEWING AND MAKE

CONSENT 3. READ OUT THE FOLLOWING PART TO PARENT/GUARDIAN AND PERSON SELECTED FOR INTERVIEWING (IF YES):

I am working for General Statistics Office (GSO).. This organization is currently collecting information regarding tobacco use in Vietnam. This information will be used by the Ministry of Health for public health purposes.

Your household and [NAME OF THE INTERVIEWEE] has been selected randomly. Answers of [NAME OF THE INTERVIEWEE] are very important for us and for the community, because that information could represent many other people.

The interview will last for about 30 minutes. Participation of [NAME OF THE INTERVIEWEE] in this survey is fully voluntary. Information that [NAME OF THE INTERVIEWEE] provides will totally be kept confidential and [NAME OF THE INTERVIEWEE] will not be identified by his/her answers. Personal information will not be shared with any other people, including other members of your household. [NAME OF THE INTERVIEWEE] can withdraw from the survey at any time and can refuse to answer any question.

If you have any question about this survey, please contact our agency via the following telephone number: 0437343781, Mr. Nguyen Phong, Dept. of Social, Environment and Statistics, GSO.

If you agree with the participation of [NAME OF THE INTERVIEWEE] in this survey, we will interview him/her.

ASK THE PARENT/GUARDIAN: Do you agree with the participation of [NAME OF THE RESPONDENT?

YES	☐1 [GO TO CONSENT 4]
NO	2 [TERMINATE THE INTERVIEW]
IS THE ADOLE	SCENT SELECTED FOR INTERVIEWING PRESENT?
	_
PRESENT	1 [GO TO CONSENT 6]
ABSENT	2 [GO TO CONSENT 5]

CONSENT 4.

CONSENT 5. READ OUT TO THE PERSON SELECTED FOR INTERVIEWING:

I am working for General Statistics Office (GSO). This organization is collecting information about tobacco use in [Name of the country]. This information will be used by the Ministry of Health for public health purposes.

Your household and yourself have been selected randomly. Information that you answer is very important for us and for the community, as these answers will represent many other people. The interview will last for about 30 minutes. Your participation in this survey is fully voluntary. Information that you will provide us will absolutely be kept confidential, and you will not be identified by your answers. Personal information will not be shared with any other people, even with other members of your family. You can withdraw from this research at any time and can refuse to answer any question.

If you need to ask about this survey, please contact our agency via the telephone number: 0437343781, Mr. Nguyen Phong, Dept. of Social, Environment and Statistics, GSO.

{FILL IN IF CONSENT 4=2: Your parent/guardian has allowed you to take part in this research}

If you agree to participate, we will conduct with you a separate interview.

CONSENT 6.	ASK THE PEF	RSON SELECTED FOR INTERVIEWING: Do you agree to partic	cipate?
	YES NO	☐1 [CONTINUE INTERVIEWING]☐2 [TERMINATE THE INTERVIEW]	

FILL IN THE FOLLOWING INFORMATION:

LANGUAGE OF THE INTERVIEW [FILL IN THE LANGUAGE]	□1 VIETNAMESE
INTERVIEW'S START TIME	::
[CLOCK OF 24 HOURS]	HOURS MINUTES

SECTION A. GENERAL INFORMATION

Introd	uction: First of all I will ask you some questions about yourself.				
A1.	INTERVIEWER: OBSERVE AND RECORD GENDER OF THE INTERVIEWEE. ASK IF NEEDED.				
	MALE 1 FEMALE 2				
A2.	Please let us know your birth's month and year according to the western calendar?				
	MONTH: IF DO NOT KNOW, RECORD "77" IF DO NOT KNOW, RECORD				
	YEAR: "7777"				
	RVIEWER: IF MONTH=77 OR YEAR =7777 IN THE QUESTION A2, ASK A3. IF NO, THEN GO TO QUESTION A4.				
A3.	How old are you?				
	INTERVIEWER: IF THE RESPONDENT IS NOT SURE, ASK HIM/HER TO ESTIMATE AND RECORD THE ANSWER				
	AGE				
	A3a. IS THE ANSWER AN ESTIMATION? YES				
	NO				
A4.	The highest level of education that you have completed?				
	INTERVIEWER: SELECT ONLY ONE ITEM				
	NO FORMAL EDUCATION				
	HAVING COMPLETED SECONDARY SCHOOL				
	EDUCATION				

A5. Which of the following best describes your main work status over the past 12 months? Government employee, non-government employee, self-employed, student, homemaker, retired, unemployed-able to work, or unemployed-unable to work?

INTERVIEWER: INCLUDE SUBSISTENCE FARMING AS SELF-EMPLOYED INTERVIEWER: BASED ON THE AMOUNT OF TIME THE RESPONDENT SPENT WORKING OVER THE PAST 12 MONTHS

GOVERNMENT EMPLOYEE 1
NON-GOVERNMENT EMPLOYEE 2
SELF-EMPLOYED 3
STUDENT 4
HOMEMAKER 5
RETIRED 6
UNEMPLOYED, ABLE TO WORK 7
UNEMPLOYED, UNABLE TO WORK 8
DON'T KNOW

IF A5 = 1, 2, OR 3, GO TO A5VN. OTHERWISE, GO TO A6.

A5VN. What was your main job during the last 12 months? (based on time spending)

LEADER/MANAGER	01
PROFESSIONAL TECHNICIAN, INTERMADIATE LEVEL AND ABOVE	02
(INCLUDING HEALTH, EDUCATION, ETC.)	
OFFICE WORKER	03
SERVICE (HOTEL, RESTAURANT, CHILDCARE, HAIR DRESSING, GUARDIAN,	
ETC.)	04
SELLING (WHOLESALE, RETAIL)	05
MANUAL/SIMPLE LABOURER IN:	
AGRICULTURE (CULTIVATION, BREEDING, AGRICULTURAL SERVICES,	
HUNTING)	06
FORESTRYTIMBERING	07
AQUICULTURE/FISHERING	80
MINING	09
CONSTRUCTION	10
INDUSTRY/PROCESSING/SMALL SCALE CRAFT	11
MACHINE OPERATION	12
TRAFFIC MEANS DRIVING	13
OTHER OCCUPATION, SPECIFY:	14
DO NOT KNOW	77

	commodities:	
	READ OUT EACH ITEM: YES NO ▼ ▼	
	a. Electricity? 1 2 b. Flush toilet? 1 2 c. Fixed telephone? 1 2 d. Mobile phone? 1 2 e. TV? 1 2 f. Radio? 1 2 g. Refrigerator? 1 2	
	h. Car?	
ORTIG	j. Washing machine?	
ОРТІС А9.	Which ethnic group do you belong to?	
	a) KINH	
A11.	What is your current marital status?	
	UNMARRIED 1 MARRIED 2 SEPARATED 3 DIVORCED 4 WIDOWED 5	

Please let us know if your household or any person living in your household has the following

A6.

SECTION B. TOBACCO SMOKING

Introduction: I would like to ask you some questions about smoking tobacco, including (cigarette, waterpipe tobacco, pipe, cigar, and terracotta bowl pipe)

Please refer only to smoking tobacco, smokeless tobacco such as chewing betel with tobacco and chewing tobacco will be asked in the next section

B1.	. <u>Do you currently</u> smoke tobacco daily, occasionally, or not smoke anything?				
	DAILY				
B2.	Previously, did you smoke daily?				
	YES				
B3.	Previously, did you smoke daily, occasionally, or not smoke at all?				
	INTERVIEWER: IF PREVIOUSLY THE RESPONDENT HAS SMOKED BOTH "DAILY" AND "OCCASIONALLY", THEN MARK "DAILY"				
	DAILY				

[PEOPLE WHO ARE SMOKING DAILY]

B4.	At what age have you first started smoking tobacco daily?								
	AGE IF DO NOT KNOW, FILL IN "99"								
INTER	TERVIEWER: If B4 = 99, ask B5. IF NO, GO TO B6.								
B5.	For how many years have you first started smoking daily?								
	YEAR								
	In average in one day how is the frequency of your smoking curring? Regarding kinds of tobacco that you do not smoke daily, then be week.	-	-	-		ı an			
	INTERVIEWER: IF THE INTERVIEWEE ANSWERS THAT HE/S	SHE S	MOKE	ES BUT N	OT DAILY, F	ILL IN			
	IF THE RESPONDENT SPEAKS OUT THE QUANTITY BY PACKS OR CARTONS, <u>ASK HOW MANY EACH</u> AND CALCULATE THE TOTAL NUMBER OF STICKS (CIGARETTES) OR TIMES (PIPE TOBACCO)								
	READ OUT EACH ITEM: (ADJUST ITEMS TO THE CONCRETE COUNTRY)								
	a. Manufactured cigarette?			Р	ER DAY				
	a1. [IF B6a=888] In average how many sticks of manufactured cigarette do you smoke per week?			Р	ER WEEK				
	b. Hand-rolled cigarette?			Р	ER DAY				
	b1. [IF B6b=888] In average how many sticks of hand-rolled cigarette do you smoke per week?			Р	ER WEEK				
	d. Pipe?			Р	ER DAY				
	d1. [IF B6d=888] In average how many times you smoke the full pipe per week?			Р	ER WEEK				
	e. Cigar, cheroots, or cigarillos?			Р	ER DAY				
	e1. [IF B6e=888] In average how many sticks of cigars, cheroots or cigarillos do you smoke per week?			Р	ER WEEK				
	f. Waterpipe session per day?			Р	ER DAY				
	f1. [IF B6f=888] In average how many times do you smoke waterpipe session per week?			Р	ER WEEK				
	g. Other kinds? (Specify:)			Р	ER DAY				
	g1. [IF B6g=888] In average how many [FILL IN NAME OF THE PRODUCT] do you smoke per week?			Р	ER WEEK				

B7.	Commonly, how soon after waking up in the morning do you smoke the first time? You can say				
	Within 5 minutes,				
SPECI	FIC QUESTIONS FOR VIETNAM				
B7VN.	About how often do you drink alcohol such as beer, wine, spirit, fermented cider, etc? Would you say every day, 4 to 6 days per week, 2 to 3 days per week, once a week, once or twice a month, less than monthly, or never?				
	EVERY DAY				
INTER	RVIEWER: GO TO THE NEXT SECTION (WATERPIPE)				

[CURRENTLY BEING PEOPLE WHO SMOKE OCCASIONALLY]

INTERVIEWER: GO TO THE NEXT SECTION (WATERPIPE)

B8.	How old were you when you started smoking tobacco daily?				
	AGE IF DO NOT KNO	W, FIL	L IN	"99"	
INTER'	VIEWER: IF B8 = 99, ASK B9. IF NO, G	O TO	B10.		
B9.	For how many years have you started smoking	g toba	cco da	aily?	
	YEAR				
B10.	In average, how much do you smoke each kind of the following tobacco per week? INTERVIEWER: IF THE RESPONDENT REPORTS DOING THE ACTIVITY <u>WITHIN THE PAST 30 DAYS</u> , BUT SMOKE LESS THAN ONE STICK PER WEEK, FILL IN 888 IF THE RESPONDENT TELLS THE NUMBER IN PACKS OR CARTONS, <u>ASK HOW MANY EACH</u> AN CALCULATE THE TOTAL NUMBER OF STICKS (CIGARETTES) OR TIMES (PIPE TOBACCO)				E ACTIVITY <u>WITHIN THE PAST 30</u> L IN 888 ARTONS, <u>ASK HOW MANY EACH</u> AND
	READ OUT EACH ITEM:				
	a. Manufactured cigarette?				PER WEEK
	b. Hand-rolled cigarette?				PER WEEK
	d. Pipe?				PER WEEK
	e. Cigar, cheroots, or cigarillos?				PER WEEK
	f. Waterpipe sessions per week?				PER WEEK
	g. Other kinds?				PER WEEK
	→ Specify:			<u> </u>	
SPECI	FIC QUESTIONS FOR VIETNAM				
B10VN	. About how often do you drink alcohol such as every day, 4 to 6 days per week, 2 to 3 days p monthly, or never?				
	EVERY DAY 1 4 TO 6 DAYS PER WEEK 2 2 TO 3 DAYS PER WEEK 3 ONCE A WEEK 4 ONCE OR TWICE A MONTH 5 LESS THAN MONTHLY 6 NEVER 7 NO ANSWER 9				

[PEOPLE WHO HAVE EVER SMOKED]

B11.	How old were you when you started smoking tobacco <u>daily</u> ?					
	AGE IF DO NOT KNOW, RECORD "99"					
INTER	VIEWER: IF B11 = 99, ASK B12. IF NO, THEN OMIT AND GO TO B13.					
B12.	For how many years have you started smoking tobacco daily?					
	YEAR					
B13.	For how long have you given up smoking?					
	INTERVIEWER: JUST TO PAY ATTENTION TO WHEN THE RESPONDENT GIVES UP REGULAR SMOKING – NOT CONSIDERING SELDOM SMOKING					
	FILL IN THE UNIT AND NUMBER					
	YEAR 1					
	MONTH 2					
	WEEK 3					
	DAY 4					
	LESS THAN 1 DAY (24 HOURS)					

INTERVIEWER IF B13 < 1 YEAR (< 12 MONTHS) THEN CONTINUE WITH B14. OTHERWISE GO TO THE NEXT SECTION.

-	Within the last 12 months, have you ever come to a health facility for consultation or invited physicians to your home for consultation? (including all kinds of health services such as health check, counseling, vaccination,)				
	YES 1 NO				
B15.	Within the last 12 months, how many times have you been to health facilities for consultation or invited physicians to your home for consultation? (including all kinds of health services such as health check, counseling, vaccination,) ? Can you say that it was 1 or 2 times, 3 - 5 times, or 6 times and more?				
	1 OR 2 TIMES				
B16.	During the times going out for consultation or inviting physicians to your home for consultation within the last 12 months as mentioned above, were you asked if you smoked tobacco?				
	YES 1 NO				
B17. During the times going out for consultation or inviting physicians to your home for consultation last 12 months as mentioned above, were you advised quitting smoking tobacco?					
	YES 1 NO 2				
B18.	Within the last 12 months, have you applied any of the following measures to stop smoking?				
	READ OUT EACH ITEM: YES NO ▼ ▼				
	a. Direct counseling?				
	b. Nicotine replacement therapy, such as patch or chewing gums? 1 2				
	c. Other prescribed medicines, (Bupropion SR, Varenicline)				
	d. Kinds of traditional medicines?				
	e. Smoking telephone support line? 1 2				
	f. Shifting to smokeless tobacco?				
	g. Anything else? Specify:1 1 2				

OPTIONAL SECTION WP – WATERPIPE (PLACED AFTER SECTION B)

Routing: B6f/B10f ask for the number of water pipe sessions per day/week
-IF B1=3 AND B3=3 (NEVER SMOKERS), SKIP TO NEXT SECTION -IF B1=3 AND B3=1 OR 2 (FORMER SMOKERS), GO TO WP2
-IF BT=3 AND B3=1 OR 2 (FORIVIER SINIORERS), GO TO WP2
-IF B1=1 AND B6f>=1 (CURRENT DAILY WATER PIPE SMOKERS), GO TO WP3
-IF B1=1 AND B6f=888 (CURRENT LESS THAN DAILY WATER PIPE SMOKERS), GO TO WP1 -IF B1=2 AND B10f>=1 OR =888 (CURRENT LESS THAN DAILY WATER PIPE SMOKERS), GO TO WP1
-ELSE, GO TO NEXT SECTION
-ELSE, GO TO NEXT SECTION
INTRO: I would now like to ask you some questions about smoking water pipe.
WP1. Have you smoked water pipe daily in the past?
YES 1 → SKIP TO WP3
NO \square 2 \rightarrow SKIP TO WP3
WP2. In the <u>past</u> , have you smoked water pipe on a daily basis, occasionally, or not at all?
INTERVIEWER: IF RESPONDENT HAS DONE BOTH "DAILY" AND "OCCASIONALLY" IN THE PAST, CHECK "DAILY"
DAILY 1
OCCASIONALLY
NOT AT ALL
WP3. How old were you when you first started smoking water pipe?
YEARS OLD IF DON'T KNOW, ENTER "99"
TEARGOLD II DON'T KNOW, ENTER 99
INT: IF WP3 = 99, ASK WP4. OTHERWISE SKIP TO ROUTING INSTRUCTION.
WP4. How many years ago did you first start smoking water pipe?
YEARS
ROUTING:
-CURRENT WATER PIPE SMOKERS: IF (B1=1 OR 2) AND [(B6f>=1 OR =888) OR (B10f>=1 OR =888)], GO
TO WP5 -OTHERWISE, GO TO NEXT SECTION

WP5.	The last time you smoked water pipe, how long did you participate in the water pipe smoking session?
	INTERVIEWER: ENTER UNIT AND NUMBER
	HOURS 1 MINUTES 2
WP6.	The last time you smoked water pipe, how many other people did you share the same pipe with during the session?
	PEOPLE
WP8.	The last time you smoked water pipe, where did you smoke it?
	HOME
WP10.	The last time you smoked water pipe, did you mix the water in the water pipe tank with other substances?
	YES
WP10V	/N. The last time you smoked water pipe, did you mix the tobacco with other substances?
	YES

SECTION C. SMOKELESS TOBACCO

INTRO	DUCTION: The following of with tobacco or chewing tobacco	questions are about using smokeless tobacco, such as snuff, chewing betelecco directly			
C1.	Do you currently use smokeless	s tobacco daily, occasionally, or do not use at all?			
	DAILY OCCASIONALLY DO NOT USE DO NOT KNOW				
C2.	Previously have you used smokeless tobacco daily?				
		→ GO TO THE NEXT SECTION → GO TO THE NEXT SECTION → GO TO THE NEXT SECTION			
C3.	Previously, have you used smo	keless tobacco daily, occasionally, or not used at all?			
	INTERVIEWER: IF PREVIOUSLY THE RESPONDENT HAS USED SMOKELESS TOBACCO BOTH "DAILY" AND "OCCASIONALLY", THEN MARK "DAILY"				
	DAILY OCCASIONALLY DO NOT USE DO NOT KNOW	\Box 1 → GO TO THE NEXT SECTION \Box 2 → GO TO THE NEXT SECTION \Box 3 → GO TO THE NEXT SECTION \Box 7 → GO TO THE NEXT SECTION			

SECTION D1. CESSATION – TOBACCO SMOKING (CIGARETTE/WATERPIPE/PIPE/TERRACOTTA BOWL PIPE)

INTER	VIEWER: CHECK THE ANSWER B1 AND RECORD BELOW:
	B1 =
SECTION	IF B1 = 1 OR 2 (THE RESPONDENT IS CURRENTLY SMOKING TOBACCO), THEN CONTINUE THIS ON
NEXT S	IF B1 = 3 OR 7 (THE RESPONDENT IS NOT CURRENTLY SMOKING TOBACCO), THEN GO TO THE SECTION
INTRO	DUCTION: The following questions will ask about your efforts of stop smoking during the last 12 months. Please think about smoking tobacco (cigarette, waterpipe, pipe, terracotta bowl pipe).
D1.	During the last 12 months, have you ever tried to quit smoking (cigarette, waterpipe, pipe, terracotta bowl pipe)?
	YES
D2.	In the most recent time you tried to stop smoking, for how long have you been able to quit smoking?
	FILL IN THE UNIT AND RECORD THE NUMBER
	MONTH
	LESS THAN 1 DAY (24 HOURS) □4 DO NOT KNOW□7

D3.	During the last 12 months, have you applied any of the following measures to stop smo				
	READ OUT EACH ITEM:				
		YES N	,		
	a. Direct counseling?	1 🗌	2		
	b. Nicotine replacement therapy, such as patch or chewing gums?	1 🗌	2		
	c. Other prescribed medicines, (Bupropion SR, Varenicline)?	1 🗌	2		
	d. Kinds of traditional medicines?				
	e. Smoking telephone support line?		2		
	f. Shifting to smokeless tobacco?				
	g. Anything else? Specify:				
	g ,				
D4. for cons	During the last 12 months, have you ever come to a health facility for consultation? (including all kinds of health services such as health check, coun YES				
	During the last 12 months, how many times have you been to health facil me for consultation? (including all kinds of health services such as health of ou say that it was 1 or 2 times, 3 - 5 times, or 6 times and more?				
	1 OR 2 TIMES .				
D6.	During the times going out for consultation or inviting physicians to your hamonths as mentioned above, were you asked if you smoked tobacco?	nome for consulta	ation during the last 12		
	YES 1 NO				
D7.	During the times going out for consultation or inviting physicians to your handless mentioned above, were you advised quitting smoking tobacco		ation during the last 12		
	YES 1 NO 2				
D8.	Which of the following phrases expresses the most clearly your intention the plan to quit smoking in the next month, I am thinking about quitting smoking in some day but not in the coming 12 months or I am not interest	noking in the cor			
	I HAVE THE PLAN TO QUIT SMOKING CIGARETTE IN THE NEXT MONTH		1		
	I AM THINKING ABOUT QUITING SMOKING TOBACCO IN THE COMING 12 MONTHS		2		
	I WILL QUIT SMOKING TOBACCO IN SOME DAY, BUT NOT IN THE COMING 12 MONTHS		3		
	I AM NOT INTERESTED IN QUITING				
	I DO NOT KNOW		7		
					

SECTION D2. CESSTION - SMOKELESS TOBACCO (CHEWING TOBACCO, CHEWING BETEL WITH TOBACCO)

INTER	VIEWER: CHECK THE ANSWER TO C1 AND RECORD BELOW:
	C1 =
CONTI	IF C1 = 1 OR 2 (THE RESPONDENT IS CURRENTLY USING SMOKELESS TOBACCO THEN NUE THIS SECTION
SECTION	IF C1 = 3 OR 7 (THE RESPONDENT IS NOT CURRENTLY USING SMOKELESS,GO TO THE NEXT ON
Introdu	ction: The following questions will ask about any effort to stop use smokeless tobacco that you might have made within the last 12 months. Please think about your use of smokeless tobacco (chewing tobacco, chewing betel with tobacco)
D9.	During the last 12 months have you ever tried to quit smokeless to bacco? YES
D10.	Please think about the last time when you tried to quit smokeless tobacco, for how long have you been able to quit?
	MARK AND RECORD THE NUMBER
	IF LESS THAN 1 DAY (24 HOURS), LEAVE BLANK AND MARK THE APPROPRIATE CELL BELOW
	MONTH
	DAY 3
	LESS THAN 1 DAY (24 HOURS)

D11. During the last 12 months, have you applied any of the following measures for smokeless tobacco cessar				
	READ OUT EACH ITEM: YES NO			
	▼ ▼			
	a. Direct counseling? 1 2			
	b. Nicotine replacement therapy, such as patch or chewing gums? 1 2			
	c. Other prescribed medicines, (Bupropion SR, Varenicline)?			
	d. Kinds of traditional medicines? 1 2			
	e. Smoking telephone support line? 1 2			
	f. Shifting to tobacco smoking? 1 2			
	g. Anything else? Specify : 1 2			
INTER	RVIEWER:			
	IF BOTH B14 AND D4 HAVE NOT BEEN ASKED $ ightarrow$ CONTINUE WITH D12			
	IF B14 OR D4= YES → GO TO D14			
	IF B14 OR D4 = NO \rightarrow GO TO D16			
D10	During the lest 10 generates have your groups to a health facility for accountation an invited why sicions to yo			
D12.	During the last 12 months, have you ever come to a health facility for consultation or invited physicians to you nsultation? (including all kinds of health services such as health check, counseling, vaccination,)	our nome		
101 0011	insulation: (moldaling all kinds of health services such as health check, counseling, vaccination,)			
	YES			
	NO			
D13.	During the last 12 months, how many time have you been to health facilities for consultation or invited physic	cians to		
-	nome for consultation? (including all kinds of health services such as health check, counseling, vaccination,)?	Can you		
say tha	at it was 1 or 2 times, 3 - 5 times, or 6 times and more?			
	4 OD 0 TIMES			
	1 OR 2 TIMES .			
	3 TO 5 TIMES .			
	6 TIMES AND ABOVE			
D14	During the times going out for consultation or inviting physicians to your home for consultation during the less	+ 10		
D14.	During the times going out for consultation or inviting physicians to your home for consultation during the las months as mentioned above, were you asked if you used smokeless tobacco?	il IZ		
	months as mentioned above, were you asked if you used smokeless tobacco:			
	YES			
	NO			
D15.	During the times going out for consultation or inviting physicians to your home for consultation during the las	st 12		
	months as mentioned above, were you advised quitting smokeless tobacco?			
	YES1			
	NO 2			
D40		0.1		
D16.	Which of the following phrases expresses the most clearly your intention (plan) for quitting smokeless tobac			
	have the plan to quit in the next month, I am thinking about quitting in the coming 12 months, I will quit in so but not in the coming 12 months or I am not interested in quitting?	ille day		
	I HAVE THE PLAN TO QUIT IN THE NEXT MONTH			
	I AM THINKING ABOUT QUITING IN THE COMING 12 MONTHS			
	I WILL QUIT IN SOME DAY BUT NOT IN THE COMING 12 MONTHS			
	I AM NOT INTERESTED IN QUITING			
	DO NOT KNOW			

SECTION E. SECONDHAND SMOKE

INTRODUCTION:

E1. Of the items below, which one the most correctly describes regulations on the tobacco smoking in your house: indoor smoking is allowed, indoor smoking is not allowed but exception accepted, or indoor smoking is never allowed or there is no indoor smoking regulation? □1 INDOOR SMOKING IS ALLOWED INDOOR SMOKING IS NOT ALLOWED BUT EXCEPTIONS INDOOR SMOKING IS NEVER ALLOWED \square 3 \rightarrow GO TO E4 NO INDOOR SMOKING REGULATION \square 4 \rightarrow GO TO E3 DO NOT KNOW..... \square 7 \rightarrow GO TO E3 E2. In your house, is tobacco smoking allowed in all rooms? YES..... NO ີ 2 DO NOT KNOW E3. What is the frequency of tobacco smoking inside of your house (either family members or guests)? Can you say that it is daily, weekly, monthly, less than monthly or never? $\prod 1$ DAILY WEEKLY..... MONTHLY Πз LESS THAN MONTHLY . \prod_{5} NEVER DO NOT KNOW..... E4. Do you currently work in another place different from your house? YES..... \square 2 \rightarrow GO TO E9 NO/DO NOT WORK E5. Do you often work indoors (covered by walls and roof) or outdoors? INDOORS....... ☐ 1 → GO TO E7 OUTDOORS.... 2

Now I would like to ask you some questions about tobacco smoking at different sites.

	YES
E7.	Which of the following phrases the most correctly describes regulations on the indoor areas (covered by walls and roof) where you work: tobacco smoking is allowed everywhere, tobacco smoking is allowed in some indoor areas, or tobacco smoking is not allowed anywhere indoor or there is no regulation?
	TOBACCO SMOKING IS ALLOWED EVERYWHERE TOBACCO SMOKING IS ALLOWED IN SOME INDOOR AREAS TOBACCO SMOKING IS NOT ALLOWED ANYWHERE INDOOR THERE IS NO REGULATION
E8.	Within the last 30 days, did anyone smoke in indoor areas where you work?
	YES
	OPTIONAL QUESTIONS FOR VIETNAM
E8a.	[ASK ONLY WHEN E8 = YES]
	What is the frequency of tobacco smoking inside of your workplace? Can you say that it is daily, weekly monthly, or less than monthly?
	DAILY
E9.	Within the last 30 days, have you ever been to any state owned offices?
	YES
E10.	Within the last 30 days, when you were in state owned offices, did anyone smoke tobacco inside of those offices?
	YES

Does your working site have any indoor areas (covered by walls and roof)?

E6.

E11.	Within the last 30 days, have you been to any healthcare facilities?
	YES
E12.	Within the last 30 days, when you were at healthcare facilities, did anyone smoke tobacco inside of those healthcare facilities?
	YES
E13.	Within the last 30 days, have you been to any indoor restaurant?
	YES
E14.	Within the last 30 days, when you were in those indoor restaurants, did anyone smoke inside of those restaurants?
	YES
	OPTIONAL QUESTIONS FOR VIETNAM
E27.	Within the last 30 days, have you been to any indoor bar/café/tee shop?
	YES
E28.	Did anyone smoke tobacco inside of those bars/cafés/tee shops where you visited within the last 30 days?
	YES
E15.	Within the last 30 days, did you use any public transport means? YES

E16.	Within the last 30 days, when using public transport means, did anyone smoke tobacco inside of those public transport means?
	YES
E17.	According to you, could non-smokers who inhale smoke/fumes released out by tobacco smokers get dangerous diseases caused by the smoke/fumes?
	YES
	OPTIONAL QUESTIONS FOR VIETNAM
E18VN	I. [ASK ONLY IF E17 = YES]
	Based on what you know or believe, what diseases could inhaling tobacco smoke from others cause?
	INTERVIEWER: SELECT ALL THAT APPLY
	1
E19.	Within the last 30 days, have you been to any kindergartens/schools (up to high school)?
	YES
E20.	Did anyone smoke tobacco inside of any kindergartens/schools you visited during the last 30 days?
	YES 1 NO 2 DO NOT KNOW 7

E21.	Within the last 30 days, have you bee	n to any univ	versities?		
	YES				
E22.	Did anyone smoke tobacco inside of u	universities y	ou visited du	uring the last 30	days?
	YES				
E29VN	. Do you support enacting a law that to sites?	tally prohibits	s indoor and	outdoor tobacco	smoking at the following
	READ OUT EACH ITEM:	YES	NO ▼	DO NOT KNOW ▼	
	a. Hospitals?	. 🗌 1	2	7	
	b. Schools?	_	2		
	c. Universities?	. 💹 1	2	7	
E30VN	. Do you support enacting a law that pr	ohibits indoc	or tobacco sr	moking at the foll	owing sites?.
	READ OUT EACH ITEM:	YES	NO •	DO NOT KNOW	
	a. Workplaces?		🗌 2	7	I

b. Restaurants? _______ 1 _____ 2 _____ 7
c. Bars? _______ 1 _____ 2 _____ 7
d. Place of worship? _______ 1 ____ 2 _____ 7
e. Inside of public transport means? ______ 1 ____ 2 _____ 7

f. Inside of libraries, cinemas,

SECTION F. ECONOMICS – MANUFACTURED CIGARETTES

INTER	TERVIEWER: CHECK THE ANSWERS TO B1, B6a, AND B10a. RECORD BELOW:							
	B1 = B6a = B10a =							
THAN	IF B1 = 1 OR 2 (THE RESPONDENT IS CURRENTLY SMOKING TOBACCO DAILY OR LESS THAN DAILY)							
	AND							
	[B6a OR B10a] > 0 OR = 888 (THE RESPONDENT SM	IOKES MANUFACTURED CIGARETTES)						
	THEN CONTINUE THIS SECTION	□1						
	OTHEWISE GO TO THE NEXT SECTION	<u> </u>						
INTRO	DUCTION: The following questions will ask about the mo yourself.	est recent time when you bought cigarettes for						
F1.	In the most recent time when you bought cigarettes for y	yourself, how many sticks have you bought?						
	CIGARETTES	any sticks in a carton? any sticks in a [FILL IN]?						
F2.	Totally, how much of money have you had to pay for th	is procurement?						
	VND							

F3.	In the most recent time when you bou	ght cigarettes for yourself, which cigarette brand have you bought?
	Vinataba	□1
	555	□2
	Pall Mall	□3
	Mild Seven	□4
	White Horse	□5
	Marlboro	□6
	Craven	□7
	Winston	□8
	Jet	□9
	Basto	□10
	Hero	□11
	Bong Sen	□12
	Thang Long	□13
	Touristsm	□14
	Everest	□15
	Other	□16
	Specify	
F4.	In the most recent time when you bou	ght cigarettes for yourself, where have you bought?
	SHOP TEE STALL, STREET VENDOR DUTY FREE SHOP ABROAD KIOSK INTERNET FROM ANOTHER PERSON OTHER FORM	2 3 5 6 7 8 9 10 → SPECIFY:
	DO NOT REMEMBER	

SECTION G. MASS MEDIA

STRUCTURE 1: ASK ONLY ABOUT ONE PRODUCT (EX. CIGARETTE)

INTRODUCTION: Next, we would like to ask about your access to the mass media and advertisement during the last 30 days.

G1. Within the last 30 days, have you noticed <u>information</u> of harms caused by cigarette smoking or encouraging quitting smoking from the following sources?

	READ OUT EACH ITEM:	YES	NO	NOT APPLICABLE		
	a. In newspapers or magazines? b. On TV? c. On the radio? d. Billboard? e. Internet? f. Local loudspeakers?		2 2 2 2			
	g. Poster?		2	7		
	h. Leaflet ?		2	7		
G2.	i. Other sites? → Specify: Within the last 30 days, have you not			ut health on cigal	rette packs?	
	YES NO HAVE NOT NOTICED ANY CIGARE	TTE PACK] 1] 2 → GO TO G] 3 → GO TO G		
G3.	[ASK IF B1 = 1 OR 2. IF NO GO TO Within the last 30 days, have health	•	arette	oacks made you	think about quittir	ng smoking?
	YES					

G4.	Within the last 30 days, have you noticed cigarettes advert	tised at th	e followi	ng sites?	
	DEAD OUT FACILITEM			NOT	
	READ OUT EACH ITEM	YES	NO	APPLICABL	.E
		▼	▼	▼	
	a. Tobacco shops?	🗌 1			ı
	b. TVs?				
	c. Radios?		🗍 2	🗍 7	
	d. Billboard?			🗍 7	
	e. Posters?	_		🗀 7	
	f. Newspapers and magazines?		·	🗍 7	
	g. Cinema/theatre?			🗍 7	
	h. Internet?				
	i. Public transport means or stations?				
	j. Public walls?				
	k. Restaurants, bars, cafes, tea shops?		_		
	I. Other places?			🗀 '	
	→ Specify:	🗀 '	🗀 2		
	Cocony				
G5.	Within the last 30 days, have you noticed any sport game name or cigarette companies?	or sport e	vent ass	ociated with c	igarette trade
	V50				
	YES 1				
	NO				
	DO NOT KNOW. 🗌 7				
	OPTIONAL QUESTIONS FOR VIETNAM				
GG5.	Within the last 30 days, have you noticed any musical, the	ater art a	nd fachi	on evente acc	ociated with
aas.	cigarette trade name or cigarette companies?	ator, art a	ina rasini	on events ass	ociated with
	organistic trade name of organistic companies.				
	YES 1				
	NO				
	DO NOT KNOW. 7				
	BONOT KNOW.				
G6.	Within the last 30 days, have you seen any of the following	a cigarette	promoti	ions?	
	, , , , , , , , , , , , , , , , , , ,	J - J	1	DO	
	READ OUT EACH ITEM:	YES	NO	NOT	
		120	110	KNOW	
		_	▼	▼	
		1		1 1	
	a. Free cigarette samples?	🗌 1	🗌 2	🗌 7	
	b. Reduced price cigarettes?		·		
	c. Tobacco reward coupons?				
	when buying cigarettes?	□1	□2	□ 7	
	WHEN DUVING CIGARETTES!				
				🗀 '	
	e. Clothing or any other things with cigarette				
	d. Free gifts or special promotions on other products				

SECTION H. KNOWLEDGE, ATTITUDE & PERCEPTION

H1.	According to you, does smoking tobacco (cigarette, pipe tobacco, pipe, terracotta bowl pipe) cause dangerous diseases?					
	YES					
H2.	According to you, does smoking tobacco (cigarette, waterpipe, pipe, terracotta bowl pipe) cause the following conditions?					
	READ OUT EACH ITEM: NO YES KNOW V V					
	a. Stroke (clotted blood in the					
	brain that could lead to paralysis)?					
	b. Heart attack?					
	d. Hypertension?					
	e. Impotence?					
	f. Gastric ulcer?					
	g. Larynx esophagus cancer? 1 1 2 7					
	h. Other?					
ОРТІО	NAL QUESTIONS FOR VIETNAM					
H2_2.	Do you think that some kinds of cigarette are less harmful than other kinds, or all cigarettes are equally harmful?					
	POSSIBLY LESS HARMFUL 1 1 EQUALLY HARMFUL 2					
H2_3.	Do you think that cigarettes are addictive?					
	YES					
H3.	According to you, does the use of <u>smokeless tobacco</u> cause serious diseases?					
	YES					

H4VIN.	Do you supp	ort increas	sing taxes on tobacco pro	JUCIS?		
	YES NO DO NOT KN		☐ 1 ☐ 2 ☐ 7			
ENDIN	G THE INDIVI	IDUAL QU	JESTIONNAIRE			
This is	all the questio	ons that I n	eed to ask. Thank you for	your participatio	n in this important s	urvey.
			EW'S TERMINATION TIN (OF 24 HOURS]	ME:	MINUTES	
RECOR	RD ANY CON	TENTS TH	HAT NEED TO BE NOTIC	ED ABOUT THE	: INTERVIEW:	

Appendix B: Sample Design

The Global Adults Tobacco Survey in Viet Nam (GATS - Viet Nam) used a two-phase sampling design that is analogous to a three-stage stratified cluster sampling design. The target population was all non-institutional men and women 15 years and older living in Viet Nam.

According to GATS sample design protocol, 8,000 people are required to obtain reliable estimates of key variables for gender and urban/rural areas. Based on previous similar national household surveys, we assumed that the overall ineligibility and nonresponse rate would be 35%. After taking the response rate into account, the final total sample size was 11,142. We then planned half of people to be sampled to urban and half to rural. Because of different EA size between urban and rural areas, we will sample 18 households from an urban EA and 16 households from a rural EA. Therefore a total of 657 EAs was sampled to obtain 11,142 households. The sample size for EAs was then proportionally allocated 6 strata based on the total number of households.

At the first stage of sampling, the primary sampling unit (PSU) was an enumeration area (EA). The sampling frame was a list of the EAs, in the 15% master sample, with the number of households as well as identifiable information administered by the GSO, Viet Nam, in 2009, from the population and housing census. For each of 6 strata, the designated number of EA was selected. Selection probability proportional to size (PPS) sampling method was used, where the size was the selection probability of an EA using PPS sampling from entire target population divided by the selection probability of EA for master sample.

At the second stage sampling, 18 households from the selected urban EA and 16 households was chosen from the selected rural EA using simple systematic random sampling. One eligible household member from each selected household was then randomly chosen for an interview.

Note that the current design and the design that we sampled EA directly from the universe are analogous. Therefore, the selection probability of an eligible individual was calculated as the product of selection probability of PSU, 18 in urban strata or 16 in rural strata over the number of households in the previously selected EA, and one over the number of all eligible household members. The sampling base weight for an eligible individual is the inverse of the selection probability showed above.

The base weights were adjusted for non-response related to two factors: household level non-response adjustments, and person level non-response adjustments. Household level non-response adjustments were made within the PSU. The corresponding household-level weighting class adjustment were computed as one divided by the weighted household response rate for the sample PSU. The person-level response rate was computed as one divided by the weighted individual response rate within strategically formed subgroups: urban or rural, gender, age group, and smoking status. The overall adjustments for non-response were the product of the adjustments at household level and person level. The population of people age 15 and older in 2009, as calculated from census data by GSO, by urban/rural, gender, age group, and education was used for post-stratification calibration adjustment. The final weight assigned to each responding unit was computed as the product of the base weight, the non-response adjustments and the post-stratification collaboration adjustment and was used in all analyses to produce estimates of population parameters.

Appendix C: Estimates of Sampling Errors

The sampling error measures are presented in the Appendix C for each of the selected indicators. The measures include standard error, 95% confidence interval, design effect, and relative standard errors. Those statistics are computed using SPSS. In the appendix C, the sample size and weighted count are also presented for the selected indicators.

Table C1. Sampling Errors - National Sample, GATS Viet Nam, 2010.

		Weighted						
Indicator	Estimate	Standard Error	Lower Limit	Upper Limit	Sample Size	Count in 1000s	Design Effect	Relative Error
Current Tobacco User	25.21	0.60	24.05	26.40	9,836	63,721	1.875	0.02
Current Tobacco Smoker	23.78	0.58	22.66	24.94	9,925	64,321	1.850	0.02
Current Smokeless Tobacco User	1.33	0.17	1.03	1.70	9,811	63,593	2.153	0.13
Current Cigarette Smoker	19.89	0.60	18.74	21.10	9,925	64,321	2.250	0.03
Current Water Pipe Smoker	6.40	0.45	5.57	7.35	9,925	64,321	3.364	0.07
Current Manufactured Cigarette Smoker	19.50	0.58	18.38	20.67	9,925	64,321	2.136	0.03
Daily Tobacco Smoker	19.45	0.55	18.40	20.55	9,925	64,321	1.902	0.03
Daily Cigarette Smoker	15.57	0.56	14.51	16.70	9,925	64,321	2.348	0.04
Daily Manufactured Cigarette Smoker	15.10	0.53	14.09	16.17	9,925	64,321	2.166	0.04
Daily Water Pipe Sessions Smokers	5.40	0.41	4.66	6.26	9,925	64,321	3.222	0.08
Daily Smokeless Product Users	0.99	0.13	0.77	1.27	9,811	63,593	1.638	0.13
Former Daily Tobacco Smokers Among All Adults	6.44	0.32	5.83	7.10	9,925	64,321	1.737	0.05
Former Tobacco Smokers Among Ever Daily Smokers	23.50	1.08	21.43	25.69	2,710	17,622	1.774	0.05
Former Tobacco Smokers Among Ever Smokers	29.25	1.07	27.19	31.41	3,282	21,619	1.830	0.04
Time to First Tobacco Use Upon Waking Within 5 Minutes of Waking	19.08	1.13	16.95	21.41	1,866	12,508	1.554	0.06
Time to First Tobacco Use Upon Waking Within 6-30 Minutes of Waking	47.08	1.48	44.20	49.99	1,866	12,508	1.635	0.03
Time to First Tobacco Use Upon Waking Within 31-60 Minutes of Waking	15.04	1.06	13.08	17.24	1,866	12,508	1.637	0.07
Time to First Tobacco Use Upon Waking More than 60 Minutes of Waking	18.80	1.12	16.69	21.10	1,866	12,508	1.543	0.06
Smoking Quit Attempt in the Past 12 Months	55.26	1.41	52.47	58.01	2,382	16,101	1.927	0.03
Visited a Healthcare Provider in the Past 12 Months Among Tobacco Smokers	27.19	1.15	24.99	29.51	2,384	16,116	1.598	0.04
Healthcare Provider Asked about Smoking Tobacco Use	34.87	2.11	30.86	39.11	719	4,383	1.402	0.06
Healthcare Provider Advised Quitting Smoking Tobacco Use	29.74	2.08	25.83	33.97	719	4,383	1.480	0.07
Use of Nicotine Replacement Therapy for Smoking Cessation	24.42	1.66	21.30	27.83	1,292	8,897	1.937	0.07
Use of Other Prescription Medications for Smoking Cessation	0.38	0.25	0.10	1.39	1,292	8,897	2.155	0.66
Use of Counseling/Advice or Quit Lines for Smoking Cessation	3.04	0.59	2.08	4.43	1,292	8,897	1.509	0.19
Use of Other Methods for Smoking Cessation	9.59	1.01	7.79	11.75	1,292	8,897	1.507	0.10
Planning to Quit Within Next Month	9.49	0.73	8.15	11.03	2,259	15,288	1.404	0.08
Thinking About Quitting Within Next 12 Months	19.77	1.15	17.61	22.12	2,259	15,288	1.880	0.06
Will Quit Someday, But Not in Next 12 Months	38.19	1.35	35.58	40.87	2,259	15,288	1.735	0.04
Not interested in Quitting	30.41	1.35	27.83	33.12	2,259	15,288	1.941	0.04

						Weighted		
Indicator	Estimate	Standard Error	Lower Limit	Upper Limit	Sample Size	Count in 1000s	Design Effect	Relative Error
Don't Know If Interest in Quitting Smoking	2.14	0.47	1.39	3.28	2,259	15,288	2.383	0.22
Exposure to Secondhand Smoke at Work	55.90	1.59	52.77	58.99	2,556	14,305	2.607	0.03
Exposure to Secondhand Smoke in Government Buildings/Offices	38.70	1.29	36.19	41.26	2,440	13,611	1.717	0.03
Exposure to Secondhand Smoke in Healthcare Facilities	23.58	1.16	21.38	25.92	2,541	15,021	1.888	0.05
Exposure to Secondhand Smoke in Restaurants	84.86	0.82	83.19	86.40	3,004	17,563	1.562	0.01
Exposure to Secondhand Smoke on Public Transportation	34.38	1.50	31.50	37.38	1,814	11,001	1.808	0.04
Location of Last Cigarette Purchase - Shop/Kiosk	61.29	1.59	58.12	64.36	1,800	12,115	1.917	0.03
Location of Last Cigarette Purchase - Tea Stall/Street Vendor	35.66	1.57	32.64	38.79	1,800	12,115	1.927	0.04
Location of Last Cigarette Purchase - Duty-Free Shop	0.46	0.23	0.17	1.22	1,800	12,115	2.044	0.49
Location of Last Cigarette Purchase - Other	2.59	0.52	1.74	3.83	1,800	12,115	1.928	0.20
Noticed Anti-Smoking Information in Newspapers or in Magazines	30.76	0.70	29.40	32.15	9,920	64,296	2.291	0.02
Noticed Anti-Smoking Information on Local TV	85.91	0.66	84.57	87.15	9,922	64,305	3.526	0.01
Noticed Anti-Smoking Information on Radio	28.03	0.72	26.63	29.47	9,921	64,288	2.577	0.03
Noticed Anti-Smoking Information on Billboards	42.79	0.82	41.19	44.42	9,923	64,315	2.744	0.02
Noticed Anti-Smoking Information Somewhere Else	11.98	0.46	11.11	12.91	9,921	64,309	1.979	0.04
Noticed Anti-Smoking Information at Any Location	91.64	0.55	90.49	92.66	9,917	64,282	3.941	0.01
Noticed Health Warning Labels on Cigarette Packages	83.55	0.59	82.36	84.69	9,892	64,159	2.525	0.01
Thinking of Quitting Because of Health Warning Labels on Cigarette Packages	66.70	1.38	63.93	69.35	2,250	15,243	1.932	0.02
Noticed Cigarette Advertisements in Stores	8.56	0.42	7.77	9.43	9,921	64,311	2.268	0.05
Noticed Cigarette Advertisements on TV	2.08	0.25	1.64	2.62	9,921	64,311	2.992	0.12
Noticed Cigarette Advertisements on the Radio	0.62	0.14	0.40	0.95	9,924	64,317	2.996	0.22
Noticed Cigarette Advertisements on Billboards	0.70	0.12	0.51	0.97	9,921	64,311	1.912	0.17
Noticed Cigarette Advertisements on Posters	0.40	0.08	0.26	0.59	9,917	64,288	1.679	0.21
Noticed Cigarette Advertisements in Newspapers or in Magazines	0.73	0.12	0.52	1.01	9,921	64,306	2.052	0.17
Noticed Cigarette Advertisements in Cinemas	0.23	0.07	0.13	0.42	9,919	64,297	2.187	0.31
Noticed Cigarette Advertisements on the Internet	0.41	0.08	0.28	0.61	9,923	64,310	1.626	0.20
Noticed Cigarette Advertising on Public Transportation Vehicles or Stations	0.80	0.15	0.55	1.16	9,921	64,311	2.928	0.19
Noticed Cigarette Advertising on Public Walls	0.95	0.13	0.73	1.23	9,920	64,305	1.670	0.13
Noticed Cigarette Advertising on Restaurants, bars, cafes, or tea shops	3.68	0.30	3.13	4.32	9,920	64,305	2.543	0.08
Noticed Cigarette Advertising Somewhere Else	0.65	0.12	0.45	0.93	9,902	64,212	2.199	0.18
Noticed Sponsorship of Sport or Sporting Events	0.91	0.13	0.69	1.20	9,918	64,298	1.789	0.14
Noticed Cigarette Promotions - Free Samples	0.83	0.11	0.64	1.07	9,919	64,301	1.457	0.13

						Weighted		
Indicator	Estimate	Standard Error	Lower Limit	Upper Limit	Sample Size	Count in 1000s	Design Effect	Relative Error
Noticed Cigarette Promotions - Sales	0.71	0.10	0.53	0.95	9,919	64,301	1.522	0.15
Noticed Cigarette Promotions - Coupons	1.01	0.16	0.75	1.37	9,919	64,301	2.437	0.15
Noticed Cigarette Promotions - Free gifts/discounts on other products	1.19	0.15	0.93	1.53	9,917	64,286	1.916	0.13
Noticed Cigarette Promotions - Clothing/item with brand name or logo	3.15	0.22	2.74	3.62	9,917	64,286	1.603	0.07
Noticed Cigarette Promotions - Other Promotions	0.21	0.05	0.13	0.35	9,900	64,191	1.375	0.25
Noticed Sponsorship of Sport or Musical, Theater, Art or Fashion Events	0.58	0.09	0.43	0.80	9,917	64,295	1.485	0.16
Noticed Any Advertisement, Sponsorship or Promotion	16.92	0.60	15.78	18.12	9,884	64,096	2.494	0.04
Believes that Tobacco Smoking Causes Serious Illness	95.72	0.34	94.99	96.35	9,918	64,295	2.880	0.00
Believes that Tobacco Smoking Causes Strokes	70.29	0.82	68.65	71.88	9,918	64,294	3.212	0.01
Believes that Tobacco Smoking Causes Heart Attacks	62.66	0.82	61.04	64.25	9,918	64,298	2.831	0.01
Believes that Tobacco Smoking Causes Lung Cancer	95.57	0.36	94.80	96.23	9,919	64,301	3.086	0.00
Believes that Tobacco Smoking Causes Hypertension	63.43	0.80	61.85	64.98	9,916	64,293	2.712	0.01
Believes that Tobacco Smoking Causes Impotence	44.30	0.85	42.63	45.98	9,905	64,233	2.919	0.02
Believes that Tobacco Smoking Causes Gastric Ulcer	42.16	0.79	40.61	43.72	9,916	64,288	2.555	0.02
Believes that Tobacco Smoking Causes Larynx Esophagus Cancer	82.34	0.73	80.86	83.72	9,917	64,295	3.609	0.01
Believes that Tobacco Smoking Causes Other Health Problems	13.12	0.50	12.16	14.14	9,915	64,281	2.190	0.04
Believes that the Use of Smokeless Tobacco Products Causes Serious Illness	55.50	0.92	53.69	57.29	9,916	64,290	3.373	0.02
Believes that Secondhand Smoke Causes Serious Illness in Non-Smokers	86.96	0.60	85.75	88.09	9,923	64,311	3.111	0.01
Average Number of Cigarettes Smoked per Day	10.87	0.43	10.03	11.72	1,867	12,511	2.059	0.04
Time since Quitting Smoking in Years among former smokers	9.53	0.45	8.65	10.42	685	4,140	1.612	0.05
Total Monthly Expenditures on Manufactured Cigarettes	134.88	4.61	125.83	143.93	1,784	12,014	1.530	0.03
Age at Daily Smoking Initiation	19.98	0.14	19.71	20.26	2,675	17,319	1.543	0.01

Table C2. Sampling Errors - Male Sample, GATS Viet Nam, 2010.

					Un- weighted	Weighted		
		Standard	Lower	Upper	Sample	Count in	Design	Relative
Indicator	Estimate	Error	Limit	Limit	Size	1000s	Effect	Error
Current Tobacco User	47.95	1.02	45.95	49.96	4,330	31,018	1.804	0.02
Current Tobacco Smoker	47.40	1.01	45.42	49.40	4,356	31,258	1.798	0.02
Current Smokeless Tobacco User	0.30	0.08	0.17	0.52	4,305	30,891	1.024	0.28
Current Cigarette Smoker	39.69	1.10	37.55	41.87	4,356	31,258	2.205	0.03
Current Water Pipe Smoker	13.02	0.89	11.36	14.88	4,356	31,258	3.073	0.07
Current Manufactured Cigarette Smoker	39.10	1.07	37.01	41.22	4,356	31,258	2.109	0.03
Daily Tobacco Smoker	38.74	0.95	36.89	40.62	4,356	31,258	1.656	0.02
Daily Cigarette Smoker	31.01	1.03	29.02	33.06	4,356	31,258	2.150	0.03
Daily Manufactured Cigarette Smoker	30.28	0.99	28.37	32.25	4,356	31,258	2.013	0.03
Daily Water Pipe Sessions Smokers	11.00	0.81	9.50	12.70	4,356	31,258	2.937	0.07
Daily Smokeless Product Users	0.11	0.04	0.05	0.24	4,305	30,891	0.759	0.40
Former Daily Tobacco Smokers Among All Adults	12.69	0.64	11.48	14.00	4,356	31,258	1.617	0.05
Former Tobacco Smokers Among Ever Daily Smokers	23.31	1.10	21.23	25.54	2,594	17,011	1.751	0.05
Former Tobacco Smokers Among Ever Smokers	28.77	1.09	26.68	30.96	3,123	20,802	1.810	0.04
Time to First Tobacco Use Upon Waking Within 5 Minutes of Waking	19.12	1.16	16.95	21.51	1,793	12,106	1.560	0.06
Time to First Tobacco Use Upon Waking Within 6-30 Minutes of Waking	47.24	1.50	44.30	50.20	1,793	12,106	1.626	0.03
Time to First Tobacco Use Upon Waking Within 31-60 Minutes of Waking	14.96	1.08	12.97	17.21	1,793	12,106	1.638	0.07
Time to First Tobacco Use Upon Waking More than 60 Minutes of Waking	18.67	1.16	16.51	21.05	1,793	12,106	1.575	0.06
Smoking Quit Attempt in the Past 12 Months	55.63	1.38	52.91	58.31	2,287	15,572	1.754	0.02
Visited a Healthcare Provider in the Past 12 Months Among Tobacco Smokers	26.89	1.16	24.67	29.24	2,289	15,588	1.577	0.04
Healthcare Provider Asked about Smoking Tobacco Use	35.29	2.17	31.16	39.66	685	4,192	1.410	0.06
Healthcare Provider Advised Quitting Smoking Tobacco Use	30.17	2.14	26.15	34.52	685	4,192	1.482	0.07
Use of Nicotine Replacement Therapy for Smoking Cessation	24.64	1.69	21.46	28.11	1,252	8,662	1.935	0.07
Use of Other Prescription Medications for Smoking Cessation	0.39	0.26	0.11	1.43	1,252	8,662	2.145	0.66
Use of Counseling/Advice or Quit Lines for Smoking Cessation	3.04	0.60	2.06	4.46	1,252	8,662	1.517	0.20
Use of Other Methods for Smoking Cessation	9.49	1.03	7.66	11.72	1,252	8,662	1.541	0.11
Planning to Quit Within Next Month	9.63	0.74	8.26	11.19	2,170	14,811	1.381	0.08
Thinking About Quitting Within Next 12 Months	19.95	1.16	17.77	22.34	2,170	14,811	1.838	0.06
Will Quit Someday, But Not in Next 12 Months	38.86	1.35	36.24	41.53	2,170	14,811	1.659	0.03

Indicator	Estimate	Standard Error	Lower Limit	Upper Limit	Un- weighted Sample Size	Weighted Count in 1000s	Design Effect	Relative Error
Not interested in Quitting	29.89	1.34	27.33	32.59	2,170	14,811	1.864	0.04
Don't Know If Interest in Quitting Smoking	1.67	0.32	1.14	2.43	2,170	14,811	1.357	0.19
Exposure to Secondhand Smoke at Work	68.69	1.86	64.93	72.23	1,209	7,608	1.946	0.03
Exposure to Secondhand Smoke in Government Buildings/Offices	45.42	1.73	42.04	48.85	1,324	8,230	1.607	0.04
Exposure to Secondhand Smoke in Healthcare Facilities	29.92	2.02	26.11	34.02	871	5,760	1.690	0.07
Exposure to Secondhand Smoke in Restaurants	90.87	0.87	89.00	92.44	1,712	10,833	1.576	0.01
Exposure to Secondhand Smoke on Public Transportation	38.76	2.30	34.35	43.36	837	5,740	1.863	0.06
Location of Last Cigarette Purchase - Shop/Kiosk	61.26	1.60	58.07	64.34	1,744	11,796	1.878	0.03
Location of Last Cigarette Purchase - Tea Stall/Street Vendor	35.61	1.58	32.58	38.76	1,744	11,796	1.888	0.04
Location of Last Cigarette Purchase - Duty-Free Shop	0.48	0.23	0.18	1.25	1,744	11,796	2.033	0.49
Location of Last Cigarette Purchase - Other	2.66	0.53	1.79	3.94	1,744	11,796	1.913	0.20
Noticed Anti-Smoking Information in Newspapers or in Magazines	32.69	0.99	30.77	34.67	4,355	31,257	1.954	0.03
Noticed Anti-Smoking Information on Local TV	86.81	0.85	85.04	88.40	4,355	31,257	2.778	0.01
Noticed Anti-Smoking Information on Radio	28.57	0.97	26.70	30.51	4,354	31,234	2.016	0.03
Noticed Anti-Smoking Information on Billboards	43.15	1.12	40.97	45.37	4,355	31,257	2.230	0.03
Noticed Anti-Smoking Information Somewhere Else	13.37	0.71	12.04	14.83	4,355	31,257	1.884	0.05
Noticed Anti-Smoking Information at Any Location	92.29	0.74	90.71	93.63	4,354	31,252	3.358	0.01
Noticed Health Warning Labels on Cigarette Packages	89.83	0.68	88.41	91.10	4,349	31,223	2.221	0.01
Thinking of Quitting Because of Health Warning Labels on Cigarette Packages	67.59	1.32	64.95	70.12	2,165	14,784	1.716	0.02
Noticed Cigarette Advertisements in Stores	9.93	0.62	8.78	11.22	4,354	31,254	1.863	0.06
Noticed Cigarette Advertisements on TV	2.05	0.31	1.53	2.76	4,354	31,254	2.068	0.15
Noticed Cigarette Advertisements on the Radio	0.64	0.18	0.37	1.11	4,356	31,258	2.203	0.28
Noticed Cigarette Advertisements on Billboards	0.68	0.16	0.43	1.08	4,354	31,254	1.656	0.24
Noticed Cigarette Advertisements on Posters	0.31	0.09	0.17	0.55	4,354	31,254	1.150	0.29
Noticed Cigarette Advertisements in Newspapers or in Magazines	0.72	0.17	0.45	1.15	4,355	31,257	1.832	0.24
Noticed Cigarette Advertisements in Cinemas	0.35	0.14	0.16	0.75	4,354	31,254	2.310	0.39
Noticed Cigarette Advertisements on the Internet	0.60	0.14	0.38	0.96	4,355	31,251	1.472	0.24
Noticed Cigarette Advertising on Public Transportation Vehicles or Stations	0.89	0.17	0.60	1.30	4,354	31,254	1.509	0.20
Noticed Cigarette Advertising on Public Walls	0.92	0.17	0.64	1.32	4,354	31,254	1.384	0.19
Noticed Cigarette Advertising on Restaurants, bars, cafes, or tea shops	4.69	0.42	3.94	5.59	4,354	31,254	1.714	0.09
Noticed Cigarette Advertising Somewhere Else	0.84	0.22	0.51	1.39	4,346	31,202	2.447	0.26

Indicator	Estimate	Standard Error	Lower Limit	Upper Limit	Un- weighted Sample Size	Weighted Count in 1000s	Design Effect	Relative Error
Noticed Sponsorship of Sport or Sporting Events	1.22	0.22	0.86	1.74	4,354	31,254	1.755	0.18
Noticed Cigarette Promotions - Free Samples	1.29	0.20	0.96	1.74	4,353	31,250	1.305	0.15
Noticed Cigarette Promotions - Sales	0.72	0.14	0.49	1.05	4,353	31,250	1.166	0.19
Noticed Cigarette Promotions - Coupons	1.29	0.23	0.90	1.84	4,353	31,250	1.873	0.18
Noticed Cigarette Promotions - Free gifts/discounts on other products	1.68	0.26	1.23	2.28	4,352	31,244	1.812	0.16
Noticed Cigarette Promotions - Clothing/item with brand name or logo	4.43	0.39	3.72	5.28	4,352	31,244	1.601	0.09
Noticed Cigarette Promotions - Other Promotions	0.30	0.09	0.16	0.56	4,349	31,231	1.315	0.32
Noticed Sponsorship of Sport or Musical, Theater, Art or Fashion Events	0.59	0.12	0.39	0.88	4,354	31,254	1.123	0.21
Noticed Any Advertisement, Sponsorship or Promotion	19.87	0.82	18.30	21.54	4,344	31,187	1.857	0.04
Believes that Tobacco Smoking Causes Serious Illness	95.38	0.46	94.39	96.20	4,352	31,244	2.084	0.00
Believes that Tobacco Smoking Causes Strokes	69.35	1.06	67.22	71.40	4,352	31,243	2.319	0.02
Believes that Tobacco Smoking Causes Heart Attacks	62.99	1.11	60.79	65.14	4,353	31,250	2.301	0.02
Believes that Tobacco Smoking Causes Lung Cancer	95.23	0.46	94.25	96.05	4,353	31,250	2.001	0.00
Believes that Tobacco Smoking Causes Hypertension	62.99	1.10	60.81	65.12	4,353	31,250	2.252	0.02
Believes that Tobacco Smoking Causes Impotence	46.71	1.12	44.52	48.91	4,350	31,226	2.193	0.02
Believes that Tobacco Smoking Causes Gastric Ulcer	36.56	0.96	34.69	38.47	4,353	31,250	1.733	0.03
Believes that Tobacco Smoking Causes Larynx Esophagus Cancer	80.97	0.92	79.11	82.71	4,353	31,250	2.385	0.01
Believes that Tobacco Smoking Causes Other Health Problems	13.90	0.71	12.57	15.35	4,351	31,237	1.812	0.05
Believes that the Use of Smokeless Tobacco Products Causes Serious Illness	53.82	1.17	51.51	56.11	4,352	31,244	2.400	0.02
Believes that Secondhand Smoke Causes Serious Illness in Non-Smokers	87.04	0.75	85.51	88.44	4,355	31,252	2.144	0.01
Average Number of Cigarettes Smoked per Day	10.94	0.44	10.07	11.81	1,794	12,110	2.072	0.04
Time since Quitting Smoking in Years among former smokers	9.37	0.44	8.50	10.25	650	3,966	1.547	0.05
Total Monthly Expenditures on Manufactured Cigarettes	135.91	4.68	126.71	145.10	1,728	11,695	1.538	0.03
Age at Daily Smoking Initiation	19.86	0.14	19.59	20.13	2,563	16,739	1.572	0.01

Table C3. Sampling Errors - Female Sample, GATS Viet Nam, 2010.

					Un-			
		Standard	Lower	Hanas	weighted Sample	Weighted Count in	Design	Relative
Indicator	Estimate	Error	Limit	Upper Limit	Size	1000s	Effect	Error
Current Tobacco User	3.63	0.40	2.92	4.50	5,506	32,702	2.505	0.11
Current Tobacco Smoker	1.44	0.27	1.00	2.07	5,569	33,063	2.767	0.18
Current Smokeless Tobacco User	2.30	0.31	1.76	2.99	5,506	32,702	2.355	0.13
Current Cigarette Smoker	1.18	0.24	0.79	1.75	5,569	33,063	2.724	0.20
Current Water Pipe Smoker	0.15	0.05	0.07	0.29	5,569	33,063	0.975	0.35
Current Manufactured Cigarette Smoker	0.97	0.22	0.63	1.50	5,569	33,063	2.723	0.22
Daily Tobacco Smoker	1.21	0.24	0.83	1.78	5,569	33,063	2.627	0.20
Daily Cigarette Smoker	0.99	0.21	0.65	1.50	5,569	33,063	2.545	0.21
Daily Manufactured Cigarette Smoker	0.75	0.17	0.48	1.17	5,569	33,063	2.170	0.23
Daily Water Pipe Sessions Smokers	0.11	0.04	0.05	0.24	5,569	33,063	0.959	0.39
Daily Smokeless Product Users	1.82	0.24	1.40	2.36	5,506	32,702	1.794	0.13
Former Daily Tobacco Smokers Among All Adults	0.53	0.12	0.34	0.82	5,569	33,063	1.465	0.22
Former Tobacco Smokers Among Ever Daily Smokers	28.58	5.70	18.79	40.91	116	611	1.829	0.20
Former Tobacco Smokers Among Ever Smokers	41.58	5.76	30.87	53.14	159	817	2.162	0.14
Time to First Tobacco Use Upon Waking Within 5 Minutes of Waking	17.70	4.50	10.50	28.30	73	401	1.001	0.25
Time to First Tobacco Use Upon Waking Within 6-30 Minutes of Waking	42.51	6.81	29.96	56.10	73	401	1.367	0.16
Time to First Tobacco Use Upon Waking Within 31-60 Minutes of Waking	17.34	5.29	9.23	30.21	73	401	1.405	0.30
Time to First Tobacco Use Upon Waking More than 60 Minutes of Waking	22.44	3.86	15.77	30.91	73	401	0.617	0.17
Smoking Quit Attempt in the Past 12 Months	44.36	7.74	30.11	59.60	95	528	2.281	0.17
Visited a Healthcare Provider in the Past 12 Months Among Tobacco Smokers	36.11	6.05	25.24	48.61	95	528	1.492	0.17
Healthcare Provider Asked about Smoking Tobacco Use	25.55	9.09	11.84	46.72	34	191	1.432	0.36
Healthcare Provider Advised Quitting Smoking Tobacco Use	20.33	8.74	8.13	42.41	34	191	1.557	0.43
Use of Nicotine Replacement Therapy for Smoking Cessation	16.26	7.33	6.32	35.86	40	234	1.541	0.45
Use of Other Prescription Medications for Smoking Cessation	-	-	-	-	-	-	-	-
Use of Counseling/Advice or Quit Lines for Smoking Cessation	3.25	3.21	0.45	19.95	40	234	1.278	0.99
Use of Other Methods for Smoking Cessation	13.07	5.73	5.29	28.82	40	234	1.128	0.44
Planning to Quit Within Next Month	5.27	2.41	2.11	12.56	89	477	1.025	0.46
Thinking About Quitting Within Next 12 Months	14.07	4.61	7.19	25.72	89	477	1.549	0.33
Will Quit Someday, But Not in Next 12 Months	17.49	4.52	10.28	28.16	89	477	1.246	0.26

		Un-						
		Standard	Lower	Unnar	weighted	Weighted	Docien	Relative
Indicator	Estimate	Error	Limit	Upper Limit	Sample Size	Count in 1000s	Design Effect	Error
Not interested in Quitting	46.50	6.34	34.51	58.91	89	477	1.422	0.14
Don't Know If Interest in Quitting Smoking	16.67	7.25	6.69	35.81	89	477	3.334	0.44
Exposure to Secondhand Smoke at Work	41.38	2.17	37.20	45.69	1,347	6,697	2.604	0.05
Exposure to Secondhand Smoke in Government Buildings/Offices	28.40	1.80	25.00	32.07	1,116	5,380	1.782	0.06
Exposure to Secondhand Smoke in Healthcare Facilities	19.63	1.33	17.15	22.38	1,670	9,261	1.875	0.07
Exposure to Secondhand Smoke in Restaurants	75.20	1.59	71.96	78.19	1,292	6,730	1.744	0.02
Exposure to Secondhand Smoke on Public Transportation	29.60	1.85	26.10	33.35	977	5,261	1.601	0.06
Location of Last Cigarette Purchase - Shop/Kiosk	62.44	10.54	40.75	80.07	56	319	2.606	0.17
Location of Last Cigarette Purchase - Tea Stall/Street Vendor	37.56	10.54	19.93	59.25	56	319	2.606	0.28
Location of Last Cigarette Purchase - Duty-Free Shop	-	-	-	-	-	-	-	-
Location of Last Cigarette Purchase - Other	-	-	-	-	-	-	-	-
Noticed Anti-Smoking Information in Newspapers or in Magazines	28.93	0.82	27.35	30.56	5,565	33,039	1.804	0.03
Noticed Anti-Smoking Information on Local TV	85.06	0.76	83.50	86.49	5,567	33,048	2.522	0.01
Noticed Anti-Smoking Information on Radio	27.52	0.89	25.80	29.30	5,567	33,054	2.213	0.03
Noticed Anti-Smoking Information on Billboards	42.46	0.98	40.53	44.40	5,568	33,059	2.209	0.02
Noticed Anti-Smoking Information Somewhere Else	10.67	0.56	9.63	11.81	5,566	33,052	1.800	0.05
Noticed Anti-Smoking Information at Any Location	91.02	0.61	89.74	92.16	5,563	33,030	2.568	0.01
Noticed Health Warning Labels on Cigarette Packages	77.60	0.83	75.93	79.19	5,543	32,937	2.203	0.01
Thinking of Quitting Because of Health Warning Labels on Cigarette Packages	38.05	7.27	25.10	52.96	85	459	1.886	0.19
Noticed Cigarette Advertisements in Stores	7.27	0.53	6.30	8.38	5,567	33,057	2.320	0.07
Noticed Cigarette Advertisements on TV	2.10	0.32	1.56	2.82	5,567	33,057	2.721	0.15
Noticed Cigarette Advertisements on the Radio	0.60	0.19	0.32	1.11	5,568	33,059	3.383	0.32
Noticed Cigarette Advertisements on Billboards	0.72	0.16	0.46	1.12	5,567	33,057	2.099	0.23
Noticed Cigarette Advertisements on Posters	0.48	0.13	0.28	0.82	5,563	33,034	2.020	0.27
Noticed Cigarette Advertisements in Newspapers or in Magazines	0.74	0.17	0.47	1.14	5,566	33,050	2.077	0.22
Noticed Cigarette Advertisements in Cinemas	0.12	0.05	0.05	0.29	5,565	33,043	1.401	0.46
Noticed Cigarette Advertisements on the Internet	0.23	0.09	0.11	0.48	5,568	33,059	1.797	0.37
Noticed Cigarette Advertising on Public Transportation Vehicles or Stations	0.72	0.24	0.37	1.39	5,567	33,057	4.618	0.34
Noticed Cigarette Advertising on Public Walls	0.99	0.18	0.70	1.40	5,566	33,051	1.758	0.18
Noticed Cigarette Advertising on Restaurants, bars, cafes, or tea shops	2.71	0.36	2.09	3.52	5,566	33,051	2.760	0.13
Noticed Cigarette Advertising Somewhere Else	0.46	0.11	0.29	0.75	5,556	33,011	1.509	0.24

					Un- weighted	Weighted		
Indicator	Estimate	Standard Error	Lower Limit	Upper Limit	Sample Size	Count in 1000s	Design Effect	Relative Error
Noticed Sponsorship of Sport or Sporting Events	0.61	0.13	0.40	0.93	5,564	33,044	1.564	0.21
Noticed Cigarette Promotions - Free Samples	0.39	0.11	0.22	0.68	5,566	33,051	1.761	0.28
Noticed Cigarette Promotions - Sales	0.71	0.16	0.46	1.09	5,566	33,051	1.962	0.22
Noticed Cigarette Promotions - Coupons	0.76	0.20	0.45	1.27	5,566	33,051	3.018	0.27
Noticed Cigarette Promotions - Free gifts/discounts on other products	0.73	0.15	0.49	1.09	5,565	33,042	1.713	0.20
Noticed Cigarette Promotions - Clothing/item with brand name or logo	1.94	0.22	1.55	2.43	5,565	33,042	1.464	0.12
Noticed Cigarette Promotions - Other Promotions	0.13	0.06	0.06	0.30	5,551	32,960	1.253	0.41
Noticed Sponsorship of Sport or Musical, Theater, Art or Fashion Events	0.58	0.14	0.36	0.94	5,563	33,041	1.912	0.24
Noticed Any Advertisement, Sponsorship or Promotion	14.12	0.72	12.75	15.60	5,540	32,908	2.399	0.05
Believes that Tobacco Smoking Causes Serious Illness	96.04	0.40	95.19	96.75	5,566	33,051	2.305	0.00
Believes that Tobacco Smoking Causes Strokes	71.18	0.93	69.31	72.97	5,566	33,051	2.354	0.01
Believes that Tobacco Smoking Causes Heart Attacks	62.34	0.96	60.45	64.20	5,565	33,048	2.162	0.02
Believes that Tobacco Smoking Causes Lung Cancer	95.88	0.43	94.96	96.65	5,566	33,051	2.581	0.00
Believes that Tobacco Smoking Causes Hypertension	63.85	0.94	61.98	65.67	5,563	33,043	2.138	0.01
Believes that Tobacco Smoking Causes Impotence	42.02	1.03	40.02	44.05	5,555	33,006	2.402	0.02
Believes that Tobacco Smoking Causes Gastric Ulcer	47.45	1.03	45.44	49.47	5,563	33,038	2.356	0.02
Believes that Tobacco Smoking Causes Larynx Esophagus Cancer	83.62	0.81	81.97	85.15	5,564	33,045	2.666	0.01
Believes that Tobacco Smoking Causes Other Health Problems	12.38	0.62	11.20	13.66	5,564	33,043	1.997	0.05
Believes that the Use of Smokeless Tobacco Products Causes Serious Illness	57.09	1.05	55.01	59.14	5,564	33,047	2.519	0.02
Believes that Secondhand Smoke Causes Serious Illness in Non-Smokers	86.89	0.72	85.41	88.24	5,568	33,059	2.535	0.01
Average Number of Cigarettes Smoked per Day	8.84	1.06	6.76	10.92	73	401	0.722	0.12
Time since Quitting Smoking in Years among former smokers	13.17	2.94	7.39	18.95	35	175	1.742	0.22
Total Monthly Expenditures on Manufactured Cigarettes	97.21	22.93	52.17	142.25	56	319	1.074	0.24
Age at Daily Smoking Initiation	23.63	1.30	21.08	26.18	112	580	1.600	0.05

Table C4. Sampling Errors - Urban Sample, GATS Viet Nam, 2010.

		Standard	Lower	Upper	Un- weighted Sample	Weighted Count in	Design	Relative
Indicator	Estimate	Error	Limit	Limit	Size	1000s	Effect	Error
Current Tobacco User	24.14	0.74	22.72	25.63	4,882	19,318	1.458	0.03
Current Tobacco Smoker	23.28	0.73	21.88	24.74	4,958	19,725	1.468	0.03
Current Smokeless Tobacco User	0.45	0.11	0.28	0.74	4,860	19,228	1.394	0.25
Current Cigarette Smoker	22.04	0.73	20.65	23.51	4,958	19,725	1.522	0.03
Current Water Pipe Smoker	2.51	0.30	1.98	3.16	4,958	19,725	1.779	0.12
Current Manufactured Cigarette Smoker	21.86	0.73	20.46	23.32	4,958	19,725	1.532	0.03
Daily Tobacco Smoker	19.04	0.67	17.77	20.39	4,958	19,725	1.434	0.04
Daily Cigarette Smoker	17.82	0.66	16.55	19.16	4,958	19,725	1.483	0.04
Daily Manufactured Cigarette Smoker	17.63	0.66	16.37	18.97	4,958	19,725	1.484	0.04
Daily Water Pipe Sessions Smokers	2.15	0.27	1.68	2.75	4,958	19,725	1.694	0.12
Daily Smokeless Product Users	0.40	0.11	0.23	0.69	4,860	19,228	1.501	0.28
Former Daily Tobacco Smokers Among All Adults	6.08	0.40	5.33	6.92	4,958	19,725	1.406	0.07
Former Tobacco Smokers Among Ever Daily Smokers	22.63	1.33	20.12	25.35	1,314	5,299	1.326	0.06
Former Tobacco Smokers Among Ever Smokers	28.26	1.37	25.65	31.02	1,582	6,399	1.456	0.05
Time to First Tobacco Use Upon Waking Within 5 Minutes of Waking	15.36	1.33	12.93	18.16	890	3,757	1.208	0.09
Time to First Tobacco Use Upon Waking Within 6-30 Minutes of Waking	42.43	1.92	38.70	46.26	890	3,757	1.348	0.05
Time to First Tobacco Use Upon Waking Within 31-60 Minutes of Waking	20.07	1.70	16.94	23.62	890	3,757	1.594	0.08
Time to First Tobacco Use Upon Waking More than 60 Minutes of Waking	22.13	1.71	18.96	25.67	890	3,757	1.501	0.08
Smoking Quit Attempt in the Past 12 Months	51.93	1.79	48.41	55.44	1,144	4,806	1.467	0.03
Visited a Healthcare Provider in the Past 12 Months Among Tobacco Smokers	30.32	1.53	27.41	33.41	1,144	4,806	1.262	0.05
Healthcare Provider Asked about Smoking Tobacco Use	40.95	3.03	35.15	47.01	378	1,458	1.430	0.07
Healthcare Provider Advised Quitting Smoking Tobacco Use	33.75	2.96	28.19	39.80	378	1,458	1.481	0.09
Use of Nicotine Replacement Therapy for Smoking Cessation	28.69	2.21	24.55	33.23	616	2,496	1.467	0.08
Use of Other Prescription Medications for Smoking Cessation	1.07	0.84	0.22	4.95	616	2,496	4.161	0.79
Use of Counseling/Advice or Quit Lines for Smoking Cessation	3.94	1.09	2.27	6.75	616	2,496	1.942	0.28
Use of Other Methods for Smoking Cessation	11.61	1.55	8.88	15.04	616	2,496	1.449	0.13
Planning to Quit Within Next Month	9.82	1.10	7.85	12.22	1,083	4,591	1.490	0.11
Thinking About Quitting Within Next 12 Months	15.86	1.30	13.47	18.58	1,083	4,591	1.366	0.08
Will Quit Someday, But Not in Next 12 Months	42.30	1.82	38.77	45.91	1,083	4,591	1.462	0.04

Indicator	Estimate	Standard Error	Lower Limit	Upper Limit	Un- weighted Sample Size	Weighted Count in 1000s	Design Effect	Relative Error
Not interested in Quitting	30.35	1.78	26.96	33.96	1,083	4,591	1.624	0.06
Don't Know If Interest in Quitting Smoking	1.67	0.47	0.96	2.89	1,083	4,591	1.445	0.28
Exposure to Secondhand Smoke at Work	52.40	1.67	49.10	55.67	1,753	6,756	1.965	0.03
Exposure to Secondhand Smoke in Government Buildings/Offices	37.78	1.69	34.52	41.15	1,461	5,515	1.766	0.04
Exposure to Secondhand Smoke in Healthcare Facilities	28.01	1.69	24.81	31.44	1,295	4,903	1.823	0.06
Exposure to Secondhand Smoke in Restaurants	84.01	0.97	82.01	85.83	2,031	8,423	1.425	0.01
Exposure to Secondhand Smoke on Public Transportation	31.51	1.82	28.05	35.20	1,129	4,528	1.730	0.06
Location of Last Cigarette Purchase - Shop/Kiosk	61.89	1.98	57.92	65.71	969	4,202	1.614	0.03
Location of Last Cigarette Purchase - Tea Stall/Street Vendor	35.67	1.90	32.02	39.49	969	4,202	1.528	0.05
Location of Last Cigarette Purchase - Duty-Free Shop	0.20	0.18	0.03	1.20	969	4,202	1.625	0.92
Location of Last Cigarette Purchase - Other	2.25	0.61	1.31	3.83	969	4,202	1.652	0.27
Noticed Anti-Smoking Information in Newspapers or in Magazines	42.18	1.08	40.07	44.32	4,956	19,719	2.372	0.03
Noticed Anti-Smoking Information on Local TV	86.32	0.73	84.81	87.70	4,956	19,719	2.259	0.01
Noticed Anti-Smoking Information on Radio	24.67	0.95	22.86	26.58	4,956	19,719	2.385	0.04
Noticed Anti-Smoking Information on Billboards	53.83	1.05	51.76	55.88	4,956	19,719	2.197	0.02
Noticed Anti-Smoking Information Somewhere Else	21.79	0.88	20.12	23.57	4,956	19,719	2.230	0.04
Noticed Anti-Smoking Information at Any Location	93.86	0.47	92.86	94.72	4,956	19,719	1.920	0.01
Noticed Health Warning Labels on Cigarette Packages	85.97	0.71	84.52	87.31	4,942	19,681	2.058	0.01
Thinking of Quitting Because of Health Warning Labels on Cigarette Packages	64.52	1.77	60.97	67.92	1,081	4,585	1.475	0.03
Noticed Cigarette Advertisements in Stores	12.75	0.70	11.44	14.19	4,954	19,715	2.181	0.05
Noticed Cigarette Advertisements on TV	1.63	0.28	1.16	2.28	4,954	19,715	2.414	0.17
Noticed Cigarette Advertisements on the Radio	0.33	0.11	0.17	0.64	4,957	19,721	1.878	0.34
Noticed Cigarette Advertisements on Billboards	1.09	0.22	0.73	1.63	4,954	19,715	2.238	0.20
Noticed Cigarette Advertisements on Posters	0.68	0.16	0.42	1.08	4,951	19,698	1.919	0.24
Noticed Cigarette Advertisements in Newspapers or in Magazines	0.83	0.16	0.57	1.21	4,955	19,716	1.551	0.19
Noticed Cigarette Advertisements in Cinemas	0.46	0.13	0.26	0.82	4,953	19,714	1.956	0.29
Noticed Cigarette Advertisements on the Internet	1.03	0.23	0.67	1.59	4,956	19,714	2.485	0.22
Noticed Cigarette Advertising on Public Transportation Vehicles or Stations	1.13	0.23	0.76	1.67	4,954	19,715	2.252	0.20
Noticed Cigarette Advertising on Public Walls	1.64	0.26	1.20	2.24	4,954	19,715	2.054	0.16
Noticed Cigarette Advertising on Restaurants, bars, cafes, or tea shops	7.39	0.62	6.27	8.70	4,954	19,715	2.752	0.08
Noticed Cigarette Advertising Somewhere Else	0.99	0.18	0.70	1.42	4,944	19,689	1.628	0.18

la disease.	Entiropte	Standard	Lower	Upper	Un- weighted Sample	Weighted Count in	Design	Relative
Noticed Sponsorship of Sport or Sporting Events	Estimate 1.27	Error 0.22	Limit 0.90	1.79	Size 4,954	1000s 19,715	1.976	0.18
Noticed Cigarette Promotions - Free Samples	2.03	0.22	1.52	2.71	4,954	19,713		0.15
Noticed Cigarette Promotions - Free Samples Noticed Cigarette Promotions - Sales	1.31	0.30	0.94	1.83	4,953	19,711	1.883	0.13
Noticed Cigarette Promotions - Sales Noticed Cigarette Promotions - Coupons	1.21	0.22	0.94	1.68	4,953	19,711	1.716	0.17
·	2.01	0.20	1.55	2.61	-	· ·	1.813	0.17
Noticed Cigarette Promotions - Free gifts/discounts on other products					4,953	19,711		
Noticed Cigarette Promotions - Clothing/item with brand name or logo	5.81	0.44	5.00	6.75	4,953	19,711	1.791	0.08
Noticed Cigarette Promotions - Other Promotions	0.49	0.13	0.30	0.82	4,945	19,679	1.661	0.26
Noticed Sponsorship of Sport or Musical, Theater, Art or Fashion Events	0.90	0.17	0.62	1.30	4,953	19,712	1.628	0.19
Noticed Any Advertisement, Sponsorship or Promotion	25.08	1.01	23.15	27.11	4,937	19,650		0.04
Believes that Tobacco Smoking Causes Serious Illness	97.01	0.30	96.37	97.55	4,953	19,711	1.524	0.00
Believes that Tobacco Smoking Causes Strokes	72.89	0.87	71.15	74.57	4,953	19,711	1.898	0.01
Believes that Tobacco Smoking Causes Heart Attacks	67.24	0.87	65.50	68.93	4,952	19,708	1.709	0.01
Believes that Tobacco Smoking Causes Lung Cancer	97.13	0.28	96.52	97.64	4,953	19,711	1.421	0.00
Believes that Tobacco Smoking Causes Hypertension	65.14	0.85	63.46	66.79	4,952	19,709	1.561	0.01
Believes that Tobacco Smoking Causes Impotence	47.28	1.03	45.25	49.32	4,948	19,700	2.120	0.02
Believes that Tobacco Smoking Causes Gastric Ulcer	42.68	0.92	40.88	44.50	4,953	19,711	1.714	0.02
Believes that Tobacco Smoking Causes Larynx Esophagus Cancer	86.40	0.74	84.87	87.79	4,952	19,709	2.325	0.01
Believes that Tobacco Smoking Causes Other Health Problems	14.26	0.72	12.90	15.73	4,951	19,704	2.091	0.05
Believes that the Use of Smokeless Tobacco Products Causes Serious Illness	56.83	1.03	54.79	58.85	4,952	19,709	2.153	0.02
Believes that Secondhand Smoke Causes Serious Illness in Non-Smokers	91.41	0.52	90.33	92.38	4,957	19,721	1.708	0.01
Average Number of Cigarettes Smoked per Day	12.45	0.47	11.53	13.37	890	3,757	0.833	0.04
Time since Quitting Smoking in Years among former smokers	9.59	0.56	8.50	10.69	338	1,199	0.739	0.06
Total Monthly Expenditures on Manufactured Cigarettes	180.19	7.49	165.48	194.90	962	4,165	0.915	0.04
Age at Daily Smoking Initiation	20.13	0.18	19.78	20.47	1,300	5,240	0.825	0.01

Table C5. Sampling Errors - Rural Sample, GATS Viet Nam, 2010.

Indicator	Estimate	Standard Error	Lower Limit	Upper Limit	Un- weighted Sample Size	Weighted Count in 1000s	Design Effect	Relative Error
Current Tobacco User	25.67	0.80	24.13	27.27	4,954		1.654	0.03
Current Tobacco Smoker	24.00	0.77	22.51	25.56	4,967	44,596	1.632	0.03
Current Smokeless Tobacco User	1.71	0.24	1.30	2.24	4,951	44,365	1.679	0.14
Current Cigarette Smoker	18.94	0.81	17.41	20.57	4,967	44,596	2.097	0.04
Current Water Pipe Smoker	8.12	0.64	6.96	9.47	4,967	44,596	2.689	0.08
Current Manufactured Cigarette Smoker	18.46	0.77	16.98	20.03	4,967	44,596	1.979	0.04
Daily Tobacco Smoker	19.63	0.73	18.23	21.11	4,967	44,596	1.692	0.04
Daily Cigarette Smoker	14.58	0.75	13.17	16.12	4,967	44,596	2.237	0.05
Daily Manufactured Cigarette Smoker	13.98	0.70	12.65	15.42	4,967	44,596	2.050	0.05
Daily Water Pipe Sessions Smokers	6.84	0.57	5.79	8.06	4,967	44,596	2.576	0.08
Daily Smokeless Product Users	1.24	0.18	0.94	1.65	4,951	44,365	1.265	0.14
Former Daily Tobacco Smokers Among All Adults	6.60	0.43	5.79	7.50	4,967	44,596	1.514	0.07
Former Tobacco Smokers Among Ever Daily Smokers	23.87	1.44	21.15	26.82	1,396	12,322	1.598	0.06
Former Tobacco Smokers Among Ever Smokers	29.67	1.41	26.97	32.53	1,700	15,219	1.628	0.05
Time to First Tobacco Use Upon Waking Within 5 Minutes of Waking	20.67	1.52	17.85	23.82	976	8,751	1.369	0.07
Time to First Tobacco Use Upon Waking Within 6-30 Minutes of Waking	49.08	1.93	45.29	52.88	976	8,751	1.460	0.04
Time to First Tobacco Use Upon Waking Within 31-60 Minutes of Waking	12.88	1.31	10.51	15.69	976	8,751	1.498	0.10
Time to First Tobacco Use Upon Waking More than 60 Minutes of Waking	17.36	1.43	14.73	20.36	976	8,751	1.388	0.08
Smoking Quit Attempt in the Past 12 Months	56.67	1.87	52.96	60.30	1,238	11,294	1.760	0.03
Visited a Healthcare Provider in the Past 12 Months Among Tobacco Smokers	25.86	1.51	23.01	28.94	1,240	11,310	1.472	0.06
Healthcare Provider Asked about Smoking Tobacco Use	31.84	2.73	26.72	37.44	341	2,925	1.171	0.09
Healthcare Provider Advised Quitting Smoking Tobacco Use	27.74	2.71	22.74	33.37	341	2,925	1.244	0.10
Use of Nicotine Replacement Therapy for Smoking Cessation	22.75	2.14	18.81	27.24	676	6,401	1.766	0.09
Use of Other Prescription Medications for Smoking Cessation	0.12	0.12	0.02	0.82	676	6,401	0.783	1.00
Use of Counseling/Advice or Quit Lines for Smoking Cessation	2.69	0.69	1.62	4.45	676	6,401	1.241	0.26
Use of Other Methods for Smoking Cessation	8.80	1.26	6.62	11.61	676	6,401	1.330	0.14
Planning to Quit Within Next Month	9.35	0.93	7.67	11.35	1,176	10,697	1.201	0.10
Thinking About Quitting Within Next 12 Months	21.45	1.54	18.57	24.64	1,176	10,697	1.660	0.07
Will Quit Someday, But Not in Next 12 Months	36.42	1.75	33.05	39.94	1,176	10,697	1.560	0.05

Indicator	Estimate	Standard Error	Lower Limit	Upper Limit	Un- weighted Sample Size	Weighted Count in 1000s	Design Effect	Relative Error
Not interested in Quitting	30.44	1.77	27.07	34.03	1,176	10,697	1.737	0.06
Don't Know If Interest in Quitting Smoking	2.34	0.64	1.36	3.99	1,176	10,697	2.106	0.27
Exposure to Secondhand Smoke at Work	59.05	2.60	53.85	64.05	803	7,549	2.246	0.04
Exposure to Secondhand Smoke in Government Buildings/Offices	39.32	1.84	35.76	43.00	979	8,095	1.393	0.05
Exposure to Secondhand Smoke in Healthcare Facilities	21.43	1.51	18.60	24.56	1,246	10,118	1.692	0.07
Exposure to Secondhand Smoke in Restaurants	85.65	1.29	82.93	88.00	973	9,140	1.312	0.02
Exposure to Secondhand Smoke on Public Transportation	36.39	2.20	32.18	40.81	685	6,473	1.430	0.06
Location of Last Cigarette Purchase - Shop/Kiosk	60.97	2.19	56.58	65.19	831	7,913	1.680	0.04
Location of Last Cigarette Purchase - Tea Stall/Street Vendor	35.65	2.18	31.50	40.04	831	7,913	1.715	0.06
Location of Last Cigarette Purchase - Duty-Free Shop	0.60	0.34	0.20	1.80	831	7,913	1.567	0.56
Location of Last Cigarette Purchase - Other	2.77	0.73	1.65	4.62	831	7,913	1.625	0.26
Noticed Anti-Smoking Information in Newspapers or in Magazines	25.70	0.88	24.00	27.47	4,964	44,577	2.023	0.03
Noticed Anti-Smoking Information on Local TV	85.73	0.89	83.89	87.39	4,966	44,586	3.203	0.01
Noticed Anti-Smoking Information on Radio	29.51	0.96	27.66	31.43	4,965	44,568	2.189	0.03
Noticed Anti-Smoking Information on Billboards	37.92	1.08	35.81	40.07	4,967	44,596	2.481	0.03
Noticed Anti-Smoking Information Somewhere Else	7.65	0.53	6.66	8.76	4,965	44,589	2.005	0.07
Noticed Anti-Smoking Information at Any Location	90.66	0.77	89.04	92.06	4,961	44,563	3.437	0.01
Noticed Health Warning Labels on Cigarette Packages	82.48	0.79	80.87	83.99	4,950	44,478	2.163	0.01
Thinking of Quitting Because of Health Warning Labels on Cigarette Packages	67.63	1.83	63.94	71.12	1,169	10,658	1.782	0.03
Noticed Cigarette Advertisements in Stores	6.71	0.53	5.75	7.83	4,967	44,596	2.199	0.08
Noticed Cigarette Advertisements on TV	2.28	0.33	1.70	3.04	4,967	44,596	2.505	0.15
Noticed Cigarette Advertisements on the Radio	0.74	0.19	0.45	1.23	4,967	44,596	2.418	0.25
Noticed Cigarette Advertisements on Billboards	0.53	0.14	0.32	0.87	4,967	44,596	1.735	0.26
Noticed Cigarette Advertisements on Posters	0.27	0.09	0.14	0.54	4,966	44,590	1.606	0.34
Noticed Cigarette Advertisements in Newspapers or in Magazines	0.68	0.16	0.43	1.09	4,966	44,590	1.907	0.24
Noticed Cigarette Advertisements in Cinemas	0.13	0.08	0.04	0.46	4,966	44,583	2.666	0.64
Noticed Cigarette Advertisements on the Internet	0.14	0.06	0.06	0.34	4,967	44,596	1.407	0.45
Noticed Cigarette Advertising on Public Transportation Vehicles or Stations	0.65	0.20	0.36	1.18	4,967	44,596	2.970	0.30
Noticed Cigarette Advertising on Public Walls	0.65	0.14	0.42	0.99	4,966	44,590	1.525	0.22
Noticed Cigarette Advertising on Restaurants, bars, cafes, or tea shops	2.03	0.34	1.46	2.82	4,966	44,590	2.858	0.17
Noticed Cigarette Advertising Somewhere Else	0.49	0.15	0.27	0.91	4,958	44,523	2.359	0.31

					Un- weighted	Weighted		
Indicator	Estimate	Standard Error	Lower Limit	Upper Limit	Sample Size	Count in 1000s	Design Effect	Relative Error
Noticed Sponsorship of Sport or Sporting Events	0.75	0.16	0.50	1.13	4,964	44,583	1.603	0.21
Noticed Cigarette Promotions - Free Samples	0.30	0.08	0.17	0.52	4,966	44,590	1.218	0.29
Noticed Cigarette Promotions - Sales	0.45	0.11	0.27	0.74	4,966	44,590	1.438	0.25
Noticed Cigarette Promotions - Coupons	0.93	0.21	0.60	1.44	4,966	44,590	2.334	0.22
Noticed Cigarette Promotions - Free gifts/discounts on other products	0.83	0.18	0.54	1.27	4,964	44,575	2.009	0.22
Noticed Cigarette Promotions - Clothing/item with brand name or logo	1.97	0.25	1.54	2.53	4,964	44,575	1.618	0.13
Noticed Cigarette Promotions - Other Promotions	0.09	0.05	0.03	0.29	4,955	44,512	1.612	0.60
Noticed Sponsorship of Sport or Musical, Theater, Art or Fashion Events	0.45	0.11	0.27	0.73	4,964	44,583	1.383	0.25
Noticed Any Advertisement, Sponsorship or Promotion	13.31	0.74	11.93	14.82	4,947	44,445	2.325	0.06
Believes that Tobacco Smoking Causes Serious Illness	95.15	0.48	94.11	96.01	4,965	44,584	2.462	0.01
Believes that Tobacco Smoking Causes Strokes	69.14	1.12	66.89	71.30	4,965	44,584	2.919	0.02
Believes that Tobacco Smoking Causes Heart Attacks	60.63	1.11	58.43	62.79	4,966	44,590	2.566	0.02
Believes that Tobacco Smoking Causes Lung Cancer	94.88	0.51	93.78	95.79	4,966	44,590	2.631	0.01
Believes that Tobacco Smoking Causes Hypertension	62.67	1.08	60.52	64.78	4,964	44,583	2.496	0.02
Believes that Tobacco Smoking Causes Impotence	42.98	1.14	40.75	45.23	4,957	44,533	2.623	0.03
Believes that Tobacco Smoking Causes Gastric Ulcer	41.93	1.07	39.84	44.04	4,963	44,577	2.323	0.03
Believes that Tobacco Smoking Causes Larynx Esophagus Cancer	80.54	0.99	78.52	82.42	4,965	44,585	3.116	0.01
Believes that Tobacco Smoking Causes Other Health Problems	12.62	0.65	11.39	13.95	4,964	44,577	1.901	0.05
Believes that the Use of Smokeless Tobacco Products Causes Serious Illness	54.91	1.24	52.46	57.33	4,964	44,581	3.080	0.02
Believes that Secondhand Smoke Causes Serious Illness in Non-Smokers	85.00	0.83	83.30	86.55	4,966	44,590	2.655	0.01
Average Number of Cigarettes Smoked per Day	10.20	0.58	9.05	11.34	977	8,754	2.524	0.06
Time since Quitting Smoking in Years among former smokers	9.51	0.59	8.34	10.68	347	2,941	1.947	0.06
Total Monthly Expenditures on Manufactured Cigarettes	110.84	5.70	99.64	122.04	822	7,849	2.356	0.05
Age at Daily Smoking Initiation	19.92	0.19	19.56	20.29	1,375	12,080	1.805	0.01

Appendix D: Technical and Survey Staff

The Survey Steering Committee:

- Do Thuc Acting Director General of GSO, Head
- Nguyen Phong Director of Social and Environmental Statistics Department of GSO, Deputy head
- Do Anh Kiem Deputy Director of Social and Environmental Statistics Department of GSO, Permanent member
- Tran Duy Phu Director of Human Resources Department of GSO, Member
- Tran Dang Long Director of Administrator Department of GSO, Member
- Luong Ngoc Khue, Director of Vietnam Steering Committee on Smoking and Health Standing Office, Ministry of Health.

The Survey Core Team:

Nguyen The Quan - Deputy Director of Social and Environmental Statistics Department of GSO

IT persons:

- Phan Van Can Deputy head of Technical and System Management Division of GSO
- Nguyen Phuong Anh Statistician of Social and Environmental Statistics Department of GSO

Supervisors:

- Vo Thanh Son Statistician of Social and Environmental Statistics Department of GSO
- Nguyen Thi Loan Statistician of Social and Environmental Statistics Department of GSO
- Nguyen Quoc Hung Statistician of Social and Environmental Statistics Department of GSO
- Nguyen Van Thuy Statistician of Social and Environmental Statistics Department of GSO
- Nguyen Thi Hon Statistician of Social and Environmental Statistics Department of GSO
- Pham Xuan Luong Statistician of Social and Environmental Statistics Department of GSO
- Cao Thanh Son Statistician of Social and Environmental Statistics Department of GSO
- Than Viet Dung Statistician of Social and Environmental Statistics Department of GSO
- Nguyen Thanh Tu Statistician of Social and Environmental Statistics Department of GSO
- To Thuy Hanh Statistician of Social and Environmental Statistics Department of GSO
- Nguyen Van Dong Collaborator of GSO
- Mai Quang Tuan Collaborator of GSO
- Nguyen Thi Thanh Tam Collaborator of GSO
- Kim Bao Giang, MD, PhD. Faculty member and researcher, Faculty of Public Health, HMU
- Le Thi Thanh Xuan, MD, PhD. Faculty member and researcher, Faculty of Public Health, HMU
- Le Thi Huong, MD, PhD. Faculty member and researcher, Faculty of Public Health, HMU
- Dao Minh An, MD, PhD. Faculty member and researcher, Faculty of Public Health, HMU
- Nguyen Thi Thu Trang, Bachelor of Public Health. Center of Excellence in Research, HMU
- Nguyen Hoang Thanh, Bachelor of Public Health. Center of Excellence in Research, HMU
- Nguyen Ngoc Anh, Bachelor of Public Health. Center of Excellence in Research, HMU
- Le Quynh Trang, Bachelor of Public Health. Center of Excellence in Research, HMU
- Ngo Tri Tuan, MD. Faculty of Public Health, HMU

Team leaders and Interviewers: 130 persons including statisticians from Provincial Statistics Offices and collaborators of GSO.

Appendix E: Glossary of Terms

Percentage of adults who currently smoke tobacco: Number of current daily and less than daily tobacco smokers divided by total number of respondents.

Percentage of adults who currently smoke tobacco daily: Number of current daily tobacco smokers divided by the total number of respondents.

GATS	Global Adult Tobacco Survey
FCTC	World Health Organization Framework Convention on Tobacco Control
MPOWER 2008	WHO publication with six key strategies on Tobacco Control
WIFOWER 2008	Monitor tobacco use and prevention policies
	Protect people from tobacco smoke
	Offer help to quit tobacco use
	Warn about the dangers of tobacco
	Enforce bans on tobacco advertising, promotion and sponsorship
	Raise taxes on tobacco
CCO	General Statistical Office
GSO	
PSUs	Primary Sampling Units
SSUs	Secondary Sampling Units
PSO	Provincial Statistical Office
FSs	Field Supervisors
PTOs	Provincial Technical Officers
FIS	Field Interviewers
Adults	Population age 15 years and over
Tobacco Products	Two types of tobacco products;
	1) Smoked tobacco: manufactured cigarettes, hand-rolled cigarettes, others
	smoked tobacco such as pipe, cigar, khi-yo, cheroots, water pipes, hookah, and
	others
	2) Smokeless tobacco: snuff by keeping mouth/nose, chewing tobacco, betel quid
	with tobacco, and others
Smoking frequency	Classified into three categories, i.e.,
	1) Daily smoking means smoking at least one tobacco product every day or nearly
	every day over a period of a month or more
	2) Occasional smoking (/less than daily)
	3) Never smoking includes tried once or twice in lifetime
Current smoker	Smoker who daily and occasional smokes any tobacco product
SHS	Second-hand smoke
Prevalence (%)	Statistical concept referred to the number of occurrences of tobacco use that are
	present in a particular population, age 15 years and over at a given time
Quit attempt	Current tobacco smokers who tried to quit during the past 12 months and former
	tobacco smokers who have been abstinences for > 12 months
Interest in quitting smoking	Current tobacco smokers who are planning or thinking about quitting smoking
	within the next month, 12 months, or someday
HCPs	Healthcare Providers include various health professions such as medical doctors,
	nurses, pharmacist, health workers etc.
Exposure to secondhand smoke	Includes smoking by respondents and saw somebody smoke, smelled the smoke,
	or saw tobacco butts inside (indoor areas) the public places during their visit in the
	past 30 days, i.e.,
	o Government Building: covering indoor areas which are non-smoking areas by the
	national smoke free laws
	o Healthcare Facilities: covering indoor areas of both public and private healthcare
	facilities which are non-smoking areas by the national smoke free laws
	o Restaurants: covering food and/ or beverage selling place inside the building, not
	include place in front of any building and wayside
	o Public Transportation: All public transport with both air conditioner and non air
	conditioner
	o Outside Market: means a place provided for vendors to shows and exchanges

	goods and services, on a regular or temporary or specific-day basis
Exposure to secondhand smoke at	Emphasize inside the respondent's home, not include areas outside such as patios,
home	balcony, garden, etc. that are not fully enclosed
Exposure to antismoking information	Respondents who have noticed information on various media in the last 30 days
	about the dangers of cigarettes smoking and those encourage quitting
Awareness of cigarettes advertising,	Respondents who have noticed cigarettes at point of sale, free gifts or discount
promotion and sponsorship	offers on other products when buy cigarettes, or any advertisement or signs
	promoting cigarettes in stores where cigarettes are sold in the last 30 days, or who
	have noticed any advertisement or signs promoting cigarettes of cigarettes
	company, sponsorship of sporting event or other that in store where cigarettes
	are sold in the last 30 days
Beliefs about the dangers of tobacco	Respondents who believe that tobacco smoking causes serious illness and specific
smoking	diseases, i.e., stroke, heart attack, lung cancer, mouth cancer, larynx cancer,
	impotent, and emphysema
Beliefs about the dangers of	Respondents who believe that breathing other smoke causes serious illness and
secondhand smoke	specific disease in non-smokers, i.e., heart disease in adults, lung illness in
	children, lung cancer in adults, emphysema, low birth weight (< 2,500 grams),
	premature birth (28-34 weeks)