Factors associated with Cigarette Smoking among Filipinos in the Philippines

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The Philippines has one of the highest cigarette smoking rates in Southeast Asia.

- Approximately 51% of males and 8% of females 15 years and older are current smokers.1
- Of those who have tried smoking, 20% started smoking before the age of 10 years.2
- Approximately 20,000 Filipinos die each year from smoking-related diseases, and 200,000 more will be sick due to cardiovascular and respiratory diseases related to smoking in their productive years.3

Despite the huge problem of smoking in the Philippines, few studies have been published on the smoking patterns and behaviors of Filipinos.

The purpose of this study is to identify environmental, demographic, cognitive, lifestyle, and personal health factors associated with smoking cigarettes among Filipinos in the Philippines.

This study analyzed the 2001 Adult Philippine Behavioral Risk Factor Survey (PBRFS). Both bivariate (chi-square and t-tests) and multivariate analyses (multinomial logistic regression) were conducted to identify factors associated with being a never smoker, current smoker, and former smoker for both Filipino men and women. Using STATA 10.0 (College Station, TX), data were weighted and results were adjusted to reflect the general Philippine adult population.

Sample Characteristics

- Most of the respondents had less than a college education (71%), were married (69%), and were Catholic (88%). Half (50%) were unemployed.
- Nearly one third (31%) of the respondents currently smoked.

Factors associated with Smoking

- Factors independently associated with being a current smoker relative to a never smoker among men included being married and being employed in agriculture or blue-collar industry, drinking alcohol, and the interaction effect of living in an urban community and having a negative attitude toward anti-smoking policies (Figure 1 and Figure 2).
- Factors independently associated with being a current smoker relative to a never smoker among women included being older, drinking alcohol, and the interaction effect of living in an urban community and having a negative attitude toward anti-smoking policies (Figure 3 and Figure 4).

Findings suggest that the factors associated with smoking cigarettes among Filipinos were gender-specific. Findings also show a significant interaction between one’s type of community and one’s attitudes toward anti-smoking policies. Tobacco prevention and control efforts should not be a one-size-fits-all approach. Rather, program planners should develop interventions within the context of the male and female perspective and the type of community in which they live.

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METHODS

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RESULTS

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CONCLUSIONS

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