



**John B. Lacson Foundation Maritime University-MOLO, Inc.**

**Senior High School**

**M.H. del Pilar Street, Molo, Iloilo City**

**Cigarette Usage Behavior of Men and Women**

**In Grade 11 Students of JBLFMU-MOLO**

**A Research Paper Presented to**

**Dr. Elvira Delgado**

**In partial Fulfillment**

**Of the Requirements in Research**

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**11-Procyon**

**March, 2019**



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**APPROVAL SHEET**

**Cigarette Usage Behavior of Men and Women**

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**The Researchers**

**March, 2019**

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### **ABSTRACT**

**This research study was conducted to know the Cigarette Usage Behavior of Men and Women In Grade 11 Students of JBLFMU-MOLO. The participants of this study were the grade 11 students of John B. Lacson Foundation Maritime University- Molo, Inc. academic year 2018-2019. The participants were limited to those were aable to enroll, and tose study who smoke or tried cigarette smoking. Results showed that the behavior of the students when they smoke is they hide it form their parents They just smoke because of their past time and they considered smoking as satisfaction. The students feel happy, satisfied and relax, he students develop cough, asthma, and heart diseases when they smoke. The researchers would recommended that the Department of Health may create programs that will help promote awareness about the impact of smoking to the health of the smokers and non smokers.**



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### Table of Contents

	Page
Approval Page.....	1
Acknowledgement.....	2-3
Abstract.....	4
Table of contents.....	5
List of tables.....	6
Chapter 1	
Background of the study.....	8-12
Statement of the problem.....	13
Significance of the study.....	13-14
Definition of terms.....	14-15
Chapter 2	
Nature of smoking.....	16-17
Smoking practices in the Philippines.....	17-19



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Effects of smoking to non-smokers.....	19-20
Smoking effects to health.....	21-22
Foreign Studies.....	23-26
Local Studies.....	26-30
<b>Chapter 3</b>	
Research Design.....	31
Respondents.....	31
Sampling techniques.....	31
Instruments.....	32
<b>Chapter 4</b>	
Results and Discussion.....	33-45
<b>Chapter 5</b>	
Findings and conclusions.....	46
Recommendations.....	47
Appendices.....	48
References.....	49-51



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## Chapter 1

### INTRODUCTION

#### Background of the Study

Tobacco use is a global epidemic among young people. As with adults, it poses a serious health threat to youth and young adults in the United States and has significant implications for this nation's public and economic health in the future (Perry et al. 1994; Kessler 1995). The impact of cigarette smoking and other tobacco use on chronic disease, which accounts for 75% of American spending on health care (Anderson 2010), is well-documented and undeniable. Although progress has been made since the first Surgeon General's report on smoking and health in 1964 (U.S. Department of Health, Education, and Welfare [USDHEW] 1964), nearly one in four high school seniors is a current smoker. Most young smokers become adult smokers. One-half of adult smokers die prematurely from tobacco-related diseases (Fagerström 2002; Doll et al. 2004). Despite thousands of programs to reduce youth smoking and hundreds of thousands of media stories on the dangers of tobacco use, generation after generation continues to use these deadly products, and family after family continues to suffer the devastating consequences. Yet a robust science base exists on social, biological, and environmental factors that influence young



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people to use tobacco, the physiology of progression from experimentation to addiction, other health effects of tobacco use, the epidemiology of youth and young adult tobacco use, and evidence-based interventions that have proven effective at reducing both initiation and prevalence of tobacco use among young people. Those are precisely the issues examined in this report, which aims to support the application of this robust science base.

Nearly all tobacco use begins in childhood and adolescence (U.S. Department of Health and Human Services [USDHHS] 1994). In all, 88% of adult smokers who smoke daily report that they started smoking by the age of 18 years (see Chapter 3, "The Epidemiology of Tobacco Use Among Young People in the United States and Worldwide"). This is a time in life of great vulnerability to social influences (Steinberg 2004), such as those offered through the marketing of tobacco products and the modeling of smoking by attractive role models, as in movies (Dalton et al. 2009), which have especially strong effects on the young. This is also a time in life of heightened sensitivity to normative influences: as tobacco use is less tolerated in public areas and there are fewer social or regular users of tobacco, use decreases among youth (Alesci et al. 2003). And so, as we adults quit, we help protect our children.



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Many Filipinos die due to smoking-related diseases. On a daily basis, 240 Filipinos die because of these smoking-related diseases such as heart failure, stroke, chronic obstructive pulmonary disease, peripheral vascular disease and many cancers. This accounts for 87,600 deaths due to smoking-related diseases in the country every year (WHO, 2009b).

Direct and indirect exposures to cigarette smoking cause these diseases. Direct exposure or first-hand is the actual smoking, while indirect exposure may be second hand or inhaling the smoke when a person smokes near and third-hand smoke or exposure to chemicals that remain after the cigarette is put out (Apelberg, 2007).

In connection with these dangers of smoking, there are increasing numbers of Filipino smokers and an alarming number of youth smokers. Republic Act of 9211(as cited in Department of Education [DepEd],2011), or the Tobacco Regulation Act of 2003, specifies the smoking prohibition in public places:

Section 5. Smoking in Public Places - Smoking shall be absolutely prohibited in the following public places: a. Centers of youth activity such as playschools, preparatory schools, elementary schools, high schools, colleges and universities, youth hostels, and recreational facilities for persons under eighteen (18) years old (p.1).



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Thus, this law of the country protects specifically the youth from being exposed to smoking.

The Global Youth Tobacco Survey (2007) estimates that there are 17% or 4 million Filipino youths with ages 13-15 years who are smoking. Of these early starters, 2.8 million are boys and 1.2 million are girls. With these alarming statistics, a number of anti-smoking campaigns are being implemented around the country. The Department of Education (DepEd) through their program OplanBalik-Eskwela integrates anti-smoking campaign in schools for the protection of the students against the hazards of smoking. The main goal of the campaign is to ensure the implementation of the anti-smoking policies in schools (DepEd, 2011). Aside from the efforts of DepEd, the Metro Manila Development Authority (MMDA) has also launched its anti-smoking campaign in the National Capital Region (NCR).

When it comes to advertisements, according to Bovee (1992), "Advertising is the non-personal communication of information usually paid for and usually persuasive in nature about products, services or ideas by identified sponsors through the various media." . The three major functions of advertisements are to disseminate information, to provide incentives to viewers for them to engage in



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action, and to provide constant reminders and reinforcements to generate the desired behavior the advertiser wants from them (Puranik, 2011).

Most of the anti-smoking advertisements are in the form of advocacy advertising. Advocacy advertising aims to influence public's attitudes toward a particular issue (Shivani, 2009). Anti-smoking advertisements are tools to disseminate information about the dangers of smoking. They also aim to increase nonsmoking intentions (Pechmann, Goldberg, &Reibling, 2003). In contrast, most smoking advertisements which sell cigarette products to people are in the form of product advertising. Product advertising's main purpose is to promote certain products (Shivani, 2009).

Anti-smoking advertisements as well as other Information, Education and Communication (IEC) health programs against smoking can greatly diminish the prevalence of smoking in the country especially among the youth sector. Efforts to strengthen these health promotions by further studies related to anti-smoking advertisements are a must hence this study aims to contribute to those anti-smoking efforts.



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### **Statement of the Problem**

This study would like to discuss the behavior the of Grade 11 students who smoke.

Specifically, it had to seek answer to the following questions:

1. What is the behavior of the students when they smoke?
2. What are the reasons why students smoke?
3. What are the health effects of smoking?

### **Scope and Delimitation**

The nature of this study was descriptive. This study catered to 60respondents which comprised 70 of the total population. This study was done in JBLFMU-MOLO.

### **Significance of the Study**

This study will be significant to the following:

Department of Health- For the Department of Health to create programs that will help promote awareness about the impact of smoking to the heath of nonsmokers.



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Department of Education- For the Department of Education to include in their curriculum the impact of smoking so that it helps the students and teachers be aware of their situation.

Communities- For the communities to learn and prevent further harmful effects of smoking to their residents.

#### Definition Terms

Cigarette- Merriam Webster's Dictionary (2017) defines cigarette as small roll of paper that is filled with cut tobacco and smoked. In this study, cigarette is the source of smoke that is involuntarily inhaled by the residents.

Epidemiology- Merriam Webster's Dictionary (2017) defines epidemiology as the study of how disease spreads and can be controlled.

Impact- Merriam Webster's Dictionary (2017) defines impact as to have a strong and often bad effect on something or someone: to hit something with force. In this study, impact is the effect of smoking to non-smokers.

Nonsmokers- Merriam Webster's Dictionary (2017) defines nonsmokers as not persons who smoke cigarette, cigars, etc.



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**Passive Smoking-** Merriam Webster's Dictionary (2017) defines passive smoking as the breathing in of cigarette smoke from people who are smoking nearby

**Second-hand Smoke-** Merriam Webster's Dictionary (2017) defines secondhand smoke as a smoke from cigarette, cigar, pipe, etc., that can be inhaled by people who are near the person who is smoking.

**Smoking-** Merriam Webster's Dictionary (2017) defines smoking as the act to suck the smoke from a cigarette, cigar, etc., into your mouth and lungs and then exhale it. In this study, smoking is the act done by smokers which gives off smoke that affects the smoker and nonsmokers around him or her.

**Tobacco-** Merriam Webster's Dictionary (2017) defines tobacco as a plant that produces leaves which are smoked in cigarette, pipes and etc.





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## Chapter 2

### REVIEW OF RELATED LITERATURE

#### A. Nature of Smoking

According to Institute of Medicine (2014), cigarettes and other forms of tobacco are addicting. Most smokers use tobacco regularly because they are addicted to nicotine. Furthermore, most smokers find it difficult to quit using tobacco because they are addicted to nicotine. Nicotine addiction develops in the first few years of cigarette smoking. That is, for most people during adolescence or early adulthood. Most smokers begin smoking during childhood or adolescence: 89% of daily smokers tried their first cigarette by or at age 18, and 71% of persons who have ever smoked daily began smoking daily by age 18. The earlier in life a child tries a cigarette the more likely he or she is to become a regular smoker (that is, to smoke monthly or more frequently) or a daily smoker.

67% of children who initiate smoking in the sixth grade become regular adult smokers, and 46% of teenagers who initiate smoking in the eleventh grade become regular adult smokers.<sup>1</sup> Furthermore, the earlier a youth begins smoking, the more cigarettes he or she will smoke as an adult.<sup>2</sup> Prevention of tobacco addiction and the related health consequences, therefore, requires early



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intervention for children and adolescents. To understand why youths, use tobacco and why prevention measures are necessary and preferable to cessation measures to deter tobacco use by youths, it is useful to understand nicotine dependency.

According to Russell MA. (2015), most smokers smoke not because they wish to but because they cannot easily stop. Three out of four current smokers either wish to or have tried to stop smoking, yet only about one in four succeeds in becoming a permanent non-smoker. People who smoke at all sooner or later become regular, dependent smokers. They smoke in the guise of fun, friendship and self-satisfaction. Smokers wallow in the short-lived pleasure cigarette offer them without the realization that the longer they make friends with the magic stick called cigar the shorter become their lease for life.

Tobacco smoking is found to have more than 50,000 chemical and close to fifty of these chemicals are cancer-causing. Smoking is certainly associated with other dependence disorders. Smokers unconsciously modify their puff rate to maintain a steady nicotine intake when given high or low nicotine cigarettes. Nicotine is taken up within a few minutes of smoking receptors in the brain, where its action is rapid, complex and varied. Smokers lives would be a mess too



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**in the presence of an illness or two and they would leave not knowing what to do in order to save their own lives.**

### **B. Smoking Practices in the Philippines**

**According to Schluger (2018), The Philippines has made progress on tobacco control in recent years. However, people continue to die and become sick needlessly, and the costs to society from tobacco use continue to mount. Tobacco harms the health, the treasury, and the spirit of the Philippines. Every year, more than 117700 of its people are killed by tobacco-caused disease. Still, more than 94000 children (10-14 years old) and 15715000 adults (15+ years old) continue to use tobacco each day. Complacency in the face of the tobacco epidemic insulates the tobacco industry in the Philippines and ensures that tobacco's death toll will grow every year. This includes direct costs related to health care expenditures and indirect costs related to lost productivity due to early mortality and morbidity.**

**The combined revenues of the world's 6 largest tobacco companies in 2016 was more than USD 346 Billion, which is equal to 94% of the Gross National Income of the Philippines. The industry is a powerful force that does not fear the actions of smaller nation-states because of their extensive resources and global market power. Larger economies and nations have the opportunity to help the smaller allies face down this threat.**



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According to Erica (2018) twenty-eight percent or 17.3 million Filipino adults age 15 years and older are current tobacco smokers, according to the results of the 2009 Global Adult Tobacco Survey (GATS). Almost half (48 percent or 14.6 million) of adult males and 9 percent (2.8 million) of adult females are current smokers. Moreover, 23 percent of Filipino adults are daily tobacco smokers: 38 percent for males and 7 percent for females. Filipinos mainly smoke cigarettes, which include manufactured cigarettes and hand-rolled cigarettes. Cigarettes are smoked by 47 percent of men and by 9 percent of women. On the average, male daily smokers consume 11 cigarettes per day while female daily smokers consume 7 cigarettes per day.

Among adults who smoked 12 months before the survey, 48 percent made a quit attempt, while only 5 percent made a quit attempt and successfully quit smoking.

#### C. Effects of smoking to non-smokers

According to Santos (2016) the main way smoking hurts non-smokers is through secondhand smoke. Secondhand smoke is the combination of smoke that comes from a cigarette and smoke breathed out by a smoker. When a non-smoker is around someone smoking, they breathe in secondhand smoke. Secondhand smoke is dangerous to anyone who breathes it in. It can stay in the



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air for several hours after somebody smokes. Breathing secondhand smoke for even a short time can hurt your body.

Lung cancer in people who have never smoked More likely that someone will get heart disease, have a heart attack, and die early. Breathing problems like coughing, extra phlegm, wheezing, and shortness of breath. Second hand smoke is very dangerous to children, babies and women who are pregnant. Mothers who breathe secondhand smoke while pregnant are more likely to have babies with low birth weight.

According to Blahd (2017) Kids are particularly at risk for the effects of secondhand smoke because their bodies are still growing, and they breathe at a faster rate than adults. These conditions have been linked to secondhand smoke exposure in children.

Sudden infant death syndrome (SIDS). More respiratory infections (such as bronchitis and pneumonia). More severe and frequent asthma attacks. Ear infections. Chronic cough Smoking during pregnancy is especially dangerous to the developing baby. It's tied to premature delivery, low birth weight, SIDS, limited mental ability, trouble with learning, and ADHD. The more cigarettes a mother-to-be smokes, the greater the danger to her baby.



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#### D. Smoking Effects to Health

According to Mentor (2011), most people recognize that smoking is highly destructive for their lungs, many have yet to come to terms with how smoking affects the rest of the body. Damage to one's skin, mouth, hands, feet, respiratory system, heart, bones, and reproductive system becomes readily evident in long-time smokers. Areas of the body damaged by smoking include:

**Skin:** Poor blood circulation due to chronic vascular insults leads to impaired oxygen delivery to the skin, causing lasting damage to collagen and epithelial tissue. This phenomenon also contributes to poor wound healing, making elective surgeries risky and emergency surgeries dangerous.

**Mouth:** Smoking can contribute to bad breath, mouth and jaw cancer, recurrent pharyngitis, and a reduced sense of taste and smell, as well as stained, yellowed teeth and plaque. Smoking reduces the flow of saliva, which, because saliva cleanses the lining of the mouth and teeth and protects the teeth from decay, promotes infection.

**Respiratory system:** Smoking can lead to lung cancer, chronic bronchitis, continuous shortness of breath due to emphysematous injury in COPD, and persistent cough often with pneumonia.

**Heart:** Smoking also increases the risk of recurrent coronary heart disease after bypass surgery and raises the rate of abdominal aortic aneurysms fivefold.



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According to Papathanasiou (2013), cigarette smoking has disastrous consequences: It damages just about every organ of the body and leads to the general deterioration of the smoker's health. Smoking ranks among the top causes of cardiovascular disease, including coronary heart disease, ischemic stroke, peripheral artery disease and abdominal aortic aneurysm. It is also associated with an increased risk of certain types of cancer and is a major cause of chronic obstructive pulmonary disease. Cigarette smoke contains more than 4000 chemical substances that have harmful effects on cardiovascular function. Smoking also causes wheezing severe enough to be diagnosed as asthma in children and adolescents. It can cause respiratory symptoms including shortness of breath, coughing, phlegm production and wheezing in children and adolescents. Cancer was one of the first diseases that researchers linked to cigarette smoking, and it continues to be smoking's most notorious health effect. Cigarette smoking and tobacco use causes about one-third of all cancer deaths. Researchers have also linked smoking to cancers of the bladder, larynx, mouth, throat, esophagus, pancreas, stomach, kidney, and cervix. Smoking also is a known cause of some forms of leukemia. Cigarette smoking also can cause macular degeneration and do damage to the optic nerve.



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## Foreign Studies

University of California (2011) study The Impact of Tobacco Smoking in Teens Brain show that the greater a teen's addiction to nicotine, the less active the prefrontal cortex was, suggesting that smoking can affect brain function.

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researchers wanted to compare brain function in adolescent smokers and non-smokers, with a focus on the prefrontal cortex, the area of the brain that guides "executive functions" like decision-making and that is still developing structurally and functionally in adolescents.

The researchers found that the higher the HSI (Heaviness of Smoking Index) -- that is, the more a teen smoked -- the lesser the activity in the prefrontal cortex. And yet, despite these lower levels of activation, the smoking group and the non-smoking group performed roughly the same with respect to inhibition on the Stop-Signal Task.

Navas-Acien (2015), conducted a study about the second-hand smoking. The researcher results indicated that smoking not only does harm to the persons who smoke cigarette but also causes damage to those who are exposed to the secondhand smoke. Next to active smoking and alcohol abuse, second-hand smoke is the third leading cause of poor health and premature death in the





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developing world. Secondhand smoke contains more than 50 carcinogens. Studies have also linked exposure to secondhand smoke during early children to increased risk of sudden infant death syndrome, asthma, and other respiratory illnesses, ear infections, and a host of developmental, cognitive and behavioral problems. Infants born to women exposed to environmental tobacco smoke during pregnancy have a small decrement in birth weight and a slightly increased risk of intrauterine growth retardation compared to infants of non-exposed women.

Fernandez (2014) in her article "Nonsmokers in Automobiles Are Exposed to Significant Secondhand Smoke" discussed that Nonsmokers sitting in an automobile with a smoker for one hour had markers of significantly increased levels of carcinogens and other toxins in their urine, indicating that secondhand smoke in motor vehicles poses a potentially major health risk. The toxic chemicals are thought to be the most important among the thousands in tobacco smoke that cause smoking-related disease.

For the study, 14 nonsmokers each sat for one hour in the right rear passenger seat of a parked sport utility vehicle behind a smoker in the driver's seat. During that time, the smoker smoked three cigarettes. Before being exposed to the smoke and then eight hours afterward, the nonsmokers' urine was analyzed for biomarkers of nine chemical compounds found in cigarette smoke that are associated with cancer, cardiovascular disease and respiratory



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diseases. Seven biomarkers showed a significant increase following exposure to secondhand smoke.

Prabhune (2018) in his article "Studies report new risks to teens from secondhand smoke" tackled that Smoking is bad for your health. But even people who never touch a cigarette can be harmed by cigarette smoke. They merely have to inhale the airborne pollutants exhaled by a smoker. That so-called *secondhand smoke* can linger in the air for days. Teens who can't avoid breathing it in may develop coughing and trouble breathing. But even those who don't may still suffer, a new study finds. And that's not the worst of it. Adults should avoid smoking around adolescents. The development and growth of cancers, also known as malignancies, can lead to tumors, pain and death. Disease affecting the body's airways, which are the tubes through which animals breathe. Asthma obstructs these airways through swelling, the production of too much mucus or a tightening of the tubes. As a result, the body can expand to breathe in air, but loses the ability to exhale appropriately.

The American Cancer Society (2015) revealed the Health Risk of Secondhand Smoke that the Secondhand smoke (SHS) has the same harmful chemicals that smokers inhale. There's no safe level of exposure for secondhand smoke (SHS). Secondhand smoke is known to cause cancer. It has more than 7,000 chemicals,



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Including at least 70 that can cause cancer. SHS causes lung cancer – even in people who have never smoked. There's also some evidence suggesting it might be linked in adults to cancers of the: Larynx (voice box), Pharynx (throat, Nasal sinuses, Brain, Bladder, Rectum, Stomach, Breast. It's possibly linked in children to: Lymphoma, Leukemia, Liver cancer.

Secondhand smoke can be harmful in many ways. For instance, it affects the heart and blood vessels, increasing the risk of heart attack and stroke in non-smokers. Some studies have linked SHS to mental and emotional changes, too. For instance, some studies have shown that exposure to SHS is linked to symptoms of depression. More research is needed to better understand the link between SHS and mental health.

#### Local Studies

NTRC TAX (2016) revealed that the Cigarette Usage Behavior of Men and Women in the Philippines is men and women have different psychological patterns that influenced their behavior. The same is evident in their motivation to smoke cigarettes. Men are found to smoke when they are experiencing positive emotions while women smoke to contradict any negative feelings they harbor.



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Men are also more prone to smoke in public places with their peers, whereas women, smoke in hidden places. Women are known to smoke to control weight, and to relieve stress, which may come from different pressing factors, such as the given related causes, strained family relationships, peer pressure, poor religious background, etc. Men start to smoke similar reasons in lesser frequencies, however, men tend to be more dependent on nicotine compared to women, which is most likely the primary influencing factor on cigarette addiction for men.

Manila Time Philippine (2018) report that 240 smokers die every day, 10 people die every hour because of smoking-related diseases. This translates to 240 deaths every day or 87,600 deaths every year. Scientific research shows that no less than 12 different types of cancer are attributed to smoking, with lung cancer being the second most common cancer killer in the Philippines, next to breast cancer. The prevalence of lung cancer cases in the country could be traced to easy access to cigarettes.

Based on Tobacco Industry Interference Index that SEATCA prepared, the Philippines has the highest level of tobacco industry participation in policy and development, followed by Indonesia, Cambodia and Malaysia, Thailand and Laos and Brunei. While Philippines has the highest level of Tobacco industry I



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**Interference, it is nevertheless a pioneer in its efforts to curb government interaction with tobacco industry.**

**Santos (2014) on his article "Philippines Health: Young Lives Up in Smoking discussed that among Filipino youth aged 13 to 15 years, three in 10 currently use tobacco products, smoke cigarettes, chew tobacco and use 'shisha' (a water pipe for smoking).**

**Furthermore, young people are regularly exposed to second-hand and even third-hand smoke, the residue left in a room after someone smokes, which often sticks to furniture and clothes. Infants and young children who play with items that have been exposed to cigarette smoke can eventually develop asthma and other smoking-related diseases.**

**Based on the Global Youth Tobacco Survey (GYTS), a school-based survey that tracks tobacco use among young people across the world, the Philippines has one of the highest percentages of young smokers across Asian countries. About 30 percent of adolescents in the Philippines' urban areas smoke. Of these, more than 70 percent started smoking between the ages of 13 and 15.**



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In South-east Asia alone, the Philippines has the second highest number of smokers, noted FCAP, one of the organizers of the recent tobacco forum. Over a third of the country's 90 million population smokes cigarettes.

World Health Organization (2016) discussed that the Philippines gears up for full implementation of Graphic Health Warning law, calling countries to get ready for plain (standardized) packaging of tobacco products. Plain packaging is an important demand reduction measure that reduces the attractiveness of tobacco products, restricts use of tobacco packaging as a form of tobacco advertising and promotion, limits misleading packaging and labeling, and increases the effectiveness of health warnings.

Earlier this year, cigarette packs in the Philippines were prohibited from featuring misleading descriptions that might mislead a consumer to believe that a tobacco product brand is healthier, safer or less harmful.

Early this month, the President said he asked time to study the executive order on the smoking ban drafted by the Department of Health. The smoke-free order aims to bring down the number of people with smoking-related illnesses.



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The health department earlier proposed a draft EO on the public smoking ban, that is patterned after Duterte's ordinance in Davao that banned smoking in public places. It aims to authorize all government agencies and local government units to prohibit smoking in all public places.

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## Chapter 3

### METHODOLOGY

#### Research Design

Narrative research is a term that subsumes a group of approaches that in turn rely on the written or spoken words or visual representation of individuals. We choose this research design because these approaches typically focus on the lives of individuals as told through their own stories.

#### Respondents

The respondents in this study will be the Grade 11- Senior High School Students of JBLFMU-MOLO.

#### Sampling techniques

The sample technique we used in the study was Simple Random Technique. Simple sampling is the basic sampling technique where we select a group of subjects (a sample) for study from a larger group (a population). Each individual is chosen entirely by chance and each member of the population has an equal chance of being included in the sample.





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### **Instrument**

**This study will make use of Questionnaire or check list. Part I will contain the respondent's profile. Part II will contain the question.**

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## Chapter IV

### RESULTS AND DISCUSSIONS

#### Introduction

The purpose of this study was to explore the Cigarette Usage Behaviour of Men and Women in Grade 11 Students of JBLFMU-MOLO. The study examined the relationship between the Cigarette Usage Behaviour of Men and Women in Grade 11 Students of JBLFMU-MOLO. The analysis of the qualitative data collected in Phase 1 of the study presented in this chapter.

#### **Profile of the Respondents**

The study included several profile variables to gain information about the respondents study. These were presented in the following table.

Respondents were asked to answer a questionnaire with these following questions:

1. Do you smoke?
2. Why do you smoke?
3. What age did you start to smoke?
4. How many months or years have you smoked?



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5. How important is cigarette to you?
6. Did somebody influenced you to smoke or you tried out of curiosity?
7. What to do you feel when you smoke?
8. Did you have any health problems that were caused by cigarette smoking or second-hand smoke? (State you answer).
9. Are there any physical changes from your body because of smoking? (E.g. dry lips, Dry skin, Yellow teeth. etc.)
10. Do your parents know you smoke?

## Results

### Proximity Matrix

**Table 1** shows the percentage and frequency of the respondents who smoked?

Similar	Dissimilar
● 30 students answered who smoke	● 10 students does not smoked



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*Table 1* shows that 30 of the respondents who smoke and 10 are don't. This indicates that the 30 respondents will be the main focus in finding the results of the survey.

**Table 2** In this table it shows the reasons why they choose to smoke.

Similar	Dissimilar
<ul style="list-style-type: none"><li>● 11 students answered past time</li><li>● 5 students answered stress-reliever</li><li>● 3 students answered it calms me</li><li>● 2 students answered influenced</li><li>● 5 students answered hobbies</li></ul>	<ul style="list-style-type: none"><li>● Other 4 who does not answer the question</li></ul>

Table 2 shows that 11 students smoke because of their past time, 5 students considered smoking as their stress reliever, 3 students smoke because it can calms them, 2 students smoke because of the influences while 5 students smoke because it one of their hobbies and other 4 does not answer the question.



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**Table 3** In this shows what age did they smart to smoke.

Similar	Dissimilar
<ul style="list-style-type: none"><li>● 7 students answered 17 years old</li><li>● 8 students answered 16 years old</li><li>● 2 students answered 15 years old</li><li>● 6 students answered 14 years old</li></ul>	<ul style="list-style-type: none"><li>● 6 students answered they recently smoke</li></ul>

Table 3 shows the ages of the students when they started to smoke. It shows that almost all of the respondents stated during their early adolescents stage.

**Table 4** shows the months or years they start to smoke.

Similar	Dissimilar
<ul style="list-style-type: none"><li>● 8 students answered 3 years</li><li>● 4 students answered 4 years</li><li>● 8 students answered 2 years</li><li>● 5 students answered 1 years old</li></ul>	<ul style="list-style-type: none"><li>● 5 students answered months only.</li></ul>



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Table 4 shows the months or years they have been smoked. It shows that almost all of the respondents have been smoked for years.

Similar	Dissimilar
<ul style="list-style-type: none"><li>● 8 students answered 3 years</li><li>● 4 students answered 4 years</li><li>● 8 students answered 2 years</li><li>● 5 students answered 1 years old</li></ul>	<ul style="list-style-type: none"><li>● 5 students answered months only.</li></ul>

**Table 5:** shows how important cigarette is.

Similar	Dissimilar
<ul style="list-style-type: none"><li>● 10 students answered important</li><li>● 8 students answered not really important</li><li>● 11 students answered not important</li></ul>	<ul style="list-style-type: none"><li>● 1 answered it's like her life even though she does that eat, cigarette and just coffee she can survive.</li></ul>



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Table 5 shows how important cigarette is. 10 students considered that cigarette is important to them, 8 students said that smoking is not really important while 11 students answered that cigarette smoking is not important and 1 respondents answered it's like her life, she can survive a day without eating just cigarette and coffee.

**Table 6** shows the reason why they tried smoking.

Similar	Dissimilar
<ul style="list-style-type: none"><li>● 18 students answered curiosity</li><li>● 12 students answered influenced</li></ul>	<ul style="list-style-type: none"><li>● None</li></ul>

Table 6 shows that 18 students answered that they tried to smoke because of curiosity while 12 answered because of influenced.



**Table 7:** shows what they feel when they smoke.

Similar	Dissimilar
<ul style="list-style-type: none"><li>● 5 students answered happiness</li><li>● 4 students answered satisfied</li><li>● 2 students answered relief</li><li>● 2 students answered light</li><li>● 2 students answered relax</li><li>● 1 student answered heaven</li><li>● 1 student answered normal</li></ul>	<ul style="list-style-type: none"><li>● 2 students answered nothing</li></ul>

Table 7 shows that 5 students feel happy if they can smoke, 4 students considered smoking as their satisfaction, 2 students feel relief, 2 students feels light if they smoke, 2 students answered it's one of their relaxation, 1 students feel refreshed, 1 students feels heaven, 1 students feels cool while 1 students answered normal and the 2 students answered nothing.





**Table 8:** shows if there are any health problems caused by cigarette smoking or second-hand smoke.

Similar	Dissimilar
<ul style="list-style-type: none"><li>● 9 students answered cough</li><li>● 2 students answered asthma</li><li>● 1 student answered heart attack</li></ul>	<ul style="list-style-type: none"><li>● 18 students answered nothing.</li></ul>

Table 8 shows that 9 experiences cough because of smoking , the 2 students got asthma,while the other 1 experience heart attack and 18 students answered nothing.

**Table 9:** shows the physical changes they get from smoking.

Similar	Dissimilar
<ul style="list-style-type: none"><li>● 16 students answered dry lips</li><li>● 7 students answered dark lips</li><li>● 1 student answered yellow teeth</li><li>● 1 student answered dark gums</li><li>● 1 students answered bad breath</li></ul>	<ul style="list-style-type: none"><li>● 6 students answered nothing.</li></ul>



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Table 9 shows that 16 respondents get dry lips because of smoking, 7 students dark lips, 1 answered they get from smoking is yellow teeth, 1 students answered bad breath, while the other 1 get dry skin and 6 respondents answered nothing.

**Table 10:** shows that the parents know if they child smoke.

Similar	Dissimilar
<ul style="list-style-type: none"><li>● 7 students answered yes</li><li>● 20 students answered influenced</li></ul>	<ul style="list-style-type: none"><li>● 3 who does not have an answer.</li></ul>

Table 10 shows that 7 students smoke cigarette with their parents consent while the 20 students smoke without their parents knowing and the 3 students does not answer the question.



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Questions	Results	
1. Do you smoke?	Yes	30-students
	No	10-students
2. Why do you smoke?	Past time	11-students
	Stress-reliever	5-students
	It calms me	3-students
	influenced	2-students
	hobbies	5-students
	Does not answer the question	4-students
3. What age did you start to smoke?	17 years old	6-students
	16 years old	8-students
	15 years old	7-students
	14 years old	2-students
	Recently smoke	5-students



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4. How many months or years have you smoked?	5 years	1-student
	4 years	11-students
	3 years	8-students
	2 years	2-students
	1 year	5-students
	months	4-students
5. How important cigarette to you?	Important	10-students
	Not really important	8-students
	Not important	11-students
	It's like her life	1-student
6. Did somebody influenced you to smoke or you tried out of curiosity?	influenced	18-students
	curiosity	12-students



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7. What do you feel when you smoke?	Happiness	5-students
	Satisfaction	4-students
	Relief	2-students
	Light	2-students
	Relax	1-student
	Refreshed	1-student
	Heaven	1-student
	nothing	2-students
8. Do you have any health problems cause by cigarette smoking ?	Cough	9-students
	Asthma	2-students
	Hearth Ache	1-student
	none	16-students



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9. Are there any physical changes from your body because of smoking?	Dry lips	16-students
	Dark lips	7-students
	Yellow teeth	1-student
	Dark gums	1-student
	Bad Breath	1-student
	Dry skin	1-student
	nothing	6-student
10. Does your parents know you smoke?	Yes	7-students
	No	20-students
	No answer	3 students

### Discussion

As you can see in the result, the cigarette usage behaviour of men and women of grade 11 students, almost of our respondents smoke and it they smoke because it's just the past time and their parents know nothing about their child.



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## Chapter V

### FINDINGS, CONCLUSION, AND RECOMMENDATIONS

#### Findings

This study would like to discuss the "Cigarette Usage Behavior of Men and Women in Grade 11 Students of JBLFMU- MOLO."

Specifically, it will seek to answer the following questions:

1. What are the behaviors of the students when they smoke?
2. What are the reasons why students smoke?
3. What are the health effects of smoking?

1. The result showed that the behaviors of the students when they smoke is they hide it from their parents.
2. The results showed that the students smoke to kill their time and for fun.
3. The results showed that the students develop cough, asthma, and heart diseases when they smoke.

#### Conclusions

1. The respondents feel very happy and satisfied when they are smoking.
2. The respondents considered smoking as their past time.
3. The health effects to the respondents when they smoke is coughing



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## **Recommendations**

**In view of the conclusions, the following recommendations were forwarded:**

- 1. The Department of Health may create programs that will help promote awareness about the cigarette usage behaviors of the students.**
- 2. The Department of Education may include in their curriculum the cigarette usage of the students to help the parents and the teachers be aware of the situation.**
- 3. To the future researchers to further develop the determination to do research if there's a need for improvement in the study. For the benefit of the school, students, and teachers in the near future.**





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**Appendices**

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## SURVEY QUESTIONNAIRE

### Introduction

Dear Respondent,

This study is about the Cigarette Usage Behavior of Men and Women in Grade 11 Students of JBLFMU-MOLO. Please answer the instrument sincerely and honesty. Information gathered will be kept with confidentiality and will be used for academic purposes only.

### Part I. Respondent Profile

Instruction: Kindly write the what is being asked.

Name (Optional): \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

### Part II. Statement on Physical Enhancement

Instruction: Please answer honestly the statements provided.

## STATEMENT:

1. Do you smoke?\_\_\_\_\_
2. Why do you smoke?\_\_\_\_\_
3. What age did you start to smoke?\_\_\_\_\_
4. How many months or years have you smoked?\_\_\_\_\_
5. How important is cigarette to you?\_\_\_\_\_
6. Did somebody influenced you to smoke or you tried out of curiosity?\_\_\_\_\_
7. What do you feel when you smoke? \_\_\_\_\_
8. Do you have any health problems that was caused by cigarette smoking or second-hand smoke?(State your health problem)\_\_\_\_\_
9. Are there any physical changes from your body because of smoking? (E.g. Dry lips, Dry skin, Yellow teeth, etc.)\_\_\_\_\_
10. Does your parents know you smoke?\_\_\_\_\_



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