



CHAPTER II

LITERATURE REVIEWS

2.1 The meaning of cigarette and tobacco

Tobacco is a drug addiction, WHO defined drug addiction as drugs or chemical substances which cause toxic in chronic condition to the human body, destroy physical, mental and social status (Kunanuwatchaidaj, 1986).

Tobacco products mean the tobacco under the law on tobacco and any other product composed of tobacco leaves or nicotine tobacco plant to be used either by smoking, sucking, sniffing, munching, eating, blowing, or spraying into the mouth or nose or by other means in order to obtain the same result (Health Systems Research Institute, 1995).

Package means a pack, carton or other packages used to wrap or contain the tobacco products (Health Systems Research Institute, 1995).

Cigarette means a cigarette, cigar, other cigarettes, tobacco or modified tobacco pursuant to the law on tobacco (Health Systems Research Institute, 1995).

Smoking includes any act which results in the production of smoke from the burning of cigarette (Health Systems Research Institute, 1995).

2.2 Tobacco products control act, 1992 about youth such as

Section 4: No person shall be allowed to dispose of, sell ,exchange or give the tobacco products to a person whom is known to the former that the buyer or receiver does not attain eighteen full years of age.

Section 5: No person shall be allowed to sell the tobacco products by vending machines.

Section 17: Any person violating Section 4 or Section 5 shall be subject to an imprisonment not exceed one month or a fine not exceeding two thousands baht or both (Health Systems Research Institute, 1995).

2.3 Various legislation and litigations of tobacco in Thailand

2.3.1 Global tobacco control law (Framework Convention on Tobacco Control)

Section 11: Package and Label of Tobacco Products. Thailand is one of the members in 191 countries in the Framework Convention on Tobacco Control in section 11 to ensure that the package and label of tobacco products do not promote the sell in any false ways to misleading to fraud or guilt in regard of the affect or the misrepresentations about the health consequences of tobacco use as mentioned, which includes the description of the trademark, image or other symbol that might misrepresent that one type of tobacco is less harmful than others tobacco product in both direct or indirect ways, such as “low tar”, “light”, “ultra light” or “mild” (Chitanondh, 2002).

Section 13: The advertisement, marketing and the promotion of tobacco, by having members and related agencies implement according to the provision of the Constitution or according to the members’ constitutional laws by not advertising,

marketing or promoting the smoke in various ways that might promote the misrepresentation, or false impressions of the health affect, the danger or the substance inhaled after smoking tobacco products (Chitanondh, 2002).

Section 16: Sales of tobacco product to youth and Sales of tobacco product by Youth, prohibit each members to sell cigarette as in one roll or one box which can create demand for buying on youth (Chitanondh, 2002).

2.3.2 Thailand's tobacco control act such as

Tobacco Products Control Act, 1992

Section 8: No person shall be allowed to advertise the tobacco products or exposing the name or mark of the tobacco products in the printed matters, via radio broadcast, radio, television or any other advertised thing or to use the name or mark of tobacco products in the shows, games, services or any other activity the objective of which is to let the public to understand that the name or mark belongs to the tobacco products.

Section 12: The manufacture or the importers of the tobacco products must exhibit the labels on the packages of tobacco products before moving out of the manufacturing site or before importation into the Kingdom as the case may be.

2.3.3 Laws to protect the health of non smokers such as

Non smokers' Health Protection Act, 1992 which the Minister from the Ministry of Public Health has declared that as of 1 July 2006, adding to the area restriction that which area is allow to smoke and which is not, and this will become effective 90 days after it was declared.

Section 4: the Minister shall have the power to publish in the Government Gazette.

1. designating the names of types of public places where the health of non-smoking shall be protected;
2. designating any part or all of the public places under (1) as a smoking or non smoking area,
3. designating the condition, nature and standard of non-smoking or smoking areas with respect to smoke or air ventilation;
4. designating the criteria and procedures of sign demonstration in the smoking or non-smoking areas.

Section 6: No person shall be allowed to smoke in a non-smoking area.

Section 12: Any person violating Section 6 shall be subject to a fine not exceeding two thousands baht (Health Systems Research Institute, 1995).

2.4 The situation of youth smokers in other the countries

The behavior of youth smokers in each country is in the high range which has caused the public health in a certain country that is trying to solve the problem such as the United States, research into the risk behavior of youth in 2005, found that the prevalence of high school students smoking was 23 % (Eaton et al, 2005). In that same year, in Indonesia, they found that the prevalence of male youth smoking were 38 % and 5.3% for female youth (Ng et al, 2007). For Saudi Arabia, they found that the prevalence of male students in Al Qassim in 2003 was 29.8% and most of them start smoking when they were 15 years old or younger (Al-Damegh et al, 2004). For Africa such as Uganda, the research in 2002 showed that high school students from 2,789, 17.5% of smokers and in one third of 2,789 had tried or started to smoke before

they were 10 years old and more than two-thirds of current smokers (5.3%) would like to quit (Mpabulungi & Muula, 2002).

2.5 Situation of smoking in Thailand

From the study of the development and the strategy to enhance the awareness of risk in youth smoking in the 1st year, period 1 in 2005 by Srimorakot and Panichrat has found that Thai youth has experience smoking 10.1%. The average starting age was 13.78 years old (SD=2.16) and the youngest age to start smoking was 5 years old, and the oldest age was 19 years old (Srimorakot & Panichrat, 2005), which was closed to the survey of smoking behavior and drinking alcohol in the population in 2004 from the National Statistics Office, the study found that 23% of the population that are 15 years old and above smoke cigarette every day, 19.5% rarely smoke, 3.5% of the male who smoke more than female. The age of those who are regular smokers, youth usually started smoking at the average of 18.4 years old (the National Statistics Office, 2004), when grouping 15-19 years old, the prevalence of smoking was 6.58% in 2004 and 6.66% in 2006, even though the smoking behavior of youth was likely to increase when comparing to the Thailand's Tobacco Use Surveillance taken in 2001 equal 6.44%, respectively (Benjakul et al, 2007). The study done by Vichit-vadakan and the group had shown that the smoking prevalence and factors related to students both educational and vocational all over the country, aged 12-19 years old was 6.8% and found that vocational students has higher smoking prevalence of 16% than that of the educational students whose prevalence was 5.1% (Vichit-vadakan et al., 2003). In 1999, Sroythong studied the factors which influence smoking behavior in teenagers

has found that the smoking prevalence of teenagers was 17.6% and the average age to start smoking was around 10-14 years old (Sroythong, 1999).

The number of the smoking prevalence in the provincial level which was consistent to the National level which is likely to decrease. In the year 1985, Chuenta had studied the behavior and various factors related to the smoking of male students studying at the level below middle school in Khon Kaen province had found that the smoking prevalence was 36.8% (Chuenta, 1985). In 1995, the study had shown that factors which influenced the smoking behavior of 192 male students in Suphanburi province, 26.6% of male students between the age of 15-19 years old, smoked (Phromsuk, 1995). In 1997, the study on the attitude toward smoking of male students in the high school level at Amphur Visetchaicharn, Angthong province had found 32.4% was the male students who smoked (Chan-anan, 1997). Ruangkanchanasetr, et al. (2001) had studied 2,311 youths in the age between 10-19 years old in Bangkok had found the prevalence of smoking, 15.4% in male youth and 3.5% in female youth. 60.1% started smoking at the age between 13-15 years old which was consistent to the Thai National statistic in 2001 which had found that one in two of smokers started to smoke from the age between 13-15 years old. In Nonthaburi province, the smoking prevalence was 19% from the study of Lerdpiromluk who had studied that factors influenced the smoking behavior among junior high school students in Nonthaburi province (Lerdpiromluk, 2004).

2.6 The factors influenced the smoking behavior of youth

For this research did not study the factor of knowledge influenced to smoking behavior because of the literature reviews did not revealed that knowledge had

statistical significant relationship with smoking behavior (Chuenta, 1985; Soisuwan, 1996; Sroythong, 1999).

2.7 Smoking behavior

For a long time, smoking behavior which is routed to the cultures with different group of people all over the world, there has been an adaptation to the taste and changes of new flavor all the time to respond to the changing need of smokers (Synder, 1989 cited in Limtrakun, 1991) which described the development which leads to individual smoking behavior in the psychologist terms which is classify into 3 steps as follow:

First step: Preparation is the psychological factor before smoking such as positive attitude toward smoking, modeling from surrounding people which is the factor that support individual to copy the behavior of the model that are closed to them or those that hold some roles in the society such as father, mother, teachers, superstars and leaders, etc.

Second step: Beginning to smoke, the psychological factor that leads to the trail period such as pressure from peers, the easy access, the curiosity in wanting to try, rejection to follow adult's advise and the thought that smoking is a symbol of freedom or a symbol of being adult.

Third step: Smoking habit is the psychological and physical factor that leads to smoking habit such as the need of nicotine, the desire of emotional feeling and the support from friends.

2.8 Characteristics of the factors influencing to smoking behavior

2.8.1 Demographic characteristics

Age

The study of cigarette smoking in 57,189 junior and senior high school students in 1990, Japan found that the current smoking rate increased with age, more years of ages, more smokers (Osaki & Minowa, 1996), as the study of prevalence and risk factors of smoking among 4,311 secondary school students in Nairobi, 2003, found that there was strongly relationship between age to smoking both in initiation and stopped (Kwamanga.,2003). For the long term study in 1,000 Thai youth the prevalence of smoking (Siriradsamee, 2005).

Gender

From the survey studying the smoking behavior of the Thai population in 1976-2006 from the National Statistics Office had found that male smoker more than female which were consistent to the report of study on smoking rate of youth from inside and outside of the country, in Japan (Osaki. & Minowa, 1996), in Ryria (Maziak & Mzayak, 2000), in Thailand (Sroythong, 1999; Ruengkanchanaseth et al., 2001; Vichit-vadakan et al., 2003; Lerdpiromlak, 2004).

Education level

Many studies found that the percentage of regular smokers whom studied higher education level, were more smokers than lower, as the study in Japan, the students in twelfth grade had more percentages of smokers than the seventh graders (Osaki & Minowa, 1996), in The United States, high school students had more percentages of smokers than middle school students (Marshall et al., 2006) and in

India, the proportion of students had difference between class and current smokers (Singh et al., 2007).

Type of education

The study in Thailand about the Prevalence of Smoking and Related Factors in School Students, 2003, found that there were difference of smoking between vocational school and secondary school 13,000 students, more percentages of smokers in vocational school students (16.0%) than the other ones (5.1%) (Vichitvadakan et al., 2003), in Saudi Arabia found that technical and commercial secondary school students had higher prevalence of smoking than general secondary school students (Al-Damegh et al., 2004).

Type of educational institute

The study in India about Differences in prevalence of tobacco use among India urban youth, 11,642 students were surveyed, found that there was statistical significant difference between government school and private school students ($p < .01$), government school students had higher percentage of smokers than the other (Mathur et al., 2008), as the study in Argentina about Tobacco use in 3,909 high school students in Buenos Aires, found that public school students were more likely to smoke than private schools ($p < .05$) (Morello et al., 2001).

Grade point average (GPA)

Many studies in Thailand were studied in 2,243 students from 10 governmental and private secondary schools in 4 regions, found that grade point average was statistically associated with smokers ($p < .05$) (Sroythong, 1999), as studying in 5,598 Thai youths overall Thailand, found that male youths whom had well grade point average, were less of smokers (Subpavong, 1997).

2.8.2 Socio-economic characteristics

Income

The studying of 5,598 Thai youths overall Thailand, found that the youths whom had lower income, were less smokers than the youths had higher (Subpavong et al., 1997) as 1,360 female students in secondary and vocational school in Bangkok, found that income was statistical significant relationship with smoking ($p < .01$) (Khunarsa, 1998), but the studying in India, the National Sample Survey of 471,143 people over the age of 10 years, found that the people who had incomes below the poverty line had higher relative odds of use of chewing tobacco (Neufeld et al., 2005). And the study of 2,243 students from 10 governmental and private secondary schools in 4 regions, found that income was not statistical significant relationship (Sroythong, 1999).

Accommodation during study

The studying of factors related to smoking behavior among male vocational school students in Bangkok, Thailand, found that accommodation was statistical significant relationship with smoking ($p < .05$) (Na-Pompench, 1996), as the research results revealed that accommodation was statistical significant relationship with smoking ($p < .01$) (Limtrakun, 1991).

Parents' marital status.

The studying of factors related to smoking behavior among male vocational school students in Bangkok, Thailand, found that parents' marital status was statistical significant relationship with smoking ($p < .05$) (Na-Pompench, 1996), but the study of factors concerning smoking behavior of 400 male students in Rajabhat Institutes in

North Eastern Region found that parents' marital status was not statistical significant relationship with smoking behavior (Soisuwan, 1996).

2.8.3 Environment characteristics

Closed person smokers

The studying in Nairubi 5,311 secondary students were surveyed, found that parents' and teachers' smoking habits influenced initiation of smoking in young children while peer pressure influenced older children to smoke (Kwamanga et al., 2003), as the research results about influencing smoking behavior among 456 junior high school students in Nonthaburi province, found that peer smoking was significantly relationship to smoking (Lerdpiromlak, 2004).

Influence of cigarette advertisements

The report by CDC that conducted The National Youth Tobacco Survey, informed that youth exposure to tobacco-related media and access to smoke (Center for Disease Control and Prevention [CDC], 2004), as the reviews of Smoking in the movies increases adolescent smoking, found that movie smoking was significantly increasing adolescent exposure (Charlesworth & Glantz, 2002), as the studying in Nairubi, 5,311 secondary students were surveyed, found that cigarette advertising influenced older children to smoke (Kwamanga, 2003) as the study of Adolescent smoking and volume of exposure to various forms of media in USA., 2008, found that the students reported exposure to an average of 8.6h of media daily, included 2.6h of music, the high exposure to music and films were more likely to be smokers ($p < 0.001$) and ($p = 0.036$), respectively (Primack et al., 2008).

Accessing and purchasing tobacco products

The studying in Japan, there were vending machines to make Japanese teenagers be more smokers (Osaki & Minowa, 2006), as in Thailand, smoking area and sources of cigarette purchased were found significantly to smoking ($p < .05$) (Soisuwan, 1996). And there were almost 70% of current smokers, could easily purchase cigarettes, although the stores were not allowed by law (Vichit-vadakan et al., 2003) and the convenience for buying cigarettes and getting cigarettes from others were related to cigarette smoking behavior (Nunthapol, 2003).

Cost and tobacco-related laws and policies

The studying in aboard, in Thailand, conducted among 70 shop attendants in Hat Yai and Chonburi to explore the knowledge and behavior about the legal age of cigarette buyers, found that the shopkeepers sold more than half of cigarette to persons younger than 18 years, because of one-third of them did not know the legal (Jisojwong, 2003), as 1,360 female students in secondary and vocational school in Bangkok, found that the Act of smoking was statistical significant difference with smoking ($p < .01$) (Khunarsa, 1998), as the cost of cigarette was found significantly relationship to smoking ($p < .05$) (Soisuwan, 1996).

2.9 Attitude and self-esteem influenced to smoking behavior

2.9.1 The theory of attitude

Attitude is the opinion that consists of feeling and be ready to react to any external occasion. There are 3 components as; (Suwan, 1983).

1. Cognitive Component.

This component consists of knowledge and perception of something that use to think of, self perception reaction and any received information diagnosis.

2. Affective Component.

This component consists of emotion and self feeling that relates with self thinking. If someone think of something is a good thing, he feels well at it. His feeling becomes positive attitude at it.

3. Behavior Component.

This component consists of action or performance trend that are results of knowledge, thinking and feeling. Their actions reveal that have been accepted or refused. If there are some enough factors to stimulate, they make person react or perform something.

The attitude components

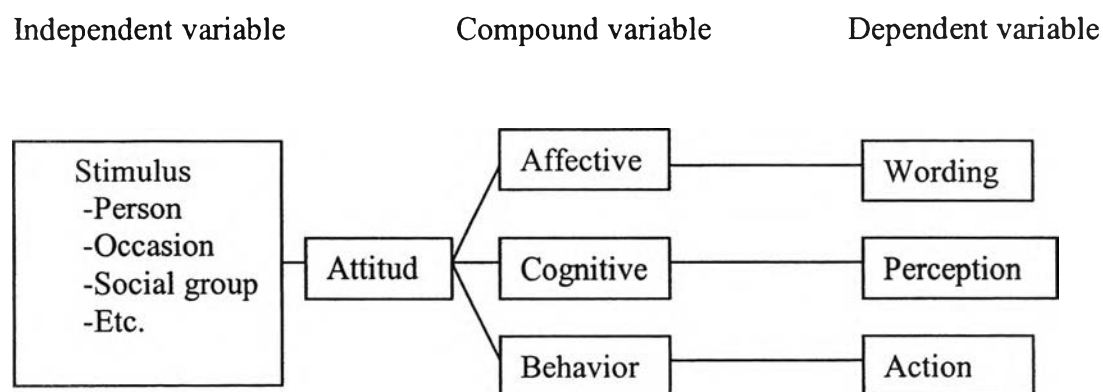


Figure 2: According to the attitude components (Suwan, 1983)

2.9.2 Attitude influenced to smoking behavior

The studying of 2,243 students from 10 governmental and private secondary schools in 4 regions, found that attitude had statistically associated with smokers

($p < .001$) (Sroythong, 1999), as the study of the Prevalence of Smoking and Related Factors in School Students, 2003, found that attitude had significantly relationship toward smoking (Vichit-vadakan et al., 2003), as in Argentina, found that positive attitude toward smoking make smoker within the next year ($p < .001$) (Morello et al., 2001).

2.9.3 The theory of self esteem

Emery et al. defined self esteem as the self evaluation among friend group, family and school (Emery et al., 1993).

Rosenberg (cited in Sukamornrat, 1997) defined self esteem as the perception in self respect and recognition in one's own value.

Taft (cited in Sukamornrat, 1997) defined that there were 2 steps in one's self esteem perception process as;

1. The self evaluation in attitude and society is the process based on Cooley's self esteem that people recognize their own selves by using "Looking- grass self". It was the self esteem based on the evaluation and acceptance from others, that was called "Out self esteem". The majority of influenced people were parents. Children who had love and satisfaction from their parents, had positive recognition to themselves. If the children did not have love and not look after from their parents, would have negative self recognition.
2. The self perception in ability to respond to the environment and the result that they perceived. This process was the inner self esteem, the real relationship in the society and impact of people to environment.

Taylor (cited in Sukamornrat, 1997) defined that self esteem as dependence on acting, controlling and power. If people had the positive occasions in life and succeeded in which they had done, their self esteem would be established. In contrast, if people faced the negative occasions that made them think that they did not have ability, usefulness and lost power, the self esteem would be decreased.

2.9.4 Self-esteem influenced to smoking behavior.

The studying showed that well score of self-esteem could predict to non-smoker, as the studying of 1,050 adolescent students in Bangkok to find factors influenced to use drug addition, found that negative self-esteem predicted to use drug abuse, was significantly ($p < .05$) (Yooprasort, 1997), as the followed studying to fine inside and outside factors of 600 persons at 13-24 year of age, found that self-esteem was statistical significant relationship toward smoking ($p < .05$) (Khamwachirapitak & Yomsaeng, 1998).