

**SMOKING HABITS AND IT'S EFFECT ON DALIT WOMEN
HEALTH**

By

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Subject : Recommendation

This is to certify that Mis. Malawati Angdambe has prepared the thesis entitled entitled "Smoking habits and it's effect on Dalit women's Health." under my guidance and supervision.

I Recommend this thesis for acceptance.

.....
Manish Kumar Thapa
Supervisor and lecturer
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DECLARATION

I declare that, This research has taken in Bhojpur District entitled in under non-probability sampling purposive method is used for 130 respondents. This research has completed according to the format it has taken out from as like as my own origination written on the study I have done myself and I have not represented any were before for other use.

.....
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M.Ed second years

APPROVAL SHEET

The thesis entitled "**Smoking habits and it is effect on Dalit womens's.**" prepared by miss Malawati Angdambe (Exam Roll NO:- 210085) for the fulfillment of the master's degree in education (Health education) course no:- Ed 598 to the department of the education has been accepted and approved.

Thesis Evaluation Committee

Signature

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Date:- 2015

Malawati Andambe

ABSTRACT

Women's smoking behavior, and the smoking behavior of mother in particular is becoming an important focus of research in the area of health and inequality smoking among women's is linked to social disadvantage with the highest rates among while women's in working class households. Evidence is accumulating of the effects of women's smoking on their health and on their children women's smoking behaviors is also implicated in the process of childhood socialization in to smoking, with mothers smoking attitudes and practices indentified as powerful influences on children's smoking behavior.

This study entitled "**Smoking habits and it is effect on Dalit.**" The study aims to analyze the they are smoking habit to complicated creating problems of use in tobacco Dipsha ward No-6 to collect the necessary data interview schedule was designed systematically which is tools of data collection used as primarily data and secondary data. The study aims to analyze the smoking habits causes Lung cancer, Heart disease, Emphysema, and may complicated creating problems of use in tobacco in ward no-6, Bhojpur, District.

The study was carried out among the 130 married women's respondents of this area. Who were between the age of 24-64 years women's.

The study carried out among the 130 married women's respondents of the area, who are between the age of 24-26 years among the 130 married women's respondents have their own house but they have not any cultivate land. According to the study 53.85 percent women's respondents are Hindu 19.24 percent women's women's respondents are Kirat 11.53 percent Muslim. Major occupation status are 46.15 percent of women's respondent are do not work in family. The majority of the women's respondents, educational status was have 26.93 percent who are literate and 73.08 percent are illiterate if this study area. Out of 130 women's respondents are all smokers. The majority of women's respondents the age at first intake of smoking below 10 years 10-19 years, 19-24 years and 24-64 years above women's respondents.

According to the study, tobacco is the most popular from of smoke the main reason of starting tobacco uses are peer pressure and curiosity. Many of the women's respondents are first smoked with friends, sibling and parents 46.15 percent used at the first time marijuana 7.69 percent used first time Dhatura and 30.69 percent use at the first time Suriti. The majority income sources are 40.00 percent agriculture 30.00 percent labour 20.00 percent

service and 10.00 percent Business. The majority of the women's respondents 40.00 percent have above Rs. 2000 monthly family income. Most of the women's respondents are 61.00 percent have not any facilities their home. Were 85.00 percent are taking Tobacco and 15.00 percent women's respondent parents are not taking Tobacco smoke. The majority of the regular smoker 63.00 percent and occasional smoker, 28.00 percent are thinking or realize matured when they take Tobacco. Even though many of interview are familiar with the hazards of Tobacco used of regular smoker 57.69 percent occasional smoker 34.61 percent and ex-smoker 26.9 percent are uses 4 time per day and 5 time per day and are 10 time per day. Most smoker spend money on tobacco Rs. 5 daily and least smoker spend money above 20 rupees per day.

Most of associative activities highly use 46.15 percent are after meals use Tobacco smoke are different kinds of health problems are found in to Tobacco smoker. Many of other smoker 35.00 percent Elder member women's respondents are 60 years above 25.00 percent women's respondents are adult, 20.00 percent women's respondents are adolescents and children belong years. Many of Tobacco smoker 70.00 percent quit Tobacco smoking due to request of their parents.

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ACRONYMS

AD: Anno Domini

CBS: Central Bureau of statistics

CDC: Center for disease control and prevention

FOE: Faculty of Education

GO: Government organization

INGO: International Non-Governmental Organization

M.ED: Master Degree in Education

SWC: Social Welfare Council

UN: United Nation

VDC: Village Development Community

WHO: World Health Organization

CHAPTER-ONE

INTRODUCTION

1.1 Background of the study

Smoking has been practiced in different forms since ancient times. tobacco and other various hallucinogenic substance like marijuana all over the world as early as 5000 B.C. many ancient civilization, such as Babylonians, Indian and Chinese a part of religious rituals Hindu god Shiva has been described to be well-habituated with Marijuana, Dhatura and other hallucinogens by their ritual holy literatures in ancient Greek historical Hero doctor also write that the Scythians used cannabis primarily for ritual purpose and also for pleasure to some degree. (Codman, 1847)

The cigarette making machine in 1881 that cigarette smoking become Widespread Bonsack's cigarette machine could make 120,00 cigarette a day he went in to business with Washington Duke's son James 'Buck Duck" They built a factory and made 10 million cigarette give years later the first brand of cigarette were packaged in a box baseball card Buck Duck and they named in the smoke Tobacco. (In, 1892)

Health is precious wealth of every human. Everyone has right to acquaint about good health. However, some people are deprived the gap between the health of people of develop countries day by day. (WHO, 1899)

In UK and USA, an increase in lung cancer rates was being picked up by the cause for this increase remained debated and unclear (A.D,1989)

Though, there are considerable rate of smoking related disease occurrence smoking is increasing in Nepal and has become one of the major health problems in Nepal a large portion of the adult population smoke. According to statistics, 60% male adult an 19% of female adults age smoker in Nepal, similarly 12.358% of youths under the age of 15 years smoker young children 6.037% age female and remaining age male. (UN Population Division, 2000)

Generally we perceive smoking an act of inhaling smoke directly through the mouth from a lit cigarette. Broadly, Two kinds of Tobacco are use in smoking cigarette of chewing products such as Khaini, Panparag, Gutkha etc. Smoking has become a world wide health problems number smoker have been increasing day by day with growing population in a lot

all the countries of the world white. Total world population in July of 2009 was about 6.8 billion (WHO, 2010)

The history unfolds the Red Indians to be the ones who started prating tobacco before Christopher Columbus discovered America in late 15th century. They enjoyed Tobacco by either inhaling and chewing or keeping it on side the nose in from of fine power. The red Indian are said to have conferred Christopher Columbus with the 'Tobacco leafs' as a symbol of friendly treatment when he discovered the new world. The Red Indians used to inhale the smoke putts of burning Tobacco leafs through 'a hollow reed Tobacco with it's both end open the world 'Tobacco from the 16th century, Tobacco began making its marks in European Countries John Rolfe, an Immigrant of England grew, tobacco in the state of Virginia after importing the seeds from south America in 1602 and subsequently started Tobacco business. United states falls at the heaviest Tobacco manufacturing countries in world in 20th century, China, India marking the second and third position respectively.

According To WHO, 47 percent of total population male smokers while only 17 percent of total female population are smoker in 2010 AD. world wide WHO has statistics that 4 million death per years occur due to smoking. related problem. It has been estimated that this number will be increased to more than 8 million by 2020 AD 11,000 people die per day currently causing 12% of total death per year out of total smoking related deaths more than 70% death occur in the developing countries like Nepal - 6 million children living today will die prematurely if they decide to start smoking during adolescence smoking steals greater 15 million years from the potential life span of those who have died smoking is the leading cause of preventable death (WHO, 2010)

Nepal is a poor country with low level of education and health awareness people are poor with difficult survival. They still have many superstitious beliefs and do not have knowledge of even minor health preservation techniques. Smoking is an example of prevention health problem because it can be quit controlled with human effect but due to lack of awareness, knowledge or initiatives many people have become smokers and addicted in it (Serchan, 2012)

1.2 Statement of the problem.

Smoke that is emerged out from a smoking device contains numbers Toxicants know to cause lung Cancer, Heart disease, and other diseases. The Tobacco smoke delivers the

addictive drug nicotine and more frequent use is associated with the smoker being addicted Smoking Oral Cancer, Stomach Cancer, hypertension, Depression blurred vision, Indigestion cough etc. It has a peculiar nature of acceleration ageing in rapid way aggregate health status of people living in the study area seems very poor. Many people consult the local health post with various, complaints of Cough, Asthma and other similar smoking-related disease.

So Bhojpur represent as a central part of mid eastern development region. The district spreading in the area of total 150 km² total population 182459. The Kot VDC, Dipsha ward no-6, has the majority various ethnic group such as Rai, Newar, Chetris, Damais, Kamies, Sarkis, Gaines, Badies etc. The Kot VDC, Dipsha ward no-6 encompassed by pikhuwa, Gogane, Taymke dada (Hill), sigtel khola at east, west, north and south respectively (www.ddc Bhojpur gov.np)

It's comprised of only one municipality as Bhojpur and 53 village development official data of central bureu of statistics figures the population of district headquarter Bhojpur to be 6 mills (22, km) on Nepalese context few studies held in the research area have mentioned about the smoking related health problems women's within the study area.

Some of the age found to be concentrated to health problems including communicable disease epidemics disabilities, nutrition, sanitarily and arsenic, toxicity. But the studies have included more about the grinding of smoking prevalence and it's consequences lack of knowledge behavior smoking habit and dependent status were associated with high prevalence of disease. it has been a subject of serious concern to all responsible and intellectual people to given through why the childhood and women the future foundation of nation is drifting to wards ruins? Number of question stands all in Nepal.

Drugs such as cannabis, smoke and alcohol were traditional used in Nepal for countries Use of these drug as part of cultural norm did not create any drug used have been shifted from cannabis to artificial opiates the decades. The mode of drug use has also changed from smoking/ ingesting to injecting. The injecting of drug has become of the major of HIV injection. So smoke drug and alcohol abused has become vast growing problem in Nepal (CWIN, 2002)

According to the report of WHO, in south American 50 percent boys indulge themselves in smoking the ration reduces 40 percent in the case of school going boys in Kenya in south Korea, after the introduction of American cigarette companies, The percent has raised up to 30 percent from the pervious figure of 18 percent in the case of boys while the girl smoker raise to 9 percent from 2 percent in the case of Nepal lots of school boys

could be observed either chewing of family stocking tobacco inside their mouth which implicitly portrays the status of school boys in Nepal (Subedi, 2055)

The study and researches are rarely conducted which address about the health of people and the problems general due to smoke consumption consequently, Nepalese still remain ignorant about the harmful aspects of Tobacco consumption. This has for worst pushed more people to embrace the habit the age of 24-64 years age women's respondents are more prone group To pick up this addiction many this age people losing their lives due to this sole cause infarct, smoking habit is treatment and recovery is possible. There are many health problems creative. It directs affects the human health there for nation cannot achieve development until the health conditions of women infarct. "The smoking habit and it is effect Dalit women's health in Kot VDC, Dipsha ward no-6, Bhojpur, District from this develop of the country there or I selected my research "smoking habitat and it is effect on Dalit women's Health" nation cannot achieve development unit the health condition of women are intact. The remedial measures have to be explored and prevent them youth from this to develop the country.

1.3 Objective of the study

The general objective of this study was smoking behavior and its effect on health behavior of Tobacco use in Dalit women's of Kot VDC, Dipsha ward no-6, Bhojpur, District.

- 1.3.1 To identity the cultural, socio-economic, educational and family background of the Dalit women's population
- 1.3.2 To ascertain the age while they started smoking.
- 1.3.3 To awareness and prevalence's of Tobacco use among women's
- 1.3.4 To assess the problem due Tobacco use among women's.

1.4 Research questions

Following ware the research question which considered the guideline for the study.

- 1.4.1 What are they educational, Socio-economic and Cultural status?
- 1.4.2 What device do they use for smoking?
- 1.4.3 When they started smoking?

1.4.4 Which of the age group smoking high?

1.4.5 What do they have the status of awareness and prevalence of tobacco users?

1.4.6 Why do people smoke? Due to which problem women's Tobacco.

1.5 Significance of the study.

People Health is the subject of concern for the people themselves smoking is one of the major causes of various diseases in rural communities of developing countries (Mukhaje, 2004)

Smoking causes different types of disease smoke emitted from smoking substance contains toxic substances nicotine tar and other several carcinogens people may or may not know about its various types of harmful effects as per their educational, socio-cultural and family background the study area is not an exception of superstitious beliefs, lack of education, socio-cultural boosting of smoking and lack of awareness in such context the national of rise art can have a significant value.

The study will help the concerned people in the following ways.

- i. This study will help to raise awareness against Tobacco smoke consumption.
- ii. Aspiring reader's researcher will benefit from the provided information.
- iii. It will discourage the children and women to adhere the smoking Tobacco consolation.
- iv. This study help to find bad habit and effect our all part of body will benefit from the provided information.
- v. The NGOs, INGOs and other government will directly benefit from it to launch campaigns relating Tobacco smoke consumption in the region.
- vi. This study will help to the people to know about socio-economic and demographic characteristics of smoking habit information.
- vii. The knowledge, attitude and behavior of the women's in the practice of Tobacco consumption will be clarified.
- viii. This study help the curriculum planes to design useful curriculum and also helps the current Tobacco consumption status in the region and contribute them to make appropriate are that will develop all the regions.
- viii. This study act as a recommendation to state To formulate appropriate legislation no fight against Tobacco consumption.

1.6 Delimitation of the study

This study was done on following limitation.

- i. This study is limited on Kot VDC, Dipsha ward no-6, Bhojpur, District.
- ii. This study is focused only on married women's smoking habits and effect in Health will be included in this study.
- iii. This study is limited to 24-64 of married women's age.
- iv. This study is focused only on Dalit women's Kot VDC, Dipsha ward no-6, Bhojpur, District.
- v. This study the sample of this study based on sample random sampling under purposive sampling method.

1.7 Definition of the related terms

- A. Awareness: Person who plays a lot of attention to what is happening around him and is interested in why they are happening.
- B. Asthma: A chronic condition causing difficulty in breathing.
- C. Cancer: Any of a group of disease caused by unrestricted multiplication of cells in an organ or tissue that can spread throughout the body.
- D. Community : All the people who live in a particular area and co-operate to satisfy their basic needs.
- E. Dalit: Dalit is an ancient indigenous ethnic community of the hill region of Nepal.
- F. Dhatura: Throne apple, a small shrub with broad leaves and theory fruit.
- G. Drug: Any substance that, when taken into the living organism, many modify on or more of its functions.
- H. Ex-smoker: Smoked at least one cigarette day for at least 6 month before giving up completely.
- I. Ganja: A strong smelling plant from whose dried leaves a number of euphoriant and hallucinogenic drug are prepared.
- J. Hallucination: The substance that caused hall citation.
- K. Hyperthermia: A condition of increased body Temperature.
- L. Occasional smoker: Smoke cigarette but not everyday.
- M. Regular smoker: Smokes at least one cigarette a day.

N. Rophi: Land of $2\frac{1}{2}$ kattha

O. Smoking: It is invalidation of smoke from burning tobacco in cigarette, bidi, sulpha, Hukka etc.

P. Tobacco: The dried leaves of the plant "Nicotine Tobacum" used for smoking and as shuff.

P. Toxic: Poisonous.

CHAPTER-TWO

REVIEW OF RELATED LITTERATEUR AND THEORETICAL FRAMEWORK

2.1 Review of related literature

Reviewing literature is the most important part of any research study important part of any research study to get knowledge of previous study and concerned field. Hence, various related literatures have been reviewed to complete the research in scientific manner. This chapter has been divided into Theoretical Empirical, Implication of the study and Conceptual framework parts.

2.1.1 Theoretical literature of study:

In this chapter, it is attempted the literature related to the study. It is an important aspect for research it gives general guidelines to the researcher. It helps the researcher to gain knowledge about related field. It can be a strong bridge between the previous studies and present studies.

The proposed theoretical framework was derived from the literature linking different concepts to smoking behavior and from literature that supports recommended intervention methods. (Bandura, 1977)

Social cognitive theory and theory of reasoned action given by Ajzen and in 1980 were also used as theoretical perspectives to help describe linkage of various concepts. Successful interventions designed to prevent or eliminate smoking behavior would be expected to increase self-efficacy expectations supporting the preteen's ability to resist or refuse to engage in smoking behavior. (Bandura, 1977)

In the USA, passive smoking is responsible for 15,000 heart disease related deaths in a year, 3800 lung cancer related deaths in a year. In Britain, 1500 Lung Cancer related deaths in a year have been linked to passive smoking. In the USA, 2500 child deaths (mostly related to pneumonia) have been linked to passive smoking. (Bandura, 1977)

Researchers have indicated that perceptions of self-efficacy to resist smoking in sixth, seventh, and eight graders are associated with their self-reported smoking behavior (Lawrence & Rubinson, 1986) .

The age at which children begin to smoke is on a continual decline, with an estimated 60 percent of smokers starting by age 14 and 95 percent beginning by age 20. The prime age for tobacco use is 12-14. The younger the age of smoking initiation, the less likely that a person will ever quit (Meier, 1991)

According to an international panel of reporting to the world conference of Tobacco and health held in Perth in 1990, at present nearly 3 million die each year from smoking (333 percent in the poor countries) but around the year 2025 these deaths are likely to go sharply to 70 million (nearly 70 percent in poor countries) (encyclopedia of development, environment and welfare, 1995)

Tobacco use is common in the Nepalese population broadly. Two kinds of tobacco use exist: smoking (cigarette and bidi) and chewing khaini, panaparag, pan, shyamabhar, Guthka etc. (CWIN, 2001)

WHO has claimed the death of 8 thousand people everyday in the world due to tobacco consumption. A local media wrote 3.5 million people of Hungary indulged in the practice of tobacco consumption whose total population is accounted 13 millions, consume 26 Arab sticks of cigarette per year. This indicates one Hungarian exclusively consumes at least 2500 sticks every year (Kantipur, 16 Jeth, 2050)

The survey of autonomy development plan proposed by child development society and USA Canada Nepal revealed Humla. A remote district spared from modern paroxysm to be the prominent in practice of tobacco consumption. The survey carried out in the health camp conducted in the villages of there Bargaum and Simikot of Humla revealed the male tobacco consumer to be 71 percent which female 29 percent. The survey further elaborated that a male consumer at least 6.8 cigarettes each day. Few consumers were found to have taken plunge in to the practices from the very tender age of two. Third consumers fall under the age category of 15. Generally, most of them found to have started smoking from the age of 10. Most of the people around the figure shows 55 percent male and 76 percent female smokers to be unfamiliar about this (Kantipur, 19 Jetha, 2050)

World Health Organization statistical report claims that millions of people die each year due to tobacco consumption so far, over 1100.00 millions people have lost their lives due to this cause each year. 60 kharab cigarettes are produced in developed countries, 41 percent males and 21 percent females while in developing countries 60 percent males and 8

percent females were found to be addictive to smoking in words of Dr. Hiroshima Nakajima chief director of WHO the effect of smoking manifest only after 30-40 year hence the people do not give serious attention on its adverse impact a scientific survey carried out of 36 millions are stuck with this habit. The survey etc claimed the primary reason of death in country to be smoking in Nepal the habit prevails 87 percent in urban are 58 percent in rural areas while 77 percent in remote hilly regions (Kantipur, 15 Jesh, 2053)

That Tobacco is used by 85.4 percent men and 62.4 percent of women in Nepal. A survey performed by WHO in Jumla has shown that 11.7 percent of women use tobacco the use of tobacco is higher in mountain regions. That the Terai and urban region. A report by Mrigendra Chikitisha Guthi states the 86 percent of men and 77 percent of women in Jumla use tobacco. It is district of Nepal where the Tobacco use percent is highest (Subedi, 2058)

2.2 Empirical related literature

The Tobacco in the world is very large alone consumers about 12 metrication's of Tobacco per year. Nepal imports tobacco mainly from India. The Tobacco consumed in different from in Nepal is given (CWIN.9, 1999)

Achaty, (2:2001). studies the same kind of study in another school which is Shivapuri secondary school Kathmandu. The study revealed that out of a total of 814 women under study, 82 women (10.7 percent) were regular smokers in this school also the smoking was common among the students of age group above 15 years. There were 33 women in this age group out of total 82 smoker comprising 19.88 percent out of 814 students 1202 of them (24.82 percent) were using Tobacco in forms other than smoking seventy two women (3.32 percent) has already quit smoking there was no school programs related to no Tobacco day.

According to the WHO, (21:2001). report, there are about 12 billion smokers in the world. According to the report 200 million are women according to WHO, 4 million people a year die of Tobacco related disease of which 500,000 are women about 30 percent of the world use tobacco. According to the national tobacco information online system (USA), The highest prevalence of Tobacco consumption is in the western pacific region I.e 34 percent and lowest in the eastern Mediterranean region I.e 22 percent.

P.N. Dhakal, held an investigation of smoking behavior of house - wives and effect on their Health in Jarkot VDC, Lanjung in 2008 AD. He has mentioned that majority of house-wives learned smoking cigarette from the age of 15 years to 25 years and continued up to the

present time. The number and frequency of cigarette smoking for majority of the respondents ranged from 5 to 10 times per day and most of them spend five rupees per day in buying cigarette. In average the study found that majority of the respondents were suffering from continuous cough, pain in throat and chest, stomach pain, headache, visual imbalances, disturbances, loss of appetite, dry mouth, cavity etc as the effect of smoking behavior due to pressure of their family members as well as the harmful effects of smoking on their health (Sherchan, 2010).

WHO has estimated that total annual smoking related number of deaths will be double by 2020 A.D. Out of total smoking related, more than 70% deaths occur in the developing countries (WHO, 2010).

Subba, (19:2057). has performed a study : according to this study most of the smokers began below 19 years of age thirty six percent (36%) of smokers began by 14 years old and 64 percent from the ages of 14-19 years. According to the study the majority of the smokers want to quit smoking. All students have knowledge of the danger of smoking. The respondents suggested for control of smoking parent's role, school supervision, and ban of smoking advertising and closing the factors.

Subba, (19:2057). has stated in her research there are more than 40,000 different chemicals in tobacco. Among them nicotine and tar are more harmful substances. The amount of tar and nicotine in cigarettes is different according to the country of origin, cigarettes prepared in India and China have more tar and nicotine in Nepal, cigarettes have 20-30 gm tar and 1.5-2.4 mg. nicotine. The amount of tar and nicotine is 15 times more in king size cigarettes. Bidi has more tar 23 gram and nicotine 1.73 m.g in hukka 24 mg of tobacco through 150 cc of water for 35 minutes of time was used, the total particulate matter was 9.1 m.g. and nicotine 0.55 mg.

California environmental protection agency announced that 251 people out of 1 million non-tobacco users found to have cancer in 1997 (Kantipur, 18 Jestha, 2058).

Basnet, (5:2058). has stated in the context of Nepal many of the people use tobacco. The use of tobacco in Nepal is in third position after Papua New Guinea and Indonesia. Nepal has the highest use of tobacco by women in the world.

Professor Dr. Narendra Bhatta elucidates, 14 thousands of people over the age of 35 die each year in Nepal due to the consumption of tobacco products (Kantipur, 17 Jestha, 2060).

Above these various studies have shown different findings regarding to the tobacco use problem. All the findings are shown that tobacco use is the major cause of disease and its

impact on the economic and social aspects from the result's of different studies it is noticed that starting age for Tobacco smoking is women.

All the findings are shown that women can be Tobacco use through various ways and reasons. These fore to control the Tobacco use, mainly we have to launch the programmms focusing on women. In this study the researcher tries to mention the educational programmms with the help Kot VDC, Dipsha ward no-6, Bhojpur, District.

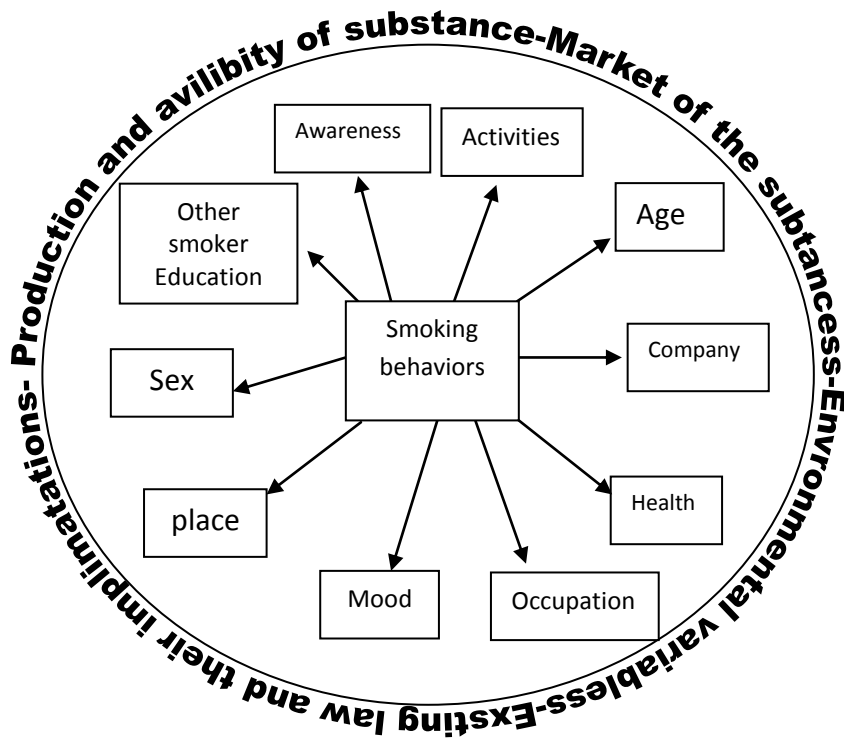
2.3 Implication of review of the study

Review for the study is Important aspect of research. This study is help for researcher to selection of broad to specific topic it facilitates to selection of broad to specific topic it facilitates to select the research problem. Researcher has prepared this study with the help of past conducted research in the field of smoking habits and it is effect health behavior for this study. Review study has also help to about current situation of word smoker women and context of Nepal that literatures are helps the write to general background and delimit of this study and also helps the write to general background and delimit of this study and also helps to the select for study and data collection in interpretation procedure.

2.4 Conceptual framework of the study

Literally, smoking implies to take smoke through oral or nasal route. Smoke is taken for different purpose one of the main purposes is to satisfy the need caused due to addiction smoking behavior is affected by various factors like age, sex, occupation, health status, mood other support or accompany, religious and cultural norms etc. The influencing variables age found different in every ethnic group. There may be addiction for different Toxic component. These toxic substance are produced from Tobacco, marijuana, Dhatura, Hashish etc. Smoking has been practiced from the time of antiquity in almost all the communities in Nepal and perhaps all over the world in the past, the hazards of effects of smoking were not know well. Some people even thought that is protects the health from harmful germs. Later on the Toxic substance 'Nicotine' was discovered and other various Toxins including for present in smoking substance were found To be harmful for human health. With the advancement of human knowledge, attitude and behaviors about drugs, Toxins, and addictions, people knew about its hazardous effects too.

Fig no - 1, The factors influencing smoking behaviors.



In some parts of the world, smoking substances are easily available in these places the smokers can obtain the desired substances at an affordable price such situation plays a significant role in promotion or smoking behavior of the smoker. Similarly the market which are liberal and flexible for smoking substance facilitate the smoking habits of people smoking is very common parts of the world. This may be because of it's immediate felling of virtual warmth in the smoker. Legal provisions like higher taxations on smoking substances, strict rules, against smoker and tough legal constraints for the smoking behavior of people besides, age occupation, mood, sex, state of health, education and awareness also determine the people smoking behavior.

many smoker smoke knowing that it is harmful for our health for our health. Most of the smokers in the world are addicted and there fore and they can hardly give off smoking even if they know about its bat effects. There is a wide variation in the substance used in smoking some of common substance. Which are probably used in the study are Tobacco, Dhatura and surti/bidi.

CHAPTER-III

METHODOLOGY

In this chapter, sample design/study area, sources of data, sampling procedure, tools and instrument, validation of the instrument, data collection procedure for conducting this research work was described.

3.1 Design and method of the study

This study was based on descriptive study method aiming at qualitative and quantitative nature of study.

3.2 Population, simple and sampling strategy

On the Kot VDC, total number of population are 5,000 among them 500 are married smoker women's as between 24-64 years. The researcher selected 26.00 percent where 130 women's respondents. Among them using purposive sampling survey method for the interview as key information of the study for information researcher visited community for the informal talking after that interview schedule from use for data collection.

3.3 Study area/ field

This research study focus on Bhojpur District, on Kot VDC, Dispha ward no-6, on Dalit women's health having smoking habits age at 24-64 years.

3.4 Data collection tools and techniques

To collect the necessary data, interview schedule has been designed systematically which is the tools of data collection used as primarily data and secondary data. After the preparation of interview schedule in Nepali language and it was trail tested to check its practicability the interview was asked women's respondents to determine its validity and objectivity so, The interview schedule was asked Dikuwa VDC, women's respondent. Among

problems of interview schedule was midfield and corrected for making them practicable to fulfill the objective.

3.5 Data collection procedure

The researcher has list the selected 130 women's respondents. The researcher own self was the presidents with respondents introduced herself about objectives of the study. The requested them to provide necessary information was collected necessary information from the selected respond by using interview schedule.

3.6 Data analysis and interpretation procedure

After collecting the essential data from the respondents the raw data was rechecked, encoded and tabulated on the master table on different heading to analyze the data they was arranged with help of table, and pie-chat, figure was constructed. The data was calculated by using statistical method, like frequency, consists, percentage, distribution markers etc.

CHAPTER-FOUR

RESULT AND DISCUSSION

This chapter is mainly concerned with the analysis and interpretation of the collected data after collecting the data they were tabulated and calculated in percent regarding each item of interview schedule. The analysis and interpretation have been presented with the help of table, pie-chart and figures to make the information clear.

4.1 Socio-economic characteristics of the women's Respondents

socio-cultural aspects influence the behavior of people age factors, married status, religious educational status is the major components which determined personal knowledge behavior and attitude.

4.1.1 Age Wise Population of Women's Respondents

In this study 130 married women's respondents are taken the total population in the Kot VDC, ward no-6, Bhojpur, District. Were total population 500 were female so were women's the age between 24-64 years. Were in this my research study. Them total women's the age wise population given below in the table.

Table No. – 1, Age Wise Population of Women's Respondents

S.N.	Age group	Total	Percent(%)
1	19-24	40	30.77
2	24-64	90	69.23
	Total	130	100.00

Above table 1 shows women's respondents. The highest percent of married women's respondents 69.23 percent is from the age groups of 24-64 years and lowest is from 19-24 years group married women's respondent 30.77 percent.

The highest proportion of women's population is 36.00 percent smoker in the age group 14 years and lowest proportion of women's population is 64.00 percent in the age group 14-

19 (CDC, 2011) but in my study area there is not same as the highest preparation as CDC report. Above show in age group 24-64 age there is higher no of rather like, there is lower level of smoker women's respondent that is decreasing the age level of smokers.

4.1.2 Condition of Land

Nepal is a poor country are a of land indicates the level socio-economic status of the women's respondents from the size of land (Ropni) their economic status can be calculated. So the size of the land hold by simple women's respondents in given in the table no-2.

Table No.-2, Distribution of Respondents According to Size of Land Holding

S.N.	Land	No.of womens respondents	Percent(%)
1	< 1	85	65.38
2	1-2	20	15.38
3	2-4	15	11.53
4	>4	10	7.69
	Total	130	100.00

Table No.-2 show's that 65.38 percent age of women's respondents have <1 Ropni land while 15.38 percent of women's respondents have 1-2 Ropni land. Similary. 11.53 percent of women's respondents have 2-4 Ropni land and 7.7 percent of respondents have above 4 Ropni land.

As CDC, (2011). 81.00 percent people are dependent on agriculture in Nepal, But in having different level of land my research shows the having same area of land.

4.1.3 Educational Status

The data of educational status were collected only from married women's respondents. The following table shows the educational status of the respondents.

Table No.-3, Educational Status of Respondents

S.N.	Education	Number	Percent(%)
1	Literate	35	26.93
2	Illterate	95	73.08
	Total	130	100.00

The table No.-3 shows that out 130 married women's respondents. Majority 26.93 percent married women's respondents had literate and 73.08 percent married women's respondents had illiterate.

At present the prevalence of current smoking is higher among women's with 9-11 years of education 23.9 percent than among women's with 16.00 percent more years of education 11.24 percent CDC, (2011). As the report many of women's respondents are illiterate in this study area because women's aren't realized important of education age but in my research study it is indicated that the literate rate is low of Dalit women's because most of women's engaged in household work and agriculture.

4.4 Religious Profile

Nepal is Hindu kingdom. According to the population census 2011, 70.6 percent age of her people age of her people age followers of Hindu religious 10.7 percent and 1.2 percent kirat are followers of Buddha, Islam and Muslim religion respectively.

Table No.-4, Religious Status of Women's Respondent

S.N	Religion	Number	Percent(%)
1	Hindu	70	53.85
2	Buddhist	25	19.24
3	Kirat	20	15.08
4	Muslim	15	11.53
	Total	130	100.00

Table No -4 show's that out of total women's respondents 53.85 percent are Hindu 19.24 percent are Buddhist and 15.38 percent are Kirat and 11.53 percent are Muslim According to the population census, (2011). majority of people 70.6 percent followed the Hindulism and in the my research study are 53.85 percent is followed Hindu religious. Country in Nepal. like same that in my researched area most of the respondents are as folloship of Hindu religion from Antrim constitution Nepal is being a secholarism country but today also most of people are Hindus so, Nepalese people's needs Hindu religion in Nepal.

4.1.5 Occupational Status

Occupational has become an essential feature of the modern economic life with occupation people can not meet the increasing demand of family and society people are essentially associated with different occupation such as labour, agriculture, business etc. Occupational status of the women's respondents is shows as follows.

Table No - 5, Occupational Status of Respondents.

S.N	Occupation	No. of women's respondents	Percent(%)
1	Labour	20	15.38
2	Agriculture	30	23.07
3	Business	5	3.84
4	Service	15	11.53
5	Don't work	60	46.53
	Total	130	100.00

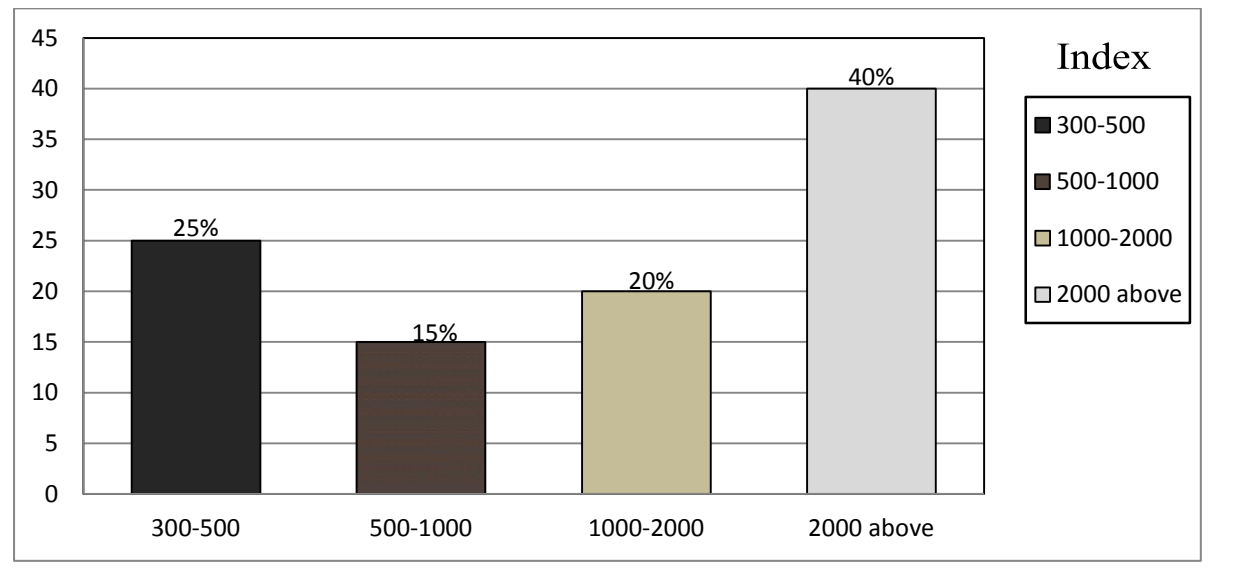
Above table shows that most of the women's respondents are engaged in 15.38 percent women's are labors, 23.07 percent women's respondents are engaged in agriculture similarly 3.84 percent women's respondents are involve in business in the some way 11.53 percent women's respondent are service 46.15 percent women's respondents are don't work.

According to the census, (2011). 79.00 percent women's who do not working say that report 2011, but my study area is rural development 90 above Dalit women's respondent status is very law.

4.1.6 Family Income Sources

In the way families per month income is life. They replied that their families per month income were stated in fig below:

Fig No. - 2, Families Per Month Income



The above fig No-2 show that 25 percent women's responders are earned below 300-500 similarly 40.00 percent women's respondent are earned 2000 and lest of them 15 and 20 percent 500 earned to above. It means most of women's respondents age low to earned per month income. 50 my research study women's are traditional working and cultivation.

4.1.7 Distribution of Respondents By Caste & Ethnicity

Cast and ethnicity is one responsible factors to smoking habits. The population of Nepal is composes of different cast ethnic group according census 2001 there are about 103 ethnic group in Nepal. Distribution of the smoking according to ethnicity/ cast is shown in figure.

Fig no - 3 Distribution of respondents by caste & Ethnicity

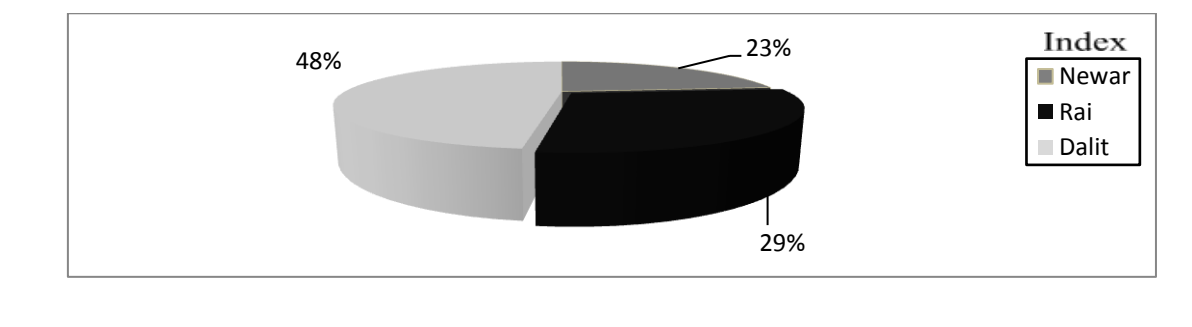


Fig No - 2 displays that the higher number of smoking women Fig no-2 displays that the higher number of smoking women's were form Dalit community where as 48.00 percent in total number then Rai covered second large position it covered 28.67 Percent. similarly the Newar covered 23.33 percent in total women's respondents.

It is indicated that the majority of smoking Tobacco users were from Dalit community it is Totally opposed from previous research because in previous research shown that the majority of smoke Tobacco users were from Mangolion (CDC, 2011). but this research found that the number of smokers were more than other.

4.1.8 Spend Money on Tobacco Smoking Everyday

The expenditure of money depends on how much and what smoker smoke in this study the information given by the respondents on the spending of money is given below.

Table No:- 6, Spend Money on Tobacco Smoking Everyday

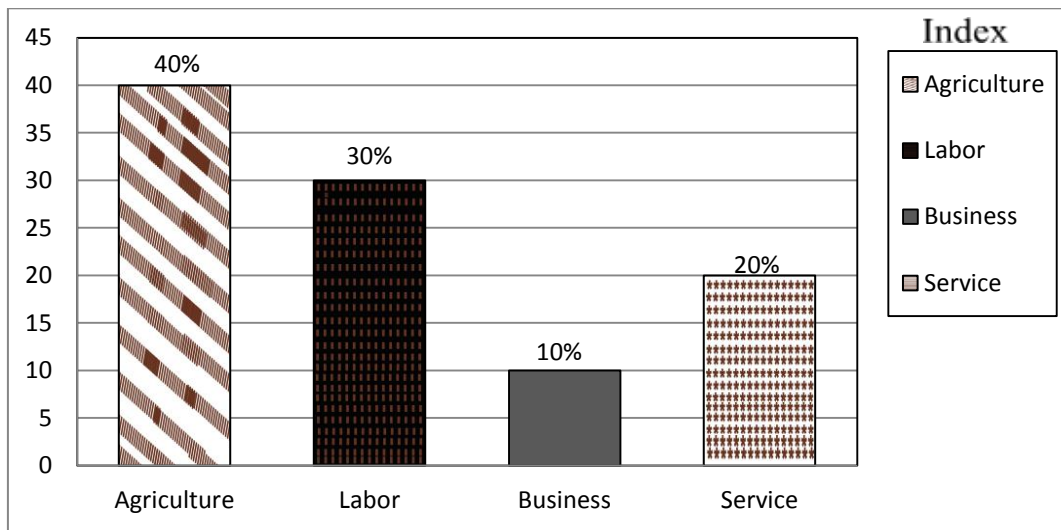
S.N	Spend money	Regular smoker	occasional smoker	Ex- smoker
1	Rs 5	40	12	15
2	Rs 10-15	10	7	6
3	Rs 15-20	5	4	8
4	above 20	8	5	10

This table No - 6 shows that 63.49 percent regular smoker women's respondents are spend money Rs. 5, 42.85 percent occasional smoker women's respondents are spend money for Tobacco Rs. 10-15. 15.85 percent women's respondent are Rs. 15-20 spend for Tobacco similarly 10.00 percent women's respondent are spend of Tobacco above Rs 20.

4.1.9 Income sources of family

Income level has significant role in determining the life style of people which is directly related with life. The income status of women's respondents which is observed in study area is given in figure No-4.

Fig No- 4, Income sources of family



According to the chart in the Total women's respondents 40.00 percent major income Agriculture from the labor 30.00 percent. Similar 20 percent women's respondents are income sources are service and 10 percent are from income Business.

According To CDC, (2011). report 56.82 percent household's major income sources government service. But my study area more than for rural and traditional so that above report not same because my research study indicated that. Income sources status is very low.

4.1.10 Use of Tobacco

Tobacco user smoke and take different types which injured health cigarette bidi, surti, Dhatura and other. Here is given the types of smoking Tobacco use in the study area.

Table No - 7, Use of Tobacco Smoking

S.N	Types of Tobacco	No. of women's respondents	Percent(%)
1	Cigaratte	25	19.23
2	Bidi/Surti	65	50.00
3	Gutkha/panaprag	12	9.23
4	Dhatura	24	18.45
5	Others	4	3.29
	Total	130	100.00

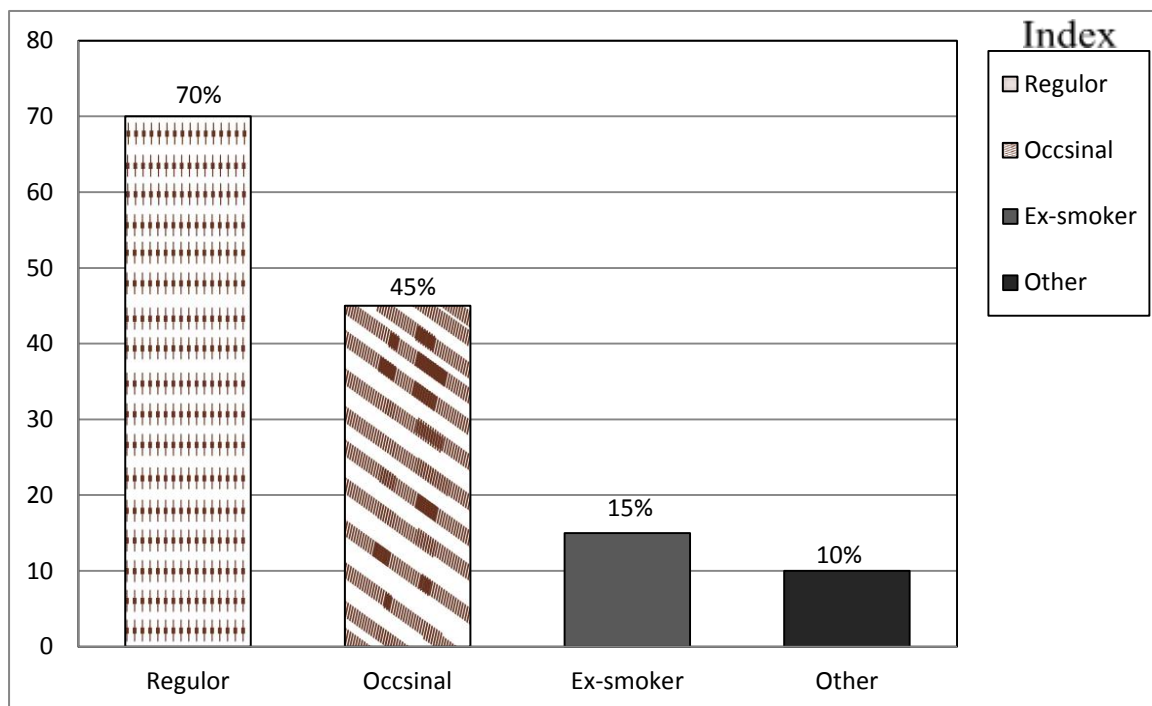
The table no-7 shows that the bidi and surti is most popular in the study area. a total number of smokers are greatest number of the Tobacco users are surti/bidi which 50.00 percent the least number of the Tobacco user is other types of smoker which 3.29 percent. Similarly it can be said that the Tobacco smoke users of cigarette is in the second position which is 19.23 percent are use of Dhatura in forth position 9.23 percent are smoke Guthkha and panparag.

As census report, (2014). 80.00 percent household wives community smoking, chewing, shuffling and dipping Tobacco use say that census report but in my research study area most of women's respondents are highly 50.00 percent use surti and bidi because easy home made and self product. So use highly surti/bidi.

4.1.11 Time of Tobacco User Smoke

The number of time Tobaccos is used by the smoker is found to be varied from <5 time to above 10 time per day user. The figure showing frequently use of Tobacco.

Fig No:- 5 Time of Tobacco Use



According to the bar chart 57.59 percent women's respondents regular smoking. 34.61 percent women's respondents occasional smoker. 26.9 percent women's respondents, ex-smoker and less than 10 percent above.

According Chitwan district in Tobacco smoking in this report (2010). 42.61 percent were regular smoker and their were 4.73 Percent occasional smoker among the report say that. but in my research study area currently only women's respondents involved. So that per day regular smoking 5 to 10. which they want to use anytime.

4.1.12 Health Problems Upon Tobacco User.

The smoking Tobacco user women's respondents about their health problems was asked out of 130 therefore, 130 women's respondents have felt and suffered some Health problems such as headache, stomach cancer, Heart disease and many complicated disease and other state in the table.

Table No - 8, Health Problems Upon Tobacco User

S.N	Problems	No. of women's respondent	Percent(%)
1	Smelling breath	45	34.61
2	Headche	45	34.61
3	Stomach Cancer	12	9.23
4	Cough	19	14.61
5	Others	9	8.64
	Total	130	100.00

From the above makes is clear that 34.61 percent women's respondents said they have a problem of smelling of breath 34.61 percent women's respondents were suffering from headache the same. 9.32 percent women's respondents have a problems of stomach cancer. 14.6 percent have a problems of couth and 8.46 percent others problems.

According to CDC, (20011). 90 percent of women's smoker suffering from either mouth of throat cancer it's the some like this research study. Shows the highest humbler of respondents has suffering from mouth of throat cancer.

4.1.13 Effect of the in our Health

This study question what effects that tobacco smoke will have in our health behavior was asked to the smoker and occasional smoker the answer of this question on was as follows respondent are:

Table No - 9, Effects of the Tobacco in our Health

S.N	Respondents	Smoker	Occasional smoker
1	Asthma	20	12
2	T.B	30	8
3	Cnacer	45	5
4	Don't smoke	5	5
	Total	100	30

Above the table shows that the number of smoker and aware of the harmful effects by smoking to the human behavior in this study out of 130 smoker. 30 are occasional smoker. In total 100.00 smoker 20.00 percent are asthma. 30.00 percent T.B. 45.00 percent are cancer's effect in daily health 5.00 percent women's respondents don't know about the above effect of health. Similarly out of 30 occasional smoker 40.00 percent cancer and 16.66 percent are women's respondents know about the effect of tobacco in our health.

According WHO, (2010). report say that regular smoker and occasional smoker the highest preparation of women's respondents smoker. But in my research study area there is not same the highest preparation as WHO repot, because above the table shows in regular smoker there is higher health effect and harmful situation it shows that their has been many complicated problems.

4.1.14 Facilities of the Respondents Parents

A question to the women's respondents about the facilities at their home was asked. They replied that they have different types of facilities at their home facilities of the table.

Table No - 10, Facilities of the Respondents Women's

S.N	Kinds of facilities	No. of women's respondent	percent (%)
1	TV	10	7.69
2	Telephone	28	21.54
3	Newspaper	12	9.24
4	No	80	61.54
	Total	130	100.00

Above the table shows that out of 130 women's respondents women's. 7.69 percent have TV. 21.54 percent have telephone. Similarly 9.24 percent have newspaper and 61.54 percent have do not any facilities.

As a report of census, (2014). 90.00 percent household wives have home facilities. But my research study area. Their is not more facilities their home because my research study is very far remote area. So, they suffering lack of more communication and facilities.

4.1.15 Family Member who Support/Share your Smoking:

Smoking habits is always accompanied with other smoker of different categories is a study question regarding the inquiring of other smoker in the family who support or share smoker in the family who support or share smoking with the women's respondents, maximum women's respondents 100.00 percent Dalit women's age found to share it with their sibling the following table reveal the data related.

Table No - 11, Family Member who Support/ Share your Smoking

S.N	Family	No. of women's respondent	Percent (%)
1	Parents	70	53.84
2	Sibiling	20	15.38
3	Children	2	1.53
4	Spouse	15	11.53
5	Other	19	14.07
6	Nobody	4	3.8
	Total	130	100.00

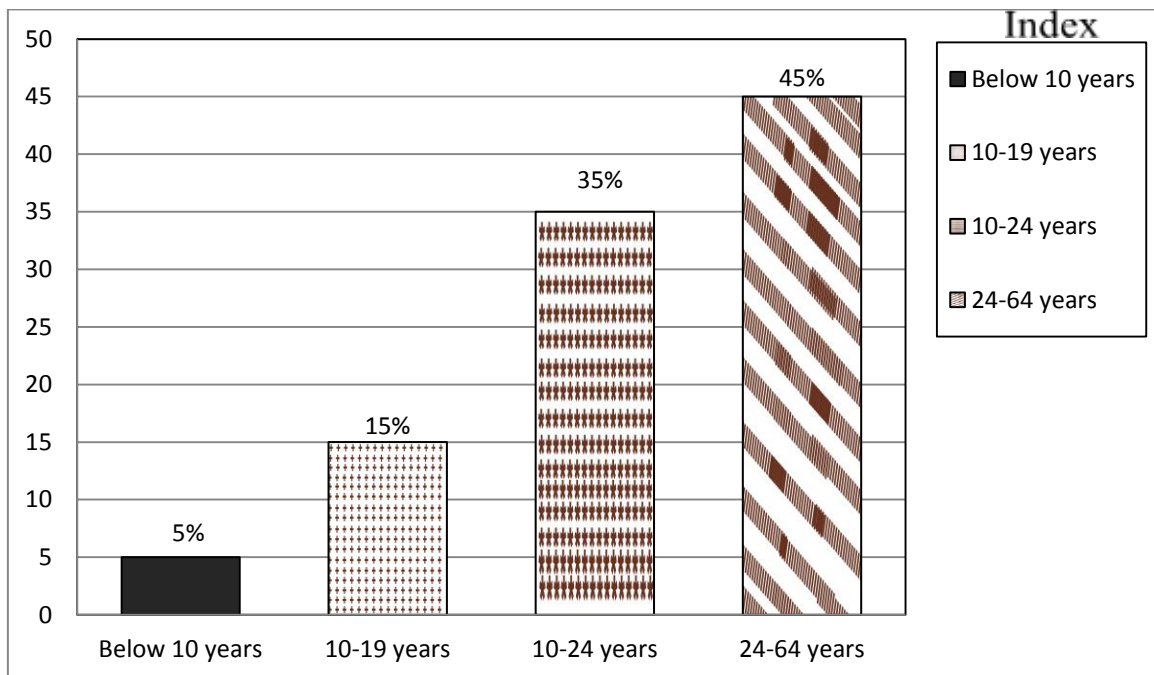
Above the table shows that out of 130 women's respondents 53.84 percent are family member parents support smoking 15.38 percent sibling support smoking. 1.53 percent are children similarly 11.53 percent are spouse supported smoking and other 14.07 percent are supported smoking 3.8 percent are women's respondents are support and share smoking.

According to CDC, (2011). majority of maximum adult smoking 85 percent are share smoking with friends. Say that CDC report. In this research study area highest 53.85 percent are supporting for family member. So that my research study area respondent have involved starting smoking habits in.

4.1.16 The Age at First Intake of Smoking

The various factors affect and trigger the smoking behavior in the childhood and adolescence age people in the research study area most of the smokers were found to start it at the age of adolescence. This may be due to their nature of curious age the following data reflects the situation of first experience of smoking in Dalit married women's population of smoker.

Fig No - 6, The Age at First Intake of Smoking

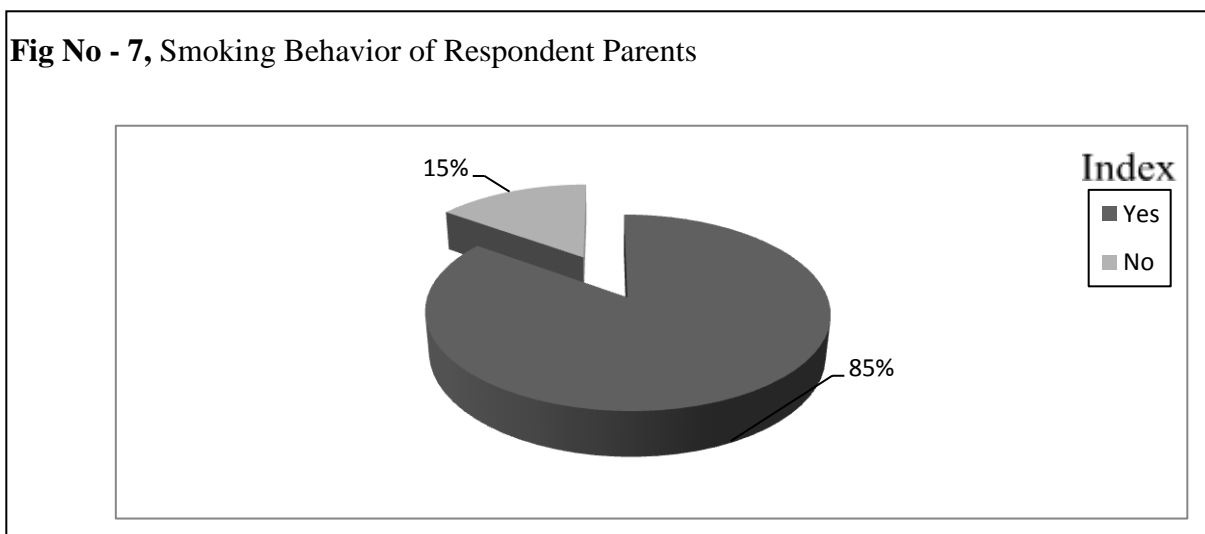


The figure no-6 shows that majority 5.00 percent women's respondents are below 10 years. 15.00 percent women's respondents 10-19 years. 35.00 percent women's respondents are 19.24 years. and 45.00 percent women's respondents are 19.24 years. and 45.00 percent women's respondents are 24-64 years the age at first in take of smoking.

The age at which children begin to smoking with an estimate 60.00 percent smoker starting by age 19 and 90.00 percent beginning by age 24 the prime age for tobacco use 19-24 years, (CDC, 2011). As the report, many of smoker are starting smoking 19 years in. According to the CDC report, but my research study areas is 10-64 the age at first in take of smoking involved my study area.

4.1.17 Smoking Behavior of Respondent Parents

This study is a question to the 130 respondents about the smoking habits of their parents have talked about Tobacco smoking which is presented figure below.



Above the Fig No - 7 show it is clear that the highest 85.00 percent smoking behavior women's respondents and 15.00 percent women's respondent are has not parents smoking. Above analysis show's that most of the parents respondents have smoking habit so, that in research area's respondent needs and health programme to avoid smoking habit.

4.18 Substance Used at the First time Smoking.

There are many substances like Tobacco, Cigarette, Marijuana, Dhatura, Bidi and surti and other substances people used for smoking show the table no 12.

Table No - 12, Substance Used at First time Smoking

S.N	The substance smoke first	User	Percent (%)
1	Tobacco	40	30.7
2	Surti/bidi	60	46.15
3	Dhatura	10	7.69
4	Marijuana	20	15.38
	Total	130	100.00

Above the table No - 12 show that the offend the women's respondents from the population more usage rate of surti/bidi smoking 46.15 percent similarly, there has least. response for the at tobacco smoking by 30.69 percent, marijuana lies at the third position with 15.53 percent and Dhatura user 7.6 percent.

According to CDC, (2011). 81.00 percent adolescence are substance use the first time smoking marijuana but in my research study area women's respondent are substance used the first time smoking surti/ bidi because easy access of all planed and produced locally.

4.1.19 Reason for Starting to Tobacco smoking

The same way the causes of starting smoke use is studied there were some reasonable factors, such as peer pressures, limitation, advertisement the women's respondents the reasons is following:

Table No - 13, Reason for Starting to Tobacco Smoking

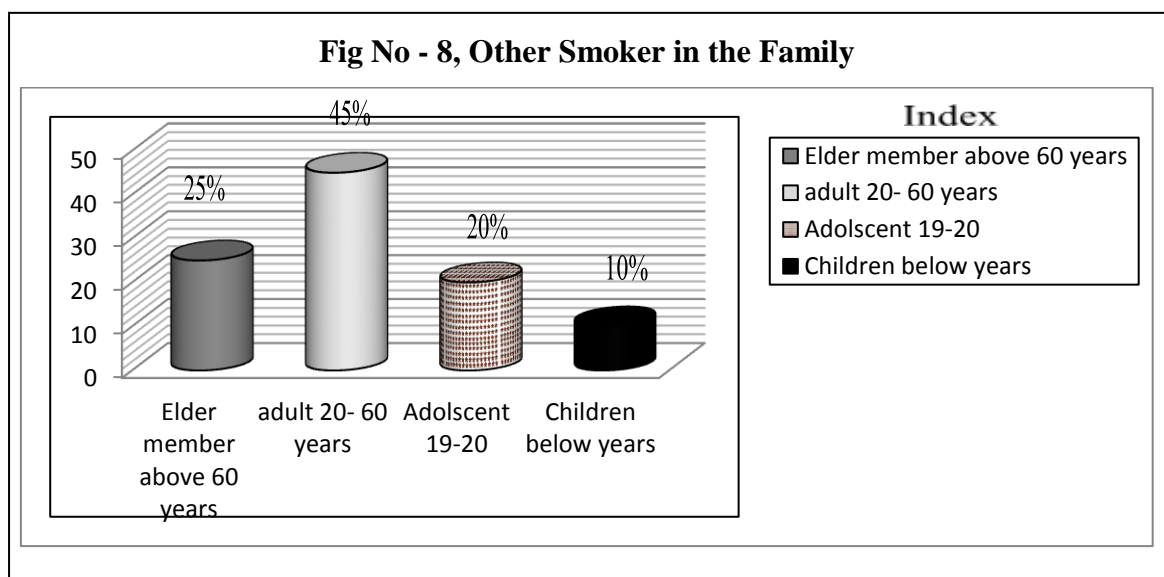
S.N	Reasons	Regular smoker	Occasional Smoker	Ex-smokers
1	Peer pressure	24	10	15
2	Imitation for guardians	5	4	11
3	Curiosity	20	12	9
4	Attractive advertisement	4	8	8
	Total	53	34	43

Above the table No - 13 show's that 53 regular smoker more Reason for starting to tobacco smoking. 24 occasional smokers similarly 43 age ex-smoker women's respondents are more reasons for starting to tobacco smoking.

As CDC report, (2011). 90.00 percent of adult women's are attractive advertisement reason for starting to tobacco smoking used. As the report many of respondents are Attractive advertisement reason for starting tobacco used in the study because more reason for smoke but in my research study it is indicated that the reason peer pressure, imitation for guardians, curiosity is most popular reason for my research study so, area presentation.

4.1.20 Other Smoke in the Family

Each member of the women's respondents come from a family that. Smoking behavior is greatly influenced by the other smokers living in the women's.



The Figure no-8 show's that 25 percent Elder member above 60 years other in smoke the family women's respondents. 45.00 percent are adults 20-60 years others in smoke in the family. 20.00 percent adolescent 19-14 years respondent are their in smoker the family. Similarly 10.00 percent children below years are women's respondent other in smoke the family.

According to WHO, (2014). has report around the world different age group mostly the starting is during adolescence. But my study area figure analysis here, more starting during adults age group because they follower own family member smoking habit.

4.1.21 Commitment to raise awareness in the community

A question to the 130 women's respondents about the what can you do to arouse awareness in your community about the diverse effect to Tobacco? Was asked they replied that Tobacco? was asked they replied that different activities are aroused which are stated in the table below.

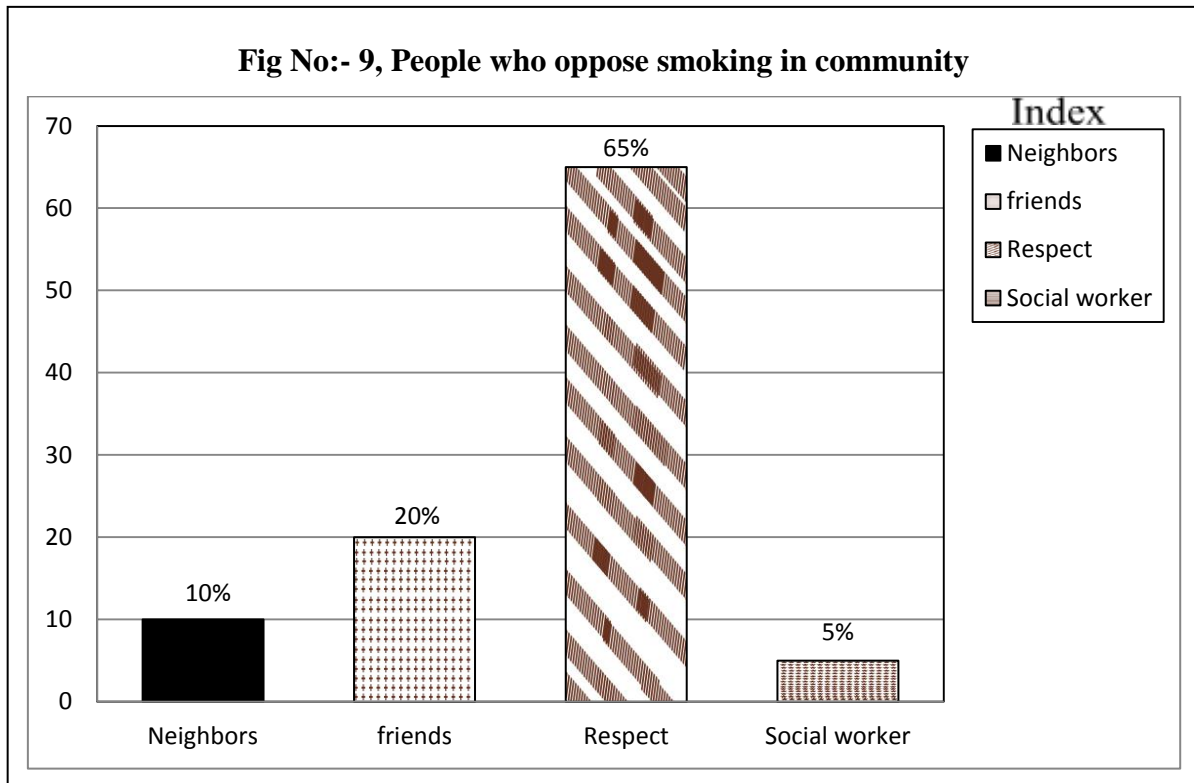
Table No - 14, commitment to raise awareness in the community

S.N	Options	No of women's respondent	Percent (%)
1	First of all one should presentation self as examples as occasional smoking	30	23.07
2	By doing propaganda against diverse effect of Tobacco	49	37.67
3	By instructing about the diverse effect to tobacco to each member of the community and following the perceptive measure	41	31.52
4	Others	10	7.7
	Total	130	100.00

This table show's that out of 130 women's respondents this table show's that out of 130 women's respondents 23.07 percent women's respondents are want to around awareness in his community about diverse effect of tobacco by first of one should present on self as example as occasional smoker 37.67 percent women's respondents by doing propaganda against diverse effect of tobacco smoking. Similarly 31.53 percent women's respondents by instructing about the diverse effect to tobacco to each member of the community and following the preventive measure and 7.7 percent women's respondents about divers effect of women's respondents do not know good prevention because they don't have awareness about smoking and also commitment to raise community

4.1.22 People who oppose smoking in the community

Smoking is hated socially and disliked widely in every community. There are many people who hate and express the opposing opinions against smoker.



Above figure no - 6 show's that higher no of them 65.00 percent respect people. Who oppose smoking in the community. Similarly that 10.00 percent neighbors 20.00 percent friends and 5.00 percent social worker people who oppose smoking in the community.

According CDC, (2011). Report elderly. Who people in community who are respected personalities are always against smoking activities even if they are also smoker that CDC, report in my research study area figure show's that maximum respect people who oppose smoking in the community. So, my research study respect those people who prevalence in habits.

4.1.23 Activities associated with smoking.

In most of case, smoking found to be associated with some of the 'waking up' and 'after meals' most of the respondents of population smoke after meals and females less association with very rate activities like defeating and study.

Table No - 15, Activities associated with smoking

S.N	Activities associated	No. of women's responder	Percent (%)
1	Coffee/Tea	30	23.07
2	waking up	20	15.39
3	After meals	65	50.00
4	Alcohol	10	7.67
5	Other/No any associated	5	3.84
	Total	130	100.00

The associative age related to increased desire of nicotine in take 23.08 percent activities women's respondents 15.39 percent women's respondents are waking up more than after meals. 50.00 percent women's respondents activities associated with other no any association less than activities associated. Some literatures suggest that intake of meal, tea, coffee, or alcohol activates the digestive system with greater influence on digestive enzymes. (Lawrence, 1986) that might be a reason of higher association of smoking after meals in my research study.

4.5 Result

This study had organized to find out the smoking habits and it is effects in Dalit women's.

The major findings are as follows:

- a. The majority of the women's respondents are found in the group 24-64 years.
- b. The women's respondents are their own house but they have not any cultivate land.
- c. Majority of 53.85 percent women's respondent are Hindu. 19.24 percent are Buddhist, 15.38 percent are Kirat and 11.53 percent are Muslim.
- d. About 15.38 percent women's respondents are engaged in labour, 25.07 percent women's respondents are engaged agriculture, 3.84 percent women's respondents used business, 11.53 percent women's respondent are don't work.
- e. In term of education 26.93 percent are literate and 73.08 percent are illiterate.
- f. Nearly one half smoker 48 percent state from Dalit community
- g. majority 46.15 percent used at the first time Tobacco used. 15.38 percent used at the first

- time marijuana. 7.69 percent are used Dhatura and 30.69 percent use at the first time Surti/ Bidi.
- h. All women's respondents have are 40.00 percent income sources are agriculture. 30.00 percent are labour, 20.00 percent are service and 10.00 percent are Business.
 - i. The majority of the women's respondents 40.00 percent have above Rs. 2000 permonth family income.
 - j. Most of the respondents 7.7 percent have TV 21.54 percent have telephone. 19.24 percent have Newspaper and 61.00 percent do not have any facilities their home.
 - k. The majority of the respondents parents 85.00 percent are taking Tobacco and 15.00 percent women's respondents parents were do not taking Tobacco.
 - l. Surti and bidi 50.00 percent are the most popular from of Tobacco smokers.
 - m. The main reason of starting tobacco use are peer pressure and due to curiosity.
 - n. The majority of the regular smoker 63.00 percent. Occasional smoker 28 and Ex-smoker 39.00 percent are Tobacco user.
 - o. Most smoker respondents time of tobacco use 57.67 percent are 4 time dully use. 31.61 percent are 5 time dally use. and 26.9 percent are 10 time above use dally.
 - p. Out of 130 women's smoker, 100.00 are harmful effect by the Tobacco in smoker. Similarly, out of 30 women's respondent smoker occasional women's smoker replied that don't know what the effects of Tobacco in our health?
 - q. Most of associative activities highly 50.00 percent are after meals to smoke.
 - r. Different kinds of health problems are found in to Tobacco user.
 - s. Most of other smoker 35.00 percent Elder member women's respondents are 60 years above 25.00 percent women's respondents are adult. 20.00 percent respondents are adolescents and children belong years.
 - t. Out of 130 women's respondents 53.84 percent were provided them parents of tobacco smoking should be started from the housewife by including as a course content.
 - u. Many of the women's respondents 45.00 percent are oppose respected people 20.00 percent are oppose friends 15.00 percent were oppose friends.
 - v. The majority of occasional smoker 23.07 percent doing proper and a against diverse effect of tobacco smoker, 37.69 percent and instruction on about the diverse effect to tobacco smoker 31.5 percent and 6.92 percent other smoker.

CHAPTER - FIVE

SUMMARY, CONCLUSION AND IMPLICATION

This chapter presents the summary of the stud with it's summary, conclusion and Implication for policy, practice and further research level.

5.1 Summary

This study has been depend on the context of Nepal. tobacco smoking tendency has grown up to such share that it has become priority health problem and a serious challenge to human society. through the view ever smoking habit Dalit married women's age 24-64 years in Kot VDC, Dipsha ward no-6, Bhojpur, District.

The main objectives of the study were to identify the smoking habit on Dalit women's community to analyze that her behavior and habit of women's community to suggest the preventive measures of Dalit women's community of Kot VDC, Dipsha ward no-6, Bhojpur, District.

This study is depend of describe types the research data is collected through secondary and primary sources never the less this research data is mainly based on primary sources of data for 130 women's responds who were selected through purposive method. The researcher reviewed survival literature and studies directly and indirect related to present study on the bases of reviewing literature smoking bat habit human life interview schedule was the major tools used to obtain necessary information on smoking habit in injured health and harmful situation. The global rate of smoking is 100.00% of the total population. The total smoking prevalence among the study. Population has been higher 100.00% of total smoker including married women's smokers. Among them Dalit married women's in the study area. most of the smoker prefer tobacco with the ready made cigarette/bidi apparatus the traditional apparatus like chilim and hokka is used more among Dalit women other illegal substances has been found very low.

This study will be very useful for the similar type of further studies related to smoking and other addictive behavior of people. there need immediate and focused concentration to

reduce the smoking habits to keep people healthy in the study area GOs, NGOs, INGOs, should take necessary imitations to control the adverse effects of this social cancer.

The Collected data were tabulated to examine relationship among various variables, and the variable information was managed by using computer software data was analyzed and interpretation the conclusion were drawn and implication were made.

5.2 Conclusion

This an analytical and descriptive study conducted with an aim to distinguish the smoking behavior on Kot VDC, Dipsha ward No-6, Bhojpur, District Nepal.

This study is fielded based with primary data and secondary data majority of the respondents were major women's respondents 130 smokers women's age for 24-64 years.

The following points are concluded on the basis of study.

- Age is the main factor affects of smoking. The highest percentage of respondents women's are in age group 24-64 years.
- A high preparation of married women's were ever-users of tobacco smoking usely behavior.
- Tobacco smoking by peer pressure and curiosity are strong influencing factors for tobacco use of married women's health.
- Most of the regular and occasional smoker had tried to quit Tobacco smoking.
- Most of the married respondents have not good knowledge about the effect of tobacco us.
- A high preparation 100.00% of married were by doing propaganda against diverse of tobacco to arouse awareness in their community.

5.2. Implication

I) Implication on Policy level

- Generally in the many shops tobacco is available for all kinds of people it should be limited in certain shops for certain people.
- Health education programme should be provide to women's to raise the level of awareness of hazards of tobacco use and to change their perception.

- An Anti-smoking campaign should be launched in the community.
- This study area there are most of married women's have make aware and encourage the people by different programmes and media to create tobacco- free home's work places and other place.
- Existing legal provisions should be Implemented effectively. The provisions of law should be made know to all people through different programme, media and educational curricular.
- Adequate health workers, social workers GOs, NGOs and INGOs should be mobilized with necessary resources to the smoker areas.

II. Implication on practice level

- It can useful to give knowledge about smoking is bad habit in this research study.
- It can help to increases the numbers of Dalit married women's effect in our health in this research study.
- There provision of incentive for quitting tobacco use and management of facility for smoker. It can be managed by the local, NGOs, INGOs and government.
- it give the clear map to make the plan for health awareness programm in this Kot VDC, Dipsha ward no-6, Bhojpur, District improve this condition.
- All the guardians should be made aware about the child psychology, nature of smoking and the activities of their women's through seminar, workshop and other formal and informal education

III. Implication of further research

This is an academic research for the partial fulfillment of the requirements for Master Degree in Education (Health Education) this study is based on Knowledge, attitude and behavior of women's in Tobacco smoking use in Kot, VDC Dipsha ward no-6, Bhojpur ,District.

This study was limited with the limitation of stated was limited with the limitation of state objectives with limited area. so the finding of the field study may not be generalized for other parts of country.

- This study is carried out focusing only Kot VDC, dipsha ward no-6, Bhojpur, District.
Same types of research can be conducted in other parts of country.
- A similar kind of study can be done on other describe ethnic group Dalit community women's of people living in different places and they are situation.
- Further studies can be conducted on "causes of Tobacco use and its impact on health"
- Further studies can be held on married women's regarding the smoking use and its impact on health.

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APPENDIX - 1

Interview Schedule

Smoking habits and it's effect in Dalit women's health in Kot VDC, Dipsha ward no-6, Bhojpur, District. 2015.

District: _____ Village: _____ Date: _____

Social - Economic Information

1. Women's respondents name

2. Age

3. How much land in your family?

a. Less than 1 Ropni

b. 2 Ropani

c. Four Ropani

4. More than 4 Ropani

4. Religion:

Hindu	Buddhist	Kirat	Muslim	Other

5. Relation:

S.N	Number of family members	Relation with head of the family	Age	Sex

6. Education status:

Illiterate	Literate

7. Occupation

a. Agriculture

b. Business

c. Service

d. Others

8. Economics status related to family back ground.

Lower	middle class	Higher class

9. How much is your per monthly family income?
 a. 300 b. 900 c. 100.000 d. 2000 above
10. Do you have following facilities at your home?
 a. TV b. Telephone c. Newspaper d. No

Smoking habits and it's effects in Dalit women's smoking behavior related question (only to women's age 24-64)

11. Are you have smoking habits?
 a. Yes b. No
12. How old were you when you started smoking?
 a. Below 10 years b. 10-15 years
 c. 15-20 years c. Above 20 years
13. What was the substance you smoked first?
 a. Surti/Bidi b. Cigarette c. Tobacco d. Other
14. Which apparatus did you use for the smoking?
 a. Cigarette b. Chilim c. Hukka d. Self made
15. Where do you smoke offer?
 a. Indoors b. Out side c. Work d. Other
16. Who afforded/ requested/ pressurized/ suggested smoking the first time?
 a. Sibling b. Friends c. Self d. Other
17. Who support/share/ Encouraged for you smoking in your family?
 a. Father b. Mother c. Sibling d. Other
18. What was the main factors you were encouraged in somking?
 a. High prestige b. Feeling of grown up
 c. Euphoric effect d. Relaxation
19. How many times do you toke Tobacco per day?
 a. 4 times b. 5 times
 c. 5 to 10 times d. Above 10 time
20. Do any feeling trigger your smoking?
 a. Stress b. Frustration c. Loneliness d. Others
21. Do you have any other smoker in your house hold?

- a. Propaganda in villages about the diverse effect of Tobacco
- b. Tobacco smoking education should be started from the school level.
- c. Hoarding boards of anti-tobacco should be placed in different areas.

34. Has any campaign against anti tobacco been conducted in your village

- a. Yes
- b. No