

SMOKING BEHAVIOUR AMONG SCHOOL ADOLESCENCE
IN GORKHA DISTRICT

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ABSTRACT

A study was conducted to examine the smoking behavior among school adolescents of Gorkha District to generate information about smoking behavior and factors influencing to initiate the smoking by adolescence in high school to develop effective anti smoking plan and program to implement in adolescent education. The study was conducted using descriptive survey research design selecting the study district and school purposively. Eighty five smoker respondents were selected from the selected school as a sample. Data was collected by using face to face interview method and analyzed by using descriptive statistics. Findings showed that the respondents' age to start smoking begins from the age of 10 and found up 18 years.

The main influencing factor to start smoking was peer pressure. Majority of the respondents 60 percent smoke little everyday, 51 percent respondents were regular and 34 percent smoke occasionally. Majority of the respondents (45.9%) smoked three cigarettes per day. Majority of the respondents (58.8%) uses toilets (home and school toilets) as a secrete place to smoke cigarette. Majority of the respondents (90.6%) took first puff with their friends followed by alone to meet their curiosity. Majority (83.5%) of the adolescents perceived their textbook course against smoking was ineffective. Majority of 78.8 percent adolescents claimed that they have knowledge about the harmful effects of smoking although they were use.

The major sources of information to know about harmful effect of smoking were the television, radio, books, and newspapers. In majority of the respondents' (75.6%) family anyone member was smoker. Of the total respondents, majority (80 percent) of the respondents' parents did not know about their smoking habit. Most of the guardian (70 percent) scolded their children after knowing about their smoking habit. More than half (55.3 percent) of the adolescents spent one to five rupees, and only one tenth students spent more than fifteen rupees each day in cigarettes. The source of money to buy cigarette was the money provided by their parents for stationary and Tiffin. Half (50 percent) of the adolescents were engaged in the sports and other recreational activities to quit smoking. Majority (76.5%) of the adolescents smokers wished to quit smoking. Majority of the respondents (74.1 percent) felt some discomfort in social activities as they try to hide their smoking habit.

To reduce the smoking in adolescent especially parents must be aware about effect of smoking and counsel their children from early age. Legislation should be made to ban to sell cigarette in school and ten plus school premises. Effective school based educational programs focusing on smoking and its effects on various aspects should be planned and implemented effectively. Different intervention program should focus on different aspects like programs to discourage the uptake of smoking and awareness programs for the adolescents.

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ABBREVIATION

CDC	–	Centre for Disease Control
DEO	–	District Education Office
ETS	–	Environmental Tobacco Smoke
FHD	–	Family Health Division
GYTS	–	Global Youth Tobacco Survey
INGO	–	International Non-Governmental Organization
MOH	–	Ministry of Health
NGO	–	Non-Governmental Organization
NHRC	–	National Health Research Council
SEAR	–	South East Asia Region
T.U	–	Tribhuvan University
U.S.	–	United States
WHO	–	World Health Organization

CHAPTER I

INTRODUCTION

1.1 Background

Smoking is the consumption of a kind of tobacco products. Tobacco is a plant, grown for its leaves, which are smoked, chewed or sniffed for a variety of effects. It contains nicotine. In addition to nicotine, tobacco contains over 23 known carcinogens and more than 4000 chemicals (WHO, 1997). Tobacco use is a major worldwide public health problem. It is now by far the largest preventable cause of death in the world. Although there is a health warning on every packet of cigarettes in Nepal indicating that “Smoking is Injurious to Health”, these warnings are illegibly printed. On the other hand, attractive and catchy cigarettes advertisements are very common. Thus the use of tobacco products especially cigarettes is increasing in the country.

Adolescence is the period of physical, psychological and social maturation from childhood to adulthood. The term adolescent refers to the individuals between the ages of 10-19 years. It is the period of change due to the different changes like biological, psychological, and social etc. The change factors create many changes and health risks like unprotected sex, substances abuse, accidents and violence to the adolescents. The health of the adolescents is profoundly associated with their behavior and developmental process.

The healthy development of adolescents depends upon several complex factors: the environment in which they live and grow; the quality of their family, socio-economic circumstances; community and peer relationships and available opportunities for education and access to health information and services. The behavior is a potential crucial factor that determines a responsible adult in the future. It is essential to create and provide adequate supportive environment to enable the adolescents to develop their full potential and enjoy a healthy and responsible adulthood.

Smoking also seems to be more common among persons of lower socioeconomic level and lower educational achievement, except that more females in higher income groups smoke. Seventy-one percent of all cigarettes were smoked in the presence of another person. Roughly, half of those cigarettes were smoked with peers. A surprising amount of

smoking occurred in the subject's own home, suggesting that the smoking of the subjects is accepted, if not condoned, by their parents. (Anthony Biglan et al, 1984)

According to WHO (2002), Smoking is one of the greatest burdens to the health and well being of women and adolescents girls around the world. At present, tobacco kills more than half a million women per year worldwide. However, by the year 2020, it is estimated that the global yearly death rate will be double. In several countries, lung cancer as the leading cause of cancer deaths among women.

The current global trends indicate that the use of tobacco products are declining in the developed countries as control measures take effect. Thus, tobacco companies especially cigarettes factories are stepping up marketing in developing countries. As a result, the uses of tobacco products are increasing especially among adolescents of developing countries. Ignorance about the negative health effects of tobacco use, big budget allocation for promotional activities by tobacco companies in media advertisements has further worsened the problem.

Most of the smokers start smoking by the early twenties, but the trend is toward younger age. Teenagers begin to smoke without realizing the addictive nature of nicotine. The continuation of smoking behaviors' among young people involves in stages from preparation to experimentation to regular smoking and finally to nicotine addiction. In many instances, adolescents progress from their first experimental cigarette to strong nicotine dependence in year or his/her addiction, usually it is too late to quit due to physical dependence (WHO, 2008).

The overwhelming majority of smokers begin using tobacco before they reach adulthood. Among those young people who smoke, nearly one quarter smoke their first cigarette before they reached the age ten. Several factors increase the risk of youth smoking. These include attractive advertisements and their promotion, easy access to cigarettes, low prices etc. WHO (2008) says further that:

In Nepal, smoking was started since 350 years in the forms of 'Tamakhu'. Smoking started in the forms of cigarette since 65 years. In beginning stage only adult and main member of the family or society used smoking but now a day's 3 in 1 below 10 years and 10% of below 15 year school adolescents smoke cigarette (WHO, 2008).

A cross-sectional study was therefore conducted among 816 students selected from five colleges of Western Nepal using a self-administered questionnaire. Prevalence of ever smoking was 34.2% (males 47.6% and females 18.4%) and for current smoking was 17%. It was higher among youth belonging to 21 years or older as compared to younger age groups. Mean age of initiation was 16.8 years (standard deviation 2.8 years) and the most common reasons cited for smoking were; like it, to feel more relaxed, out of boredom and to look more mature. Proportion of youth who said they felt they were addicted was 43.1% and 64.7% said that they had tried to quit the habit. Most important predictors having independent effects on youth being ever smokers were having three or more smoker friends (OR=18), their own chewing (OR=4.8) or alcohol use (OR=4.2), male gender (OR=3.7) and the type of course they were pursuing, with professional course students having higher risk. With almost one fifth of college-going youth smoking and a higher prevalence in older age groups within them, smoking is a serious concern for young people in Western Nepal. (Department of Statistics, Kasturba Medical College, Manipal University)

Generally, it is believed that smoking of tobacco is common in Nepal regardless of age and sex of people. Smoking prevalence rates (use of smoking tobacco products only) for some areas of the country were estimated for early 1980s by Pandey and others. In Jumla a high mountain district, the proportion of males aged 20 years and over smoking was found highest at 84.7% and among the females the corresponding figure was 71.7%). In the mid hill areas represented by Sundarijal and Bhadrabas villages smoking prevalence among the males was 78.3% and among their female counterparts it was 58.9%. In the Tarai represented by Parasauni (Bara district) smoking prevalence rate was the lowest males 62.8% and females 48.4%. The Kathmandu urban sample showed high male smoking prevalence 64.6% while among the females it was estimated at 14.2%. A national sample survey on tobacco use covering 4,889 respondents was conducted in 10 of the 75 districts of the country at the end of 2000. A four-stage cluster sampling method was used. According to this survey the proportion of all respondents aged 15 and above ever smoked was 42.6%. The proportion of males ever smoked was 54.0% and among the females, it was 31.6%. The survey also inquired about the reasons for starting to smoke among the respondents who ever smoked. The majority of respondents (52.5%) who ever smoked did so because of influence from friends. The second most important reason for smoking appears to be the influence of parents or other senior family members who

smoked. Family influence appears to be more prominent among the females (23.7%) than among the males (15.9%) in encouraging people to smoke. Other reasons cited were personal inquisitiveness (7.7%), one's own liking to smoke (7.9%), worry (4.8%) and influence of siblings (0.7%). Some 4.5 percent women started to smoke because their husbands.

Based on the above sample survey data the estimated overall tobacco use prevalence among adults (aged 15 and over) including products such as cigarette, bidi, hukka, sulfa, chilim, kankad, rolled-on-tobacco, chewing tobacco (khaini, pan masala, gutkha surti, etc.) was 44.7% and it was almost twice among males (58.1%) than among females (31.6%). Smoking prevalence rate was 38.4%, (males 48.4% and females 28.7% - Figure 1). Translating the Nepal tobacco use and smoking prevalence rates into absolute number yields 6.4 million tobacco users (4.1 million males and 2.3 million females) and 5.5 million smokers (3.4 males and 2.1 females) in 2002. The overall tobacco use prevalence is higher in rural areas (45.8%) than in the urban areas (34.4%). Relatively fewer women consume tobacco products in the urban areas (19.9%) than in the rural areas (32.9%). Among the three ecological regions the overall tobacco use prevalence is the highest in the mountain region (68.2%, Figure 2), followed by the Tarai (42.4%) and mid hills (40.9%). However, although smoking prevalence is also highest in the high mountains (57.1%), unlike tobacco use, it is higher in the hills (38.9%) than in the Tarai (35%). Source: Pande, B. R., Karki, Y. B. and Pant, K. 2001, a Study on Tobacco Economics in Nepal, 2000. Submitted to WHO/SEARO, New Delhi

Obviously, tobacco consumption pattern has vigorously increased so, its urgent matter of concern to seek the underlying causes that has flourished his/her obnoxious habit. Several social, environmental, exposures to media, peer pressure economic condition, and parental smoking are influential to initiate smoking habit in adolescents. In Nepal, no systematic or well planned programs have been launched to promote anti-smoking campaigns. The public can be made aware of the health hazards of smoking by radio, T.V., newspapers, magazines, posters and other audio-visual aids.

1.2 Statement of the Problem

Tobacco use in the forms of cigarette is the chief preventable cause of death and illness in the world. Most people begin using tobacco before the age of 18. Recent trends indicate

that the smoking prevalence rate among adolescents is rising and the age of initiation continue, tobacco use will result in deaths of 250 million children and young people alive today, a third of whom live in developing countries (WHO, 2002).

Major consequences of smoking are not manifested until three to four decades after the onset of persistent smoking. Approximately 50 percent of men in developing countries are smokers and cigarette consumption is steadily rising in these countries, particularly among women and youth smoking is predicted to be one of the major causes of death and disability adjusted life years In the 21st century (WHO, 1999). The smoker who have taken up the habit in adolescence and continue to smoke regularly have 50% chance of dying from tobacco-related disease half of those persons will die in middle age, thereby losing nearly 22 years of normal life expectancy with prolonged smoking, smokers have a death rate about three times higher than non smokers at all ages, starting from young adulthood. (Nepal Demographic Health Survey Report, 2006) The above stated same report of WHO concludes that, about four million people worldwide die yearly from tobacco-related diseases, i.e. one death every eight second. If current trends continue, there will be one death every three seconds by 2030 (WHO, 1999).

In 1990, thirty lakhs people died due to complicated disease caused by smoking. Likewise 42 lakhs in 1998, 50 lakhs in 2003 and may be 84 lakhs people will die in 2020. To meet the above stated assumption more than 6000 adolescents experience their first cigarette puff everyday among them 3000 will change as a regular smoker. Above facts shows that, the trends of smoking is increasing globally. The report which was published on the occasion of 31st may 'World No Tobacco Day' concludes that, in Nepal, less than 15 years 10% school children smoke cigarette. The report shows another fact, according to which, three in one of below ten years children smoke cigarette in average and one people die per eight second due to smoking (WHO, 2008).

Gorkha is a beautiful district of Nepal which is rich in cultural and historical dimensions pilgrims. People are mostly living in rural area. Economic status of people is more or less equal. There geographically difficult terrain area. That why many people are still uneducated or has low education level now. There are 84 secondary schools are running inside the Gorkha at present among them 81 are run by the governmental financial supports and resources and rest only 3 are run private sector (DEO, 2068). Mostly school adolescents, petty children are prone to victim of smoking in Gorkha. The smoker who

have taken up the habit in adolescence and continue to smoke regularly have 50% chance of dying from tobacco-related disease half of those persons will die in middle age, thereby losing nearly 22 years of normal life expectancy with prolonged smoking, smokers have a death rate about three times higher than non smokers at all ages, starting from young adulthood (Nepal Demographic Health Survey Report, 2006).

There are several factors associated with adolescent involvement in the smoking. Specially adolescent smoking is more serious problem for the future healthy people of the nation. Thus, the researcher was interested to determine the situation of adolescents smoking in Gorkha.

The researcher tried to get the answers of the following questions:

1. What are the major influencing factors that make adolescence to initiate smoking?
2. Are the smoking adolescences aware about health problem that will generate from smoking?
3. Are smoking adolescents felt any social, economic and behavioral problems?

1.3 Justification of the Study

Adolescence is an important period of risk for the development of lifelong smoking behaviors. The several factors are influencing an adolescence to initiate the smoking behavior. Researches of western countries suggested there is relationship between parental smoking, peer smoking, available tobacco in home and the risk of smoking initiation during adolescence. A description of adolescent smoking situation could contribute to the development of prevention programs and it could lead to a better understanding of the basic processes involved in the initiation and maintenance of smoking. High risks of harmful effect of tobacco smoking are more prevalent and result in more complications that are serious to adolescents than adults. Therefore protecting every adolescent from initiating smoking as well as other tobacco products use is the best intervention for the promotion of the health status of people of Nepal. Thus, this study aims to delineate the smoking behavior of school going adolescents and identify the factors that lead the adolescents towards smoking. Identification of the factors responsible for initiating cigarette smoking among adolescents will be useful for identifying the most effective interventions to prevent adolescents from quitting up the smoking habit.

1.4. Objective of Study

General objective of this study is to generate information about smoking behavior and factors influencing to initiate the smoking by adolescence in high school of Gorkha district. The specific objectives of this study are:

1. To find out the existing situation of smoking behavior among school adolescents of Gorkha District
2. To find out the causes of smoking among school adolescents of Gorkha District
3. To identify the health and socio economic effects of smoking on school adolescents.
4. To determine the awareness level of the harmful effect of smoking in adolescence of Gorkha District

1.5 Significance of the Study

The significance of this research study is as follows:

1. This study is useful to understand the extent of smoking behavior of adolescences of Nepal.
2. This research finding can guide others who want to do similar type of research in other districts too
3. The study will be useful to policy maker and planners to develop anti-smoking policy and program for future healthy people.
4. This research study will be helpful to aware the school adolescents on health hazardous effect of smoking.
5. The findings are helpful for the curriculum developers in developing school curriculum for anti-smoking education.
6. The findings of this research may helpful to frontline health workers and others who are working in the public health sector.

1.6 Delimitation of the Study

This study has its own delimitation due to time and resource constraints. So, it focused only on particular area which could be investigated within the limit of the researcher's capacity. The delimitations of this study are as follows:

1. This study is based only in the responses of the school adolescents of sample school of Gorkha District.
2. This research study includes the study of cigarette smoking only.
3. This study is delimited only to governmental school's adolescent students.
4. Only the adolescence smokers are taken as sample.
5. Being a purposive sample study, its findings are contextual and may not be generalizable to a larger area.

1.7 Operational Definitions of the Terms Used

School Adolescence: -	The person whose age is 10-19 years, who are studying in 9 to 12 class
Smoking: -	Inhalation of smoke from burning tobacco in cigarette, bidi, hukka etc
Quit: -	Leave, give up
Occasional smokers: -	The person who smokes cigarettes but not regularly or everyday
Passive smokers: -	The person who inhale the Smokey air exhaled by the smoker
Behavior: -	Regularly used cigarette smoking
Impact: -	powerful effect, striking of one thing against another, strong effect of smoking on health, economically and social life
Habit: -	person does often and almost without thinking especially something that is hard to stop doing.
Active Smoker	The person who directly inhales and exhales the smoke coming out from burning cigarette

CHAPTER II

REVIEW OF RELATED LITERATURE

Review of Literature is an essential part of all studies. It is way to discover what other researches in the area of our problem have uncovered the facts. A critical review of the literature helps the researcher to develop a thorough understanding and insight into previous research works that relates to the present study.

2.1 Theoretical Literature

Smoking is increasing at an alarming rate in the developing countries including Nepal. "10% school student below 15 year smoke cigarette in Nepal and three in one have the experience of smoking cigarette below ten years in Nepal" (WHO, 2008). Most smokers start smoking during child hood and adolescence. Teenagers especially the adolescents are therefore an appropriate focus group when considering the initiation of smoking. During the teen years, adolescents are attempting to disentangle from the influence of and identification with parents establishes stronger relationship with their peers and establishes a sharper and more independent self – identity. For many teenagers smoking appears to constitute a rite of passage into adult hood. Smoking helps teenagers feel more mature because smoking is an adult behavior forbidden to children. Adolescent's experiments with tobacco products to appear more mature.

According to the WHO report (2002) some youth, perceive cigarette smoking as a pleasurable, relaxing and helpful behavior. Cigarettes often are referred to as a dependable 'best friend' through both happy and difficult times. Cigarette smoking is perceived as a social behavior. It is viewed as a way of establishing links with other people and of being one of the groups. Tobacco smoking contains 48000 chemicals, 87 carcinogens, resulting instance of lung cancer and heart diseases, infant death syndrome, low birth weight, acute respiratory infection, ear infection and asthma in active smoker. The US center for disease crouton second hand smoke is the prime source of toxic chemically like Formal dehyde benzene polonium-210, tiny chloride carbon monoxide hydrogen cyanide, and butane ammonia, toluene cad mum lead arsenic and chronic for both active and passive smoker. The report has suggested that peer pressure and older siblings are major factors that influence the initiation of youth smoking.

According to Erbaydar et. al. (2002) with regard to peer influence, almost 90% of teenage smokers in the United States acknowledge that at least one of their four best friends smoke on a regular basis while only 33% of non smokers have a best friend who is a smoker. And with regard to parental smoking research report suggest that parents who smoke are more likely to have children who smoke than non smoking parents. E.g. one study in the United States found that teenagers with two parents who smoke are more than twice as likely to smoke as those with no parents smoking. An interesting finding from a recent Turkish study was that both boys and girls were more likely to start smoking if their mother smoked then if their father smoked.

Erbaydar ET. al. (2002) further says that with regard to the older, a study in the United States showed that a teenager with an older sibling who smokes is far more likely to become smoker. The stability of the family unit and the smoking behavior of family members continue to influence the teenager's smoking behavior. Consistently, it has been found in United States that the prevalence of teenage smoking is much lower in intact homes with both parents present. A study in the United States revealed that is both parents and older sibling smoke, where the chances of the teenager being a smoker are less than 1 in 20.

According to the Wikipedia, the Free encyclopedia, Adolescence (Lat adolescere= (to grow) is a transitional stage of physical and mental human development that occurs between childhood and adulthood. This transition involves biological, social and psychological changes, though the biological or physiological ones are the easiest to measure objectively. Historically, puberty has been heavily associated with teenagers and onset of adolescent development. In recent year, however, the start of puberty has seen an increase in pre adolescence and extension beyond the teenage years, making adolescence less simple to discerning adolescence less simple to discern. The end of adolescence and the beginning of adulthood varies by country as well as by function, as even within a single country there will be different ages at which an individual is considered mature enough to be entrusted with particular task, such as driving vehicle, having sexual relations, serving in the armed forces, voting or marrying.

According to World Health Organization "adolescence covers the period of life between 10-20 years age. Adolescence is often divided by psychologist in to three distinct phases. Early, mid and late adolescence the combination of these three stages is really a

transitional stage of development between childhood and adulthood. This period represents the period of time during which a person experiences a variety of biological changes and encounters a number of emotional issues. Actually, adolescence can be a specifically turbulent as well as a dynamic period of one's life. It has been identified as a period in which young people develop abstract thinking abilities. If any disturbance appears in their thinking and desire they develop negative thinking and attitude. Due to that they develop negative habit and test the harmful and addicted substances ", (www.who.org).

According to Khanal et al. (2005), smoking is inhalation and exhalation of the fumer of burning tobacco. Leaves of the tobacco plant are smoked in various ways. After drying and curing process, they may be rolled into cigars or shredded for insertion into smoking pipes. Cigarettes, consist of finely shedded tobacco is a plant which grown commercially for its leaves and stems. Which are rolled into cigars, shredded for use in cigarettes and pipes, processed for chewing, or ground in to snuff, a fine powder that is inhaled through the nose? Tobacco is the source of nicotine, an addictive drug that is also the basis for many insecticides. Until 1940s, smoking was considered harmless but laboratory and clinical research has since confirmed that tobacco smoke presents a hazard to health Nicotine a major constituent of tobacco smoke, is both poisonous and highly addictive. According to the American cancer society, smoking is the most preventable cause of death in American today

According to the Tiwari (2064) smoking is inhalation of tobacco smoke through any forms i.e. cigarette, bidi, tamakhu, kakkad etc. Depending it definition, smoking is found to be used in different ways. Tobacco containing substances are found in different forms. These substances are available in the market with different labels, which are used by people according to their interests and affording capacity. When they use tobacco containing substances they intake excess amount of nicotine which affect their brain and as a result they became addicted. Cigarette is the most common and dangerous form of smoking. In compare to all other forms of smoking more than fifty percentages of smokers, die due to the use of cigarette. In the context of poor and developing countries like ours, most people come across various forms of it, which includes both filtered & non-filtered cigarettes. Adults of remote areas rarely use other forms of smoking like bidi & hukka.

Furthermore, Tiwari (2064) writes that the smoking habit comes in trend first from America in 16th century while between 10-20 years age. Psychologist into three distinct phases often divides adolescence. Early, mid and late adolescence, the combination of these three stages is really a transitional stage of development between childhood and adulthood. These periods represents the period of time during which a person experiences a variety of biological changes and encounters a number of emotional issues. Actually, adolescence can be a specifically turbulent as well as dynamic period of one's life. It has been identified as a period in which young people develop abstract thinking abilities. If any disturbance appear in their thinking and desire to develop negative thinking and attitude. Due to that they develop negative habit and test the harmful and addicted substances.

According to Lujic, et. al. (2005) Theories of smoking has been developed about the conditions and causes of smoking as well as for explaining its maintenance. Moreover, factors of smoking motivation have been identified, which describe incentives to smoke and types of smoking behavior. The most frequently reported motives are psychosocial smoking, sensor motor smoking, indulgent smoking, stimulation, sedation smoking, dependent smoking, and automatic smoking. In the first phases after the start of smoking, psychosocial smoking is the dominating motive, which is best represented by theories of social psychology. Sensor motor smoking may be best explained by theories of classical and operant conditioning. Indulgent smoking (=smoking for pleasure) may be explained by neurochemical theories and by the neurobiological theories of dependence emphasizing nicotine-induced activation of mesolimbic dopaminergic reinforcement. Stimulation smoking and sedation smoking are related to arousal models. Moreover, sedation smoking is also explained by aspects of reducing negative affect (as claimed by theories of affect regulation) and by biochemical theories emphasizing serotonergic mechanisms in modulating anxiety as well as by theories of dependence. Dependent smoking, which is mostly based on negative reinforcement (suppression of withdrawal symptoms), may be explained by neurochemical theories as well by neurobiological theories of psychological and physical dependence explaining blunted dopaminergic and serotonergic responsively as due to desensitization of respective receptors. Also automatic smoking may be explained by processes of habit learning and neurobiological theories of dependence. Finally, personality theories have been applied to all of these smoking motives.

According to Khanal et al. (2005) smoking tobacco and its addiction is seen as a burning issue today. Thousands of adolescents fall victim to addiction. Adolescents in their group of friends often face a subtle pressure to conform to the practices of peer, which are considered fashionable and macho, and a non-conformist often has to fear jeers and sarcasm of his peers. Peer pressure especially in the absence of guidance at home, often results in youths trying out tobacco products and eventually getting addicted to it. Not only the peer pressure but also the depression appear in adolescence age, dysfunctional families, societal pressure, keeping with trend, love tragedy and most prominently due to strong will are the main cause of smoking. Some adolescence are also attracted towards smoking to look cool and as an influenced behaviours of their ideals.

The word "drug" is defined "as a substance that when taken into the living organisms may modify one or more of its functions"(WHO). "Drug abuse" is defined as "self administration of a drug for non-medical reasons, in quantities and frequencies which may impair an individual's ability to function effectively and which may result in social, physical or emotional harm". "Drug dependence" us described as "a state psychic and sometimes also social, resulting from the interaction between the living organism and drug, characterized by behavioral and other response that always compels to take the drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence". A person may be dependent upon more than one drug (Park and Park, 2005).

According to Park (2005) the tobacco smoking was first suggested as a cause of lung cancer in the 1920s subsequent studies proved the caused relationship between cigarette smoking and lung cancer. Two studies in India showed that the lung cancer is 8.6 times risk of cigarette smokers than the risk of non-smokers. The risk is strongly related to the number of cigarettes smoked. The age of starting to smoker and smoking habits such as, inhalation and the number of puffs and the nicotine, the tar content and the length of cigarettes. Those who are highly exposed to passive smoking are at an increased risk of developing lung cancer. It has been calculated that in countries where smoking has been a wide spread habit, it is responsible for 90 percent of lung cancer is the incident reduction that occurs after cessation of smoking. This has been convincingly demonstrated in a 20 years prospective study on male British doctor.

According to the Nepal Demographic and Health Survey (2006), more than sixty percentages of lung & mouth cancer and intestine ulcer are the main effects of smoking. Also smoking has so many minor effects like broken the relationships among family members, weakness the economic status etc. Smoking has some immediate individual effects like, blackening the teeth, mouth & fingers, weakening the teeth and gum, decrease the charm of skin, make wrinkle in face, weakens the immunity power etc.

Smoking has no any advantageous aspects. Therefore, it should be stopped or completely banned. There ought to be different measures can be adopted which as follows: a) To educate and aware the adolescents about the consequences of smoking habit. b) To be a role of model, assess and address tobacco, support smoke free environment. c) Participate in anti- tobacco programme like 'No Tobacco Day'. d) To be active in tobacco control, invest in tobacco control support smoke – free public places, reject the tobacco money, aware everyone and act upon effectively and efficiently on their own, which can help further to create a smoke free environment etc.

According to the policy brief and datasheet, the world's youth (2006). Various behaviors of youth have long-term implications for their health. These include smoking, drinking alcohol, overeating and sexual behavior. Each of the activities carries some degree of risk taking is considered a characteristics of youth and experimentation and exploration are valuable parts of growing up. However, youth commonly underestimate their risk of disease, accident or vulnerability and they often lack knowledge about the consequences of their action – thereby exposing themselves to serious health problems.

According to WHO (2008) Social behavioral, peer pressure, influence of dashing person explicit promotion of cigarette advertisement are associated with the onset of smoking, a clear dependence on nicotine is found in the majority of chronic smokers. This dependence prevents these individuals from giving up smoke and staying away from it. Yet research has shown that smoking cessation greatly reduces the risk of tobacco-related diseases, thus most smoking related deaths are preventable by intensive cessation intervention. If only a small proportion of today's smokers were able to stop smoking, the long term health and economic benefits would be immense.

Results of social research indicate that social identity is independently related to smoking behavior after controlling for factors such as age, gender, ethnicity, school achievement,

religiosity, living with a smoker, sensation seeking and social norms. Certain identities, such as artist, musician and nerd were associated with decreased smoking behavior while other identities such as rebel and hipster were associated with increased smoking behavior (Moran, Meghan Bridgid, 2009).

Smoking behaviour of parents and other family members and easy availability of tobacco in home encourage adolescence to initiate smoking behavior (Susanna, 2009).

2.2 Empirical Literature

CWIN (1999) has shown that the consumption of the tobacco in the world is very large. Nepal alone consumes about 12 metric tons of tobacco per year. Nepal imports: tobacco mainly from India. The Tobacco consumed indifferent from in Nepal is given. Cigarettes 40% Bidi 30% Sulpha 15% Hukka 5% and smokers 10% JNMA (1999) had conducted a research in Sunsari district. It has shown that 25.9 percent of 15-49 years old and 50.3 percent of 50-64 years old were smokers. Most of the illiterate and uneducated were smokers. 47.3 percent of farmers, 56.6 percent of fisher people and weavers and 39.3 of employees were smokers. 20.2 percent of males in rural areas and 16.8 percent in urban area smoke, and 16.8 percent in females' rural areas and 9.7 percent of females in urban areas smoke. Relating to the daily amount smoked 35.5 percent use 1-5 times 134.6 percent use 6-10 times, 19.4 percent use 11-20 times and 10.5 percent use more than 20 times. 42 percent of smokers began smoking before 20 years of age.

According to the Pandey, Karki & Pant (2000) Smoking is associated with increased risk of lung and heart diseases and is also closely related to other behaviors risky to health such as alcohol and drug use. Likewise, the Nepal Demographic and health survey (2000), nearly three fourths of men smoke Cigarettes, Bidis or other Tobacco. The percentage of men who smoke Cigarettes/Bidis/Tobacco is 36.7% among the 15-19 years of age group and 87.4% among the 50-54 age groups. The survey report shows with prolonged smoking, smokers have a death rate about three times higher than none - Smokers at all ages, starting from young adulthood. Studies have shown that 75-80% of smokers do want to quit. One third has made serious attempts to give up the habit. The odds are that one in three smokers will die prematurely from smoking with an average loss of 20-25 years of life.

Acharya (2001) studied on “Tobacco use among school children of Shivapuri secondary school, Kathmandu”. The studied Population was 814 students. The study has shown the regular smokers were 82 students (10.07%) out of 82 students, 72 were male and 10 were female. In this school, also the smoking was common among the students of the age group above 15 years. There were 33 students out of 82 in this group. i.e.19.88%, 27 students (3.32%) students were already quit smoking. In this school, there was not any program to “No Tobacco Day”.

Acharya (2002) studied on tobacco use in Padampur V.D.C. aims to assess the prevalence of tobacco use in the Padampur V.D.C. of Chitwan district. Sampled size was 1584 and sample was selected through random stratified method, adolescence were above 18 years, his study shows that 46.61 percentage people were regular smoker, among them 4.73 percentage were occasional smokers and 33.02 percentage were using tobacco other forms rather than smoking and 9.09 percentage were ex-smokers. The most common group for starting to smoke was 10-19 years and most of the regular smokers are 45-59 years. Anti tobacco program should be effectively launched and large size research is necessary for launching any program.

According to Sharma (2002) a studied based on Kathmandu Valley among the adolescence concludes that 67 percentage of the smoking population is between ages 14-19 years where as 33 percentage is between ages 20-25 years. The study shows that among them 37 percentage are male. Among them majority of the smokers shows 40 percentage are students of the intermediate level, 32 percentage are students of classes of 9 and 10. The study was conducted among 300 adolescence inside the Kathmandu Valley.

In Nepal, the overall tobacco use prevalence among adults (age 15 and above) including products such as Cigarettes, Bidi, Hukka, rolled on tobacco, chewing tobacco leaves etc.) is 44.7 percentage and the prevalence of tobacco smoking is 38.4 percentage smoking (of cigarettes, Bidi, Hukka, Sulpa) was reported to be 5.5 times higher than the use of smokeless tobacco products like Khaini, Panmasala, Gutkha etc. The use of tobacco products is almost twice as high among as among girls (58.1 percentage) and 31.6 percentage respectively). 5 percentage of total adolescence are using both smoked and smokeless tobacco products

The Nepal GYTS (2002) was a school-based survey of students in standard 8-10 conducted in 2003. Cluster sample design was used 98.0% was school response rate, 84.1% was overall response rate, whereas the total students 2,307 were participated. In that report 4% were currently smoked cigarettes.ETS exposure is high; four in ten students smoke in home where others smoke in public place among them almost half has parents who smoke or chew tobacco. Three-fourths of students think smoke from other is harmful to them. Over 7 in 10 students think smoking in public places should be banned; over 8 in 10 smokers want to quit 9 in 10 students saw anti- smoking media messages in the past 30 days. 9 in 10 students saw pro-cigarettes in the past 30 days.

Thapa (2005) performed a study: aims to assess the prevalence of smoking among adolescence age between 10-19 years and studied on schools and non-school adolescents among 1200 smokers. Only 360 (30%) active adolescence were chosen out of 1200. Among them 150 (121 males, 29 females) were from student group and 210 (167 males, 43 females) from non-student group.

Thapa (2005) further said that, among all the adolescence 116 (32.4%) have monthly Rs.500 income and 23 (6.3%) have monthly income more than Rs.1500. meanwhile 194 out of 360 (53.6%) have the guardian for source of income, 116 out of 360 (32.4%) earn themselves. Similarly, 290 out of 360 adolescence (80.6%) were found unmarried and 70 (19.4%) were married among the total respondents, 225 (62.5%) live in joint family and 153 (37.5%) have primary education and 97 (26.9%) from both groups have higher secondary qualification.

Thapa (2005) also said that, out of 360 adolescence, 207 (57.5%) have causing to start smoking by curiosity of testing. Meanwhile, 292 out of 360 (81.1%) learn smoking from friends and out of 360 adolescence, 168 (46.8%) have 11 year smoking history. Out of 360 adolescence, 316 (95.4%) have known the adverse effects of smoking. Among 360 adolescence, 254 (42.8%) use Surya brand cigarettes, similarly, 350 (97.2%) tried to quit smoking and, 163 (45.4%) have willing to quit smoking because of ill health produced by smoking cigarettes.

Dhawal (2005) studied on “Knowledge Attitude and behavior of Adolescence in Tobacco Use”, smoking is also use as a kind of tobacco product. So, she analyzes the knowledge, attitude and behavior of smoking in adolescents. Their study area was Birendranagar

municipality of Surkhet District. Its sample size was 200 and Random-sampling procedure was used. She found that out of 200 respondent's 75 percentage tobacco users and 25 percentage were non users out of 150 smokers' 46.6 percentage were regular smokers 50.6 percentage were ex-smokers according to the study the main reason of starting smoking were peer pressure and curiosity, 67 percentage of smokers had started to smoke cigarette at about the age of 13.

Subba (2057) has performed a study on awareness regarding consequences of smoking among adolescents. According to this study most of the smokers begin below 19 years of age. 36 percentage of smokers begin by 14 years old and 64 percentage from the ages of 14-19 years. According to study the main cause is peer pressure i.e. 80 percentage others irritations, anxiety, tragedy etc. the majority of the smokers want to quit smoking. All students have the knowledge of the danger of smoking. The adolescence suggested for control of smoking, parents role, schools supervision and ban of smoking advertising in any media and closing the factors.

According to Khanal (2006) the smokers in the community above 15 years of age were 52 percentage in which male were 49.25 percentage and female were 50.76 percentage cigarette smokers. In the community the cigarette was the most popular (53%) or available than in other forms of tobacco. The study also showed that the majority of the smokers 42 percentage have smoked cigarette 6-12 times per day. Starting age of smoking was commonly the age of 11-20 years. More than 60 percentage smokers started its use from this age. The cause of starting to smoke was found to be mainly peer pressure 35 percentage and family influence 31 percentages.

According to the report entitled Health Topics Details (2008) people especially childhood and adolescents aged smoked cigarette due to peer pressure, curiosity, influence of dashing person etc. Due to the addictive nature of cigarette, if kids start smoking before they are 15, they are likely to still be smoking as adult. Cigarette smoking is addictive widely prevalent and very hazardous. Smoking killed 100 million people in the 20th century and is predicted to kill 1 billion in the 21st century worldwide, there are about 1.1 billion smokers and there are expected to be 1.6 billion by 2025. If this alarmingly growing smoking ratio continues, half of all the smokers will die prematurely unless they stop or quit or check the smoking.

A study report of WHO (2008) concludes that smoking will kill 50 percentage of more people than HIV/AIDS by 2015 and will account for 10 percentage all deaths globally. In Nepal, over 15000 people die due to the smoking and its effect. In the same report of WHO (2008) has urged its member states to observe world's No Tobacco Day 2008 (may 31) with the theme of 'Tobacco Free Youth' towards smoking free youth in Nepal too. The day observed by tobacco control organization by disseminating anti-tobacco message throughout the country. Smoking is increasing at an alarming rate in the developing countries including Nepal. "10% school student below 15 year smoke cigarette in Nepal and three in one have the experience of smoking cigarette below ten years in Nepal" (WHO, 2008).

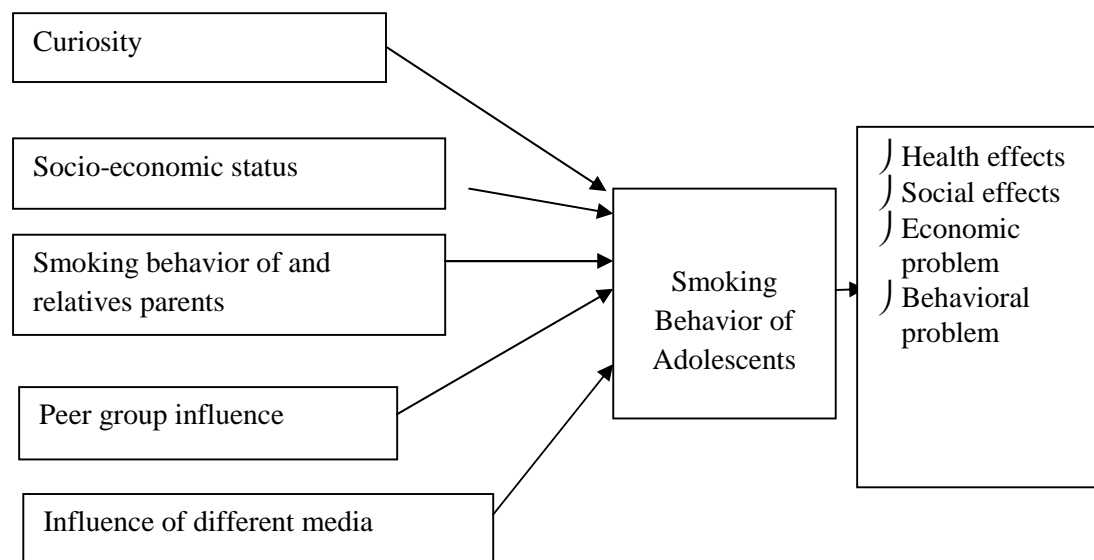
Based on eleven cross-sectional surveys using nationally representative samples of 14-18-year-old adolescents, the results from the second study (II) provided unique knowledge for the field of adolescent tobacco research by examining the evolution of the association between parental smoking and child smoking over time (1977-2005). A novel finding was that this association persisted strong and similar between 1977 and 2005. Furthermore, this study explored family smoking trends in the corresponding time period. An important finding was that the proportion of never-smoking families in which neither parents nor child had ever smoked increased substantially from 9% in 1977 to 18% in 2005 while the proportion of smoking families only slightly increased (3.8% vs. 5.5%).

The third study (III) examined home smoking bans and associated family factors, as well as associations of home smoking bans with experimental and daily smoking among the adolescents. A remarkable proportion of 12-18-year old Finns live in homes where no total ban on smoking is in place. The prevalence of total home smoking ban varied according to the socio demographic characteristics of adolescents' families. The factors contributed to an increase in the prevalence of total home smoking ban were: having non-smoking parents, having parents with higher education and living in a two biological parent family. The result further showed that the absence of a total home smoking ban independently contributes to a high likelihood of adolescent daily smoking. A noteworthy finding was that this persisted even when the parents themselves smoked. (Johan W. Groothoff and etal, 2005)

2.3 Conceptual Framework

Although, smoking is an individual behavior, it is greatly influenced by social and environmental factors. Conceptual framework gives the clear meaning to the researcher as well as others what the researcher want to study or find out. So, the researcher present research frames work of this study as below.

First, adolescents have keen interest to get the knowledge about smoking for this; different companies have economic and other incentives to encourage first-time smokers to smoke their brands. Second, adolescents are exposed to cigarette advertising and promotions that employ themes and images that appeal to adolescents which directly influences brand awareness and attitudes toward smoking among adolescents. Third, easy access, low price of cigarettes, increased acceptability of smoking these economic and environmental factors lead adolescents toward smoking. Fourth adolescents in their group of friends often face a subtle pressure to conform to the practices of peer, which are considered fashionable and macho, and non-conformist often has to fear, jeers and sarcasm of his peers. Peer pressure in such cases especially in the absence of guidance at home and parents, often results trying out smoking cigarettes of different brands and eventually getting addicted to it.



On the basis of review literature included above, researcher sketch the conceptual framework to studied about smoking behavior of adolescents of Gorkha District on four distinct cause's knowledge on smoking, socio-economic status/environment, peer group influence, influence of different media and tried out to find the health effects and social effects due to smoking.

CHAPTER III

RESEARCH METHODOLOGY

3.1 Research Design

“Research design is the conceptual structure within which research is conducted; it constitutes the blue print for the collections, measurement and analysis of data” (Kothari, 1995). Descriptive research is a fact-finding operation searching for adequate information. It is a type of study, which is generally conducted to assess the opinions behaviors’ or characteristics of a given population and to describe the situation and events occurring at present (Wolf and Pant, 2005). This research was also based on particular small area and aimed to find out the specific small size populations facts so, researcher used the descriptive type of survey method for the study. This study is quantitative in nature however; qualitative techniques were also used for interpretation.

3.2 Population of the Study

School adolescents of Gorkha district (13-19yrs) were the population of this study. Two type of school, Governmental (81) and Private (3) schools are run in Gorkha district (DEO Gorkha, 2068 B.S.). According to DEHO of Gorkha district, 12666 number of adolescents in secondary level in which girls are 6399 and boys 6267. Likewise, in higher secondary level, the total numbers of adolescents are 3279, where the girls are 2024 and boys are 1255. Mainly, the adolescent smokers from government school were taken as the population.

3.3 Sampling Procedure and Sample Size

Researcher purposively selected Gorkha district, randomly selected a constitutional area between three of the district, and purposively selected the governmental schools. After that randomly selected three higher, secondary schools that are situated mid hill area of the district where researcher had already noticed the smoker adolescents. With the help of already identified some smokers, researcher found other adolescent smoker students. Therefore, the researcher used snowball-sampling procedure. The sample size was of 85 students from the 4 purposively selected schools of Gorkha district.

3.4 Study Area

The study was conducted in Gorkha district. The research area was selected purposively as this area has more students in high school in mid hill area. The schools were selected purposively.

3.5 Data Collection Technique

Necessary secondary data were collected from District Education Office Gorkha. Primary data were collected by interview with respondents using pre-determined questionnaire. To conduct survey a pre-designed with open ended and close ended questionnaire were prepared. Pre-testing of survey questionnaire was done outside the research area with 20 smoking adolescents and modification of question was done according to pre-testing result.

3.6 Validations of Tools

For finding the clear view and information of respondents, questionnaire was made and pretested on 20 students of Old Capital Higher Secondary school of Gorkha District. The lesson learnt with the administration of the tool was used in reconstruction of the tool. The researcher also discussed with the supervisor on the questionnaire and improved it. Finally, the standard set of questionnaire was prepared by following the suggestions of the supervisor and correcting the mistakes of pre-tested questionnaire.

3.7 Data Analysis and Interpretation

After collecting the filled up questionnaire, researcher was carefully rechecked and tabulated on master table on different headings then simple statistical methods like percentage, and mean were adopted for the analysis of data. For data analysis, Statistical Package for the Social Science (SPSS) was used. After that the data was analyzed and interpreted with the help of graphs, figures and charts. Also, the obtained data of this research study was interpreted in comparison with national and international research findings.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

The study had been carried to find out the smoking behavior of school adolescents of Gorkha District. This chapter is concerned mainly with the analysis and interpretation of the collected data from the respondents. To make this study effective and meaningful the collected data has been classified, grouped, tabulated and calculated. Following steps are followed to attain the research objectives:

- 1) Personal information of the respondents
- 2) Situation of smoking behavior among adolescents
- 3) Causes of smoking
- 4) Socio-economic and health effects on Adolescents due to Smoking

4.1 Personal Information of the Respondents

The total number of students included in the study, as adolescents were 85. They were included from purposively selected governmental secondary and higher secondary schools of the Gorkha District. Only common personal information was collected which can not disclose their personal identity due to the socially unrecognized research matter.

4.1.1 Age of the Respondents

Adolescence comprises 10-19 years. Here in this study, the adolescents were included from the age of 13 to 19 and their number is shown in

Table 1 Table 1: Age of the Respondents

S.N.	Age	Frequency	Percent
1	13	3	3.5
2	14	6	7.1
3	15	8	9.4
4	16	10	11.8
5	17	14	16.5
6	18	28	32.9
7	19	16	18.8
Total		85	100.0

As shown in the table, most of the adolescence (32.9%) was eighteen years; least (3.5%) were thirteen years old. The average age of the adolescence was 17.05 years old with standard deviation of 1.675 years. The data analysis of age indicated that more respondents were in late adolescent and this was due to the respondents of higher secondary level were also included in the study.

4.1.2 Sex of the Respondents

Researcher tried to collect the information from nearly equal proportion of boys and girls adolescents' students but researcher could not succeed to do. Perhaps, girls are more confined within the close supervision of family members than boys. Thus, girls have more restriction and close supervision against high-risk behaviors. The situation was such that even after great effort of the researcher, numbers of female smokers was unable to be included in the research. It was such that, smoker girls of the selected schools might afraid to be exposed. The researcher was able to study the smoking behavior of the male students only. This might be because the boys were found more free than girls and has the habit of smoking as a medium of entertainment or fun.

4.1.3 Education level of the Respondents

As a study on the smoking behavior of the adolescents, the education level of the respondents varies from grade 8 to 12. It was not possible to include an equal number of respondents from each grade.

Table No. 2 Education level of the Respondents

S.N.	Grade	Frequency	Percent
1	8	2	2.4
2	9	18	21.2
3	10	27	31.8
4	11	15	17.6
5	12	23	27.1
	Total	85	100.0

Table 2 showed that more smokers were in grade ten followed by twelve and nine. It is such that, the student of grade 10 and 12 may feel the seniority and maturity. Therefore, being a brave person they might have smoked.

4.2 Situation of Smoking Behavior among Adolescents

An attempt was made to find out the existing situation of smoking behavior among the adolescents of high school and higher secondary school of Gorkha district as an objective of this study. For this several questions related to smoking behaviour were asked to the respondents, their replies are discussed as below:

Majority of the adolescents (60 percent) smoke little everyday, 40 percent smoke occasionally. This indicated that 51 respondents were regular smokers though they smoke little, 34 respondents were occasional smoker as they smoke in special occasion like picnic, trip, feast and festival, tour, and friends meeting.

4.2.1 Age of Starting to Smoking

In order to find the existing situation of the smoking, weather they were habitual or occasional smoker or they had just started to smoke or from how long they have been smoking. The responses of the respondents about their age of starting smoking were given in the table 3.

Table 3: Age of Respondents at Starting of Smoking

Age in Year	Frequency	Percent
10	2	2.4
12	4	4.7
13	12	14.1
14	12	14.1
15	25	29.4
16	14	16.5
17	13	15.3
18	3	3.5
Total	85	100.0

Note: Mean =14.89 years, Std. Deviation=1.68 years and Range= 8 years

Table 3 showed that smoking started at early age of ten to late adolescent age of eighteen with mean age of 14.89 and standard deviation 1.68.

WHO(2008) says that most of today's smokers start their first cigarette during starting age of teen-age and also the report of Health Topic Details (2008) also concludes that most of the smokers start to smoke when they are 15 or before that. Both report's findings are validated by this research.

4.2.2. Influencing Factors to Start Smoking

The several factors influence the adolescent to initiate smoking at first time.

Table 4: Factors Influencing to Start Smoking by Respondents

Influencing Factor	Frequency	Percent
Peer pressure	37	43.5
Curiosity about smoking	18	21.2
Imitation from guardians	16	18.8
To attract opposite sex	2	2.4
Tragedy in love affairs	8	9.4
To look cool	4	4.7
Total	85	100.0

The data on the table 4 showed that more influencing factor was peer pressure (43.5 percent) followed by curiosity about smoking (21.2 percent) and imitation from guardians (18.8 percent).

4.2.3 Daily Consumptions of Cigarette

As to find out the extent of smoking, it is necessary to find out that how many sticks of cigarettes do they smoke per day.

Table 5: Numbers of Cigarette Smoked Per Day by Respondents

Number of Cigarette Smoke	Frequency	Percent
One cigarette per day	20	23.5
Three cigarette per day	39	45.9
Five cigarettes per day	26	30.6
Total	85	100.0

The data analysis indicated that majority of them (45.9 percent) smoked three cigarette per followed by five cigarette smoker (30.6 percent) and one cigarette smoker (23.5 percent). The above fact shows that seventy five percent adolescences were develop smoking habit by smoking average three cigarettes per day. It might be the peer's pressure or to give company to their friend or experimenting being curiosity.

4.2.4 Place Where the Adolescents Smoke Usually

To find out the places where the adolescents smoke usually, the question was asked where you smoke usually. The adolescents' responses are shown as follows:

Table 6: Smoking Places Chosen by the Respondents

Smoking Places	Number of Respondents	Percent
In home toilet	32	37.6
school/college toilet	18	21.2
Restaurant and teashop	6	7.1
School/ college canteen	4	4.7
Public place	23	27.1
Other	2	2.4
Total	85	100.0

Table 6 showed that majority of the respondents (58.8 percent) uses toilets (home and school toilets) as a secrete place (27.1 percent) to smoke cigarette followed by public place. It is banned to smoke in public places but the respondents used public place (including parks, roadside places, cinema hall, teashop, path etc) to smoke might be the study location was rural area of Gorkha District.

4.2.5 Accompanying person at First Puff Started by Respondents

For the first time to initiate smoking somebody may be accompany. The data analysis indicated that majority of the respondents (90.6 percent) took first puff with their friends followed by alone to meet their curiosity (table 7)

Table 7: Accompanying Person at First Puff Started by Respondents

Person	Frequency	Percent
Friends	77	90.6
Guardians	2	2.4
Alone	6	7.1
Total	85	100

4.3 Causes of Smoking

4.3.1 Adolescents Reason of Smoking

Going through the causes or reasons given by the adolescents, it was concluded that the main causes were peer's pressure and so on, which could be studied clearly from the table no. 4.

Table 8: The Rank of Influencing Factors in Smoking by Adolescents

Influencing Factor	Frequency	Percent	Rank
Peer pressure	30	35.3	I
Experiment	25	26.4	II
Imitation	16	18.8	III
To look cool	4	4.7	V
Other	10	11.8	IV

It shows maximum (43.5 percent) of the adolescents started smoking because of peer pressure where as 21.2 percent of them started due to curiosity, 18.8 percent imitated their parents or other elders, 9.4 percent after tragedy in love affairs, 4.7 percent to look cool and remaining 2.4 to attract opposite sex. Smokers were also asked to rank these influencing factors as the most influencing to least by giving value 1 for most one and 5 the least one. Based on the frequency of ranked value the data was analyzed and interpreted. The result was as in table 8 below.

In adolescence, age adolescents want to form strong peers group and they desire to be a member of strongest peer group also. For this they agree to do any task and they start smoking if any one member of the group smokes. And also during this age adolescents

activities are less supervised by their parents than in their earlier life and also more influenced by the activities and behavior of peers. Age both younger and older students are studying in the same school, the younger adolescents were influenced by the behavior of older ones. These older students could have a real influence on the younger students in terms of the younger ones to emulate the behavior of the older ones. So, in this study also it was found that the substantial (35.3 percent) of the adolescents smoke due to peer pressure. Table 7 data also showed the same result that first puff of cigarette was made with friends (90.6 percent).

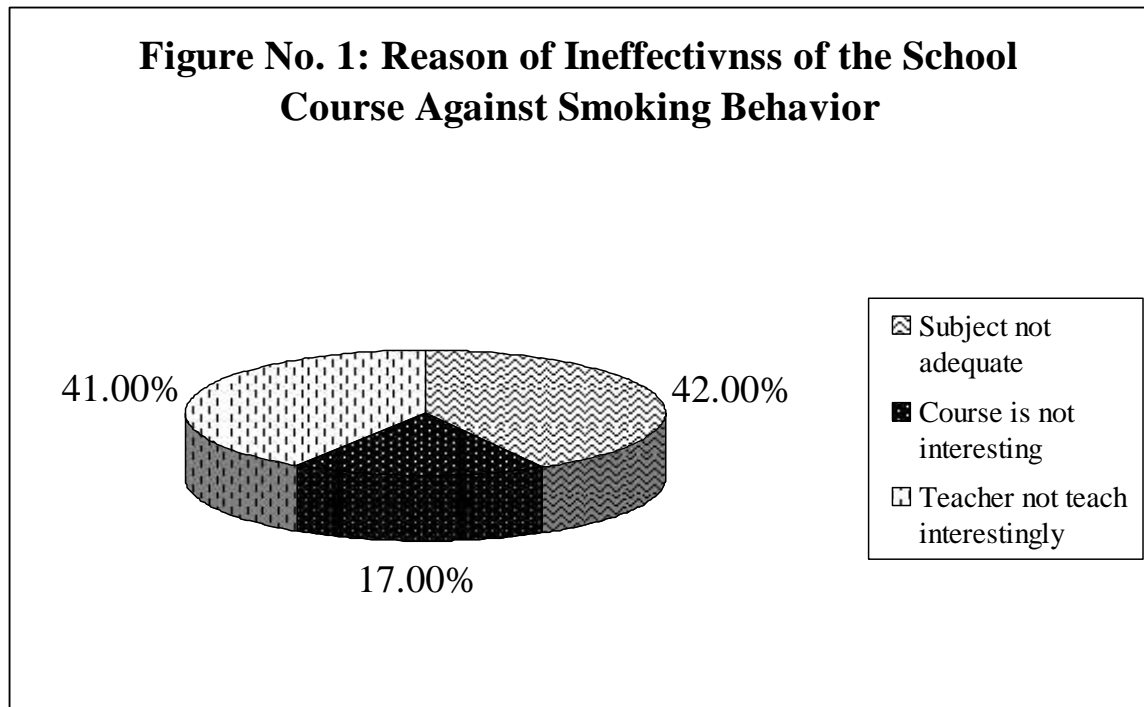
Some of them (7.1 percent) replied that they started smoking alone which might be due to imitation. Similarly, 2.4 percent of them started smoking with their family members that may be due to the liberal thinking of their family members.

4.3.2 Perceived Effectiveness of the School Course against Smoking Behavior

The harmful effect of cigarette smoking is teaching in school. The research is concerned the extent of effectiveness of teaching in not to smoke or to quit smoking by respondents. Some questions were asked to measure the effectiveness of course related to bad effect of smoking and teaching the subject at their school. The analyzed data indicated that 83.5 percent said the subject taught and teaching methods were not effective for not to initiate or to quit smoking. In their response, it was found that only 16.5 percent smoker said it was effective but they were smoking also.

Further, researcher also asked another question to those who said that the study was not effective. They were asked why the course was not effective. The result of their response was given figure as follows:

Figure No. 1: Reason of Ineffectivnss of the School Course Against Smoking Behavior



The figure 1 showed that the more (42 percent) smokers perceived the subject matter against the smoking was not adequate. Likewise, 41 percent smokers perceived that the course against smoking was not taught interestingly and effectively and 17 percent of the smokers perceived that the course against smoking was not interesting.

After finding the fact, it is recommended that CDC should add the course against smoking adequately about how people start smoking, what is smoking, what are its effects, how can one get rid from such bad habit etc. The added subject matter should be presented in interesting way like in story model, drama, dialogue etc and the teacher should teach in interesting way. The government should also provide health education to teacher of all schools. Similarly, the teacher must be well known so that they can articulate their opinion in effective way.

4.3.3 Knowledge of Harmful Effects of Smoking

Adolescents were asked if they were aware of the harmful effects of smoking of the total adolescents, 78.8 percent adolescents claimed that they have knowledge about the harmful effects of smoking and 21.2 percent smokers don't know about the harmful effects of smoking.

Further, the students who claimed to have knowledge about the harmful effects of smoking were requested to list the main harmful effects of smoking or health hazards of smoking. A total of 35 percent students reported heart diseases; 37 percent reported the cancer of different organs like lungs, mouth, throat etc. Likewise, 18 percent of the adolescents reported tuberculosis and remaining 10 percent reported asthma, bronchitis, etc. They also reported many other short-term effects of smoking such as cough, bad smelling mouth, discoloration of tooth, fingers, lips, etc.

Table 9: Sources of Knowledge about the Harmful Effects of Smoking

Information sources	Frequency	Percent
Television and radio	30	35.3
Newspapers	23	27.1
Books	30	35.3
Others	2	2.4
Total	85	100.0

Furthermore, the respondents were asked to provide information sources to know about the harmful effects of smoking. The equal portion of respondents (35.5 percent) reported that the television and radio; and books were the major sources of information to know about harmful effect of smoking. Another important source was newspapers reported by 27.1 percent. The sources from where the respondents know the harmful effect of smoking were shown in table 9 below.

After observing the figure; it can be identified that effective awareness program should be launched from television and radio which are the effective source of awareness. CDC should add the sufficient subject matter in school text book against smoking. Likewise, newspaper should give the place about antismoking articles to make people aware about smoking and its effects.

4.3.4 Smoking Habit of Students' Family Members

Smoking by the family members may strongly influence adolescents to smoke. Thus, adolescent students were examined in association with the smoking behavior of the family member. Adolescents were more likely to smoke if at least one family member

smoked than those who had no family members smoking. So, adolescents were requested to report that if anyone smoked in their family. Of the total adolescents, 75.6 percent reported that their family members smoked cigarette.

Table 10: Smoking Members of the Family of the Respondents

Smoking Member of the Family	Frequency	Percent
Father	24	36.9
Mother	20	30.8
Brother	5	7.7
Father and mother	12	18.5
Father and brother	2	3.1
Father, mother and brother	2	3.1
Total	65	100.0

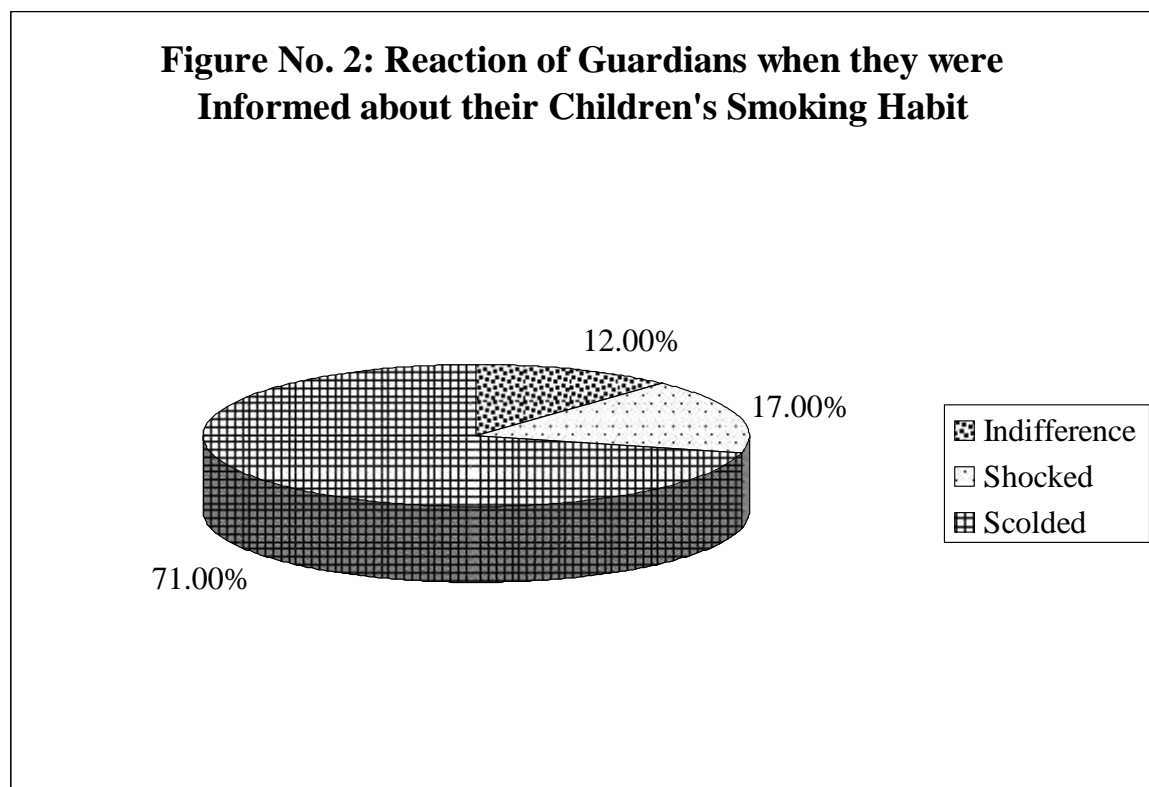
Further, adolescents were requested to report the relational name of their family member who smoke cigarette. Out of total 36.9 percent reported that only their father smoked. Likewise, 30.8 percent indicated that only their mother; and 7.7 percent showed to their brother. In 21.6 percent respondents home, their two members (father and mother, father and brother) smoked the cigarette; in 3.1 percent, three members (father, mother and brother) smoked the cigarette. The home situation that exposed the adolescent to smoking cigarette environ was as in table 10.

A major proportion (75.6 percent) of the total adolescents reported that at least one of their family members smoked cigarettes. This result (75.6 percent) is much higher than GYTS (2002) where 43.8 percent, which covered both urban and rural areas, expressed their family members smoked the cigarettes. Smoking behaviour of the family member is likely to influence adolescents to initiate smoking and develop the smoking habits. In homely smoking environment adolescent are more likely to perceive smoking habit as a positive and acceptable behavior. So, the result might be high. WHO (2002) says that adolescents with parent or older siblings who smoke cigarettes are more likely to become smoker.

4.3.5 Reaction of Guardians when they were informed about their Children's Smoking Habit

For finding out the guardian's reaction after knowing their children's smoking habit adolescence were requested to report their family or guardians whether they know or do not know their smoking habit. Of the total respondents, majority (80 percent) of the respondents do not know about their smoking habit whereas 20percent of the respondents' guardians know about the smoking habit of their children. This might be due to the result of leaving their children in car free situation or due to the lack of proper supervision.

Further, what they react towards their children after knowing their children is smoking habit which can be seen in figure No. 2.



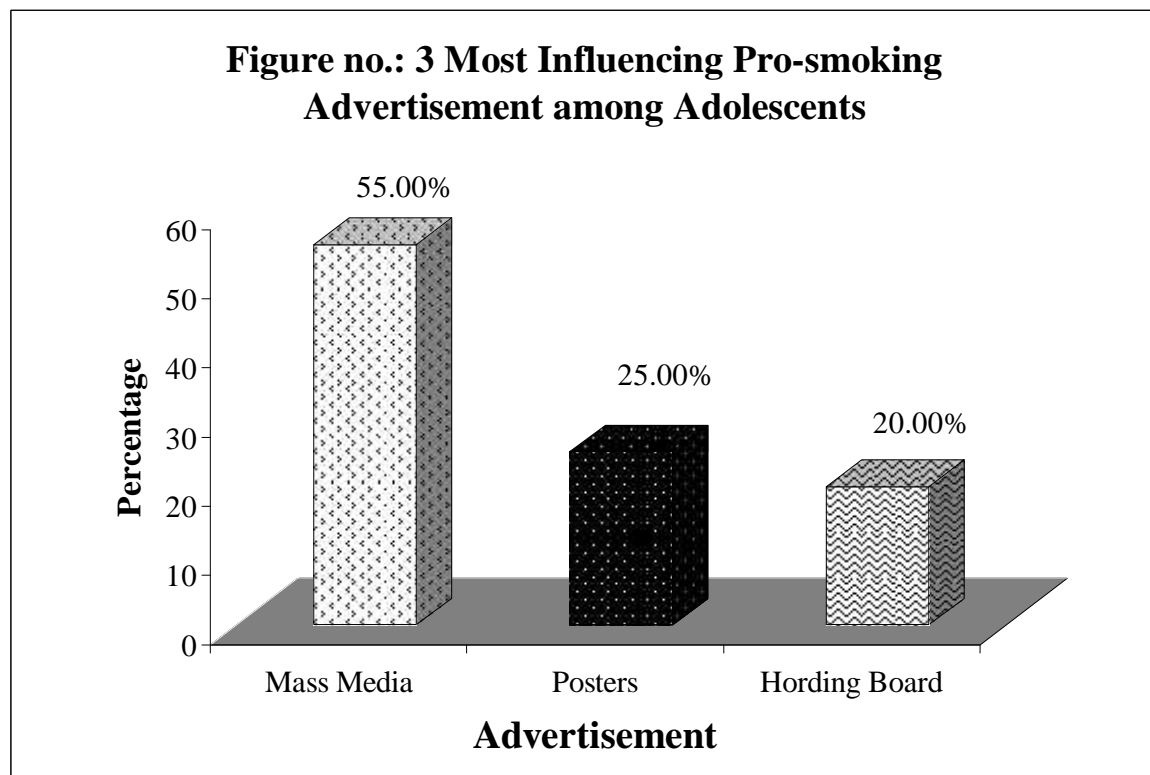
The figure shows that most of the guardian (70 percent) scolded their children after knowing about their smoking habit. Some guardians (18 percent) were shocked due to their children smoking habit and 12 percent guardians were indifferent even after knowing their children's smoking habit might be the guardians also smoke. After knowing the above facts we can say that the parents should strictly and closely supervised

their children's activities and the parent's who were aware about their children's smoking behavior should counsel their smoker children for not to smoke later.

4.3.6 Exposure to Pro-Smoking Advertisement

Adolescents were asked if they have been exposed any smoking promotional advertisement from any media or event for inspiring them to start smoking. More than half of the adolescents (54.1 percent) were not exposed in pro-smoking advertisements whereas rest of the adolescents (45.9 percent) reported that they were exposed.

Further, adolescents who were exposed by the pro-smoking advertisement requested to list any three most influencing pro-smoking advertisements. Among the several advertising media the mass media (radio and television) was ranked first by 55 percent, poster displayed in teashops was ranked in second by 25 percent and holding board was ranked third by 20 percent. The figure showed that the main influencing pro smoking advertisement but the adolescents reported other pro smoking advertisements except shown in the figure like sporting events, music concerts, street festivals and other social events that are sponsored by cigarette companies.



Although the advertisement of cigarettes in national electronic media (i.e.; radio and television) is already banned, as Indian and other television channels are very popular among youths, attractive and influencing advertisement in those channels were found to encourage the adolescent students to smoke cigarette. Different catchy advertisement banners eg; safalta ko pratik"; "sahasi ko ek matra chanhana"; "my Nepal my pride" etc are being to use target and attract adolescents to take up cigarette smoking. Due to the accessible of foreign television channel more the adolescence (45.1 percent) were exposed by the pro-smoking advertisement of printed and electronic media.

According to the GYTS (2002) report of the Central Development Region of Nepal, 51.2% of current smokers were exposed to pro-smoking advertisement which is validated by this research result because 45.1 of the adolescents were exposed by pro- smoking advertisement.

4.4 Socio-Economic and Health Effects on Adolescents Due to Smoking

To identify the socio-economic effects, it is necessary to find out how much money does they afford on buying cigarettes. And from where they get the money? What kind of problems are they facing after the investment in smoking? Is there any change in the behaviors of their friends and teachers toward them? Are they feeling any health problems after they started smoking? If yes what are the changes that they have faced in these three aspects? And the changes are discussed in the section below.

4.4.1 Investment on Smoking by the Respondents

Adolescents were asked how much money they spend per day in smoking.

Table 11: Money Spent Per Day in Cigarettes by Respondents

Amount of Money	Frequency	Percent
One to five rupees	22	25.9
Five to ten	47	55.3
Ten to fifteen	8	9.4
Fifteen to twenty	6	7.1
More than twenty	2	2.4
Total	85	100.0

More than half (55.3 percent) of the adolescents spent five to ten rupees; one fourth (25.9 percent) adolescents spent Rs one to five; nearly one tenth (9.4 percent) adolescents spent Rs. 10 to Rs. 15 and remaining one tenth students spent more than fifteen rupees each day in cigarettes. This data is illustrated in table 10.

Table 10 indicated that more adolescent spent one to five rupees per day in cigarettes. This might be as they were school adolescents; they did not have any income source except the money for their Tiffin given by their parents or for any other stationery purposes. Further, they were asked about their source of money spent in cigarettes. Data analysis about money sources were presented in the figure 3 below.

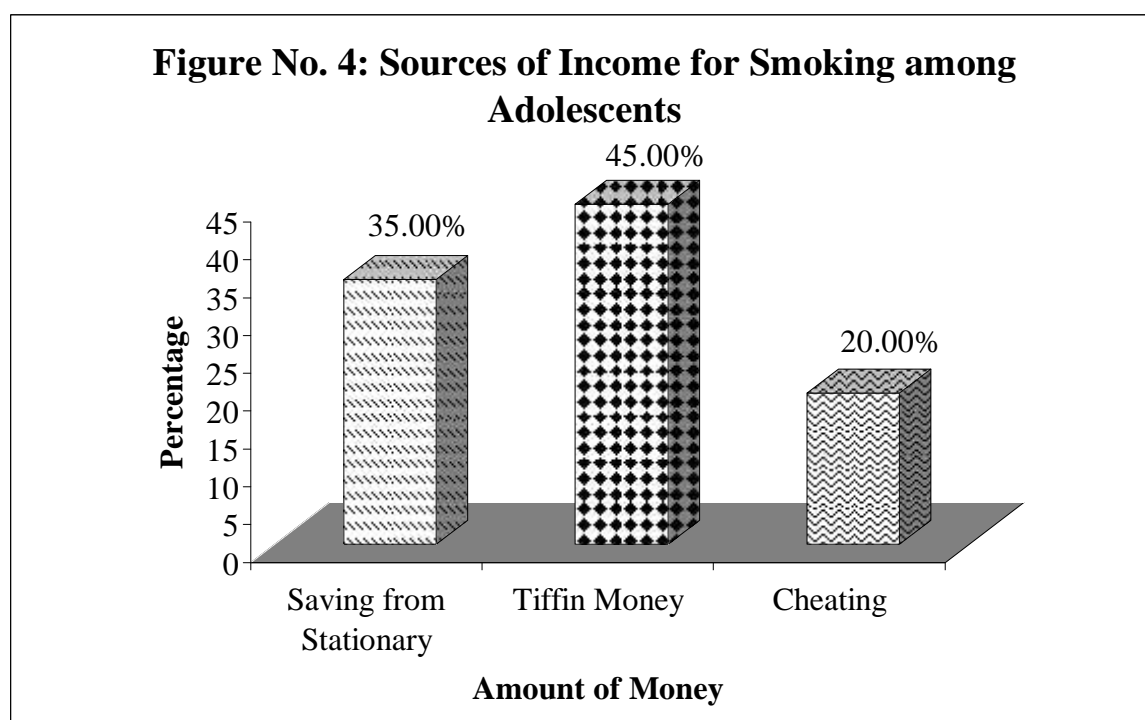


Figure 4 showed that nearly half of the respondents' source of money was Tiffin money provided by their parents. More than one-third (35 percent) save money in buying stationary goods and used to buy cigarettes. The one fifth (20 percent) of the adolescents cheat their elders and friends to buy cigarettes.

4.4.2 Adolescents' Wish to Quit Smoking by Adolescents

After knowing the knowledge about smoking behavior, causes and sources to get money for smoking students were asked whether they wanted to quit smoking or not. And out of total respondents, 76.5 percent of the adolescents wanted to quit smoking whereas remaining (23.5 percent) did not. They were further asked why they wanted to quit smoking and their responses were shown in the following table 11.

Table No. 12: Causes of Quitting Smoking

Reasons of Trying to Quit Smoking	Numbers of Respondents	Percentage
To give up the bad habit	36	55.4
Feeling ill health	15	23.0
Knowing the bad effect	8	12.4
Inspired by elders	6	9.2
Total	65	100

Table 11 indicated that most of the adolescents themselves were aware about bad effects of smoking to their health and considered smoking as a bad habit. They were aware that smoking causes many dreadful diseases and leaves behind bad effect on them. This can be predicted by the causes of their wish to quit smoking. Only 9.2 percent of the adolescents wanted to quit smoking after their parents' and other elder's inspiration. The table helps to conclude that self-awareness was increasing among the respondents.

On the other hand the adolescents who didn't want to quit smoking were asked why they were not willing to quit such a bad habit. Their reasoning were engaged in strong peer groups, felt mature while smoking and some pleasurable sensation they felt after smoking.

4.4.3 Efforts of Adolescents' to Quit Smoking

Those respondents asked them about their efforts to quit smoking. Out of total 66 percent did different efforts and rest 34 percent have not done any effort. The efforts done by respondents to quit smoking were presented in figure 5 below.

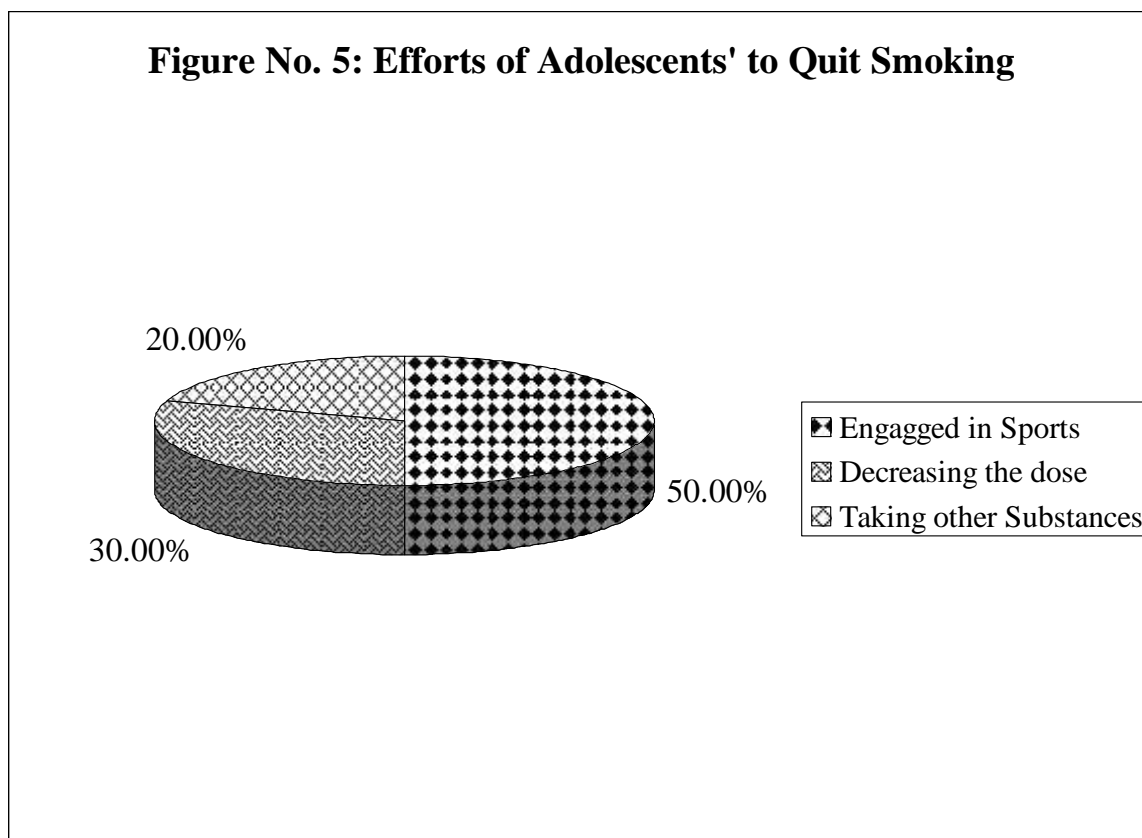


Figure 5 indicated that half (50 percent) of the adolescents were engaged in the sports and other recreational activities to quit smoking. Other (30 percent) were taking other substances, like chewing gum, arecanuts, sweets etc, instead of cigarette. Most of the adolescent expressed self-efforts instead of counseling from elders to quit smoking after knowing its harmful effects.

Adolescents were also asked about the source of inspiration to make them quit smoking. And the total adolescents who did different efforts to quit smoking stated different sources of inspiration, which is presented in the table 12 below.

Table13: Inspiration to Quit Smoking by Respondents

Ways of Inspiration	Frequency	Percent
Self motivation	16	18.8
Information from radio and television	21	24.7
Knowledge about harmful effects of smoking	35	41.2
Illness of the family members due to smoking	13	15.3
Total	85	100.0

Table 12 indicated that major inspiring factor to initiate quitting smoking was knowledge of harmful effects of smoking. The respondents gain knowledge from self experience to mass media and observation. After knowing about all inspiration sources to quit smoking it is concluded that it is necessary to launch effective anti-smoking program from radio and television and other media (posters, newspaper, books) to expose the adolescents to the harmful effects of smoking and increase their knowledge level.

4.4.4 Adolescents Harassed by Their Teacher and Friends for Smoking

Adolescents were asked whether they were harassed by their teacher and friends for smoking and majority (75.3 percent) of the adolescents claimed that they felt harassment by their teacher and friends. And (24.7 percent) of the adolescents reported that they were not harassed by their teacher and friend. According to them, their friends and teachers didn't know about their smoking habit.

Table 14: Harassed by Friends and Teachers

Felt harassment	Frequency	Percent
Yes	64	75.3
No	21	24.7
Total	85	100.0

The respondents felt harassment from friends and teachers reported that friends not ready to accompany with them in sports and other class activities and try to go away from them. Similarly teacher scolded them and told to disclose their smoking habit to parents and neglected them.

In the context of harassment, adolescents were also asked if they were requested to motivate the friends who were just starting to smoke. Less than half of the adolescents (40 percent) motivated their friends by expressing their experience after they started smoking.

They also added that they would give them knowledge about good health behavior. They also said that they would convince them and inspire them for quitting smoking. They said that they would request to develop the habit of saying, “No Thanks” when someone gave them cigarette. However 60 percent adolescents reported that they did not inspire their friends due to lack of ideas about how to motivate the newly started smokers and no confidence in others may believe what they said.

4.4.5 Society’s behave towards the Respondents

For finding out the social involvement of the adolescents and social behavior towards the respondents, it was researched whether they were feeling any hated behavior in their society due to their smoking behavior. The majority of the respondents (74.1 percent) felt some discomfort in social activities as they try to hide their smoking habit. Some social members scold them and told give up the smoking. One fourth (25.9 percent) felt no difference whether they smoked or not in social gathering

4.4.6 Economic Situation of the Respondents

To identify the economic effect on the adolescents after investment on smoking, they were asked whether they ever faced economic crisis or not. More than half (55.3 percent) respondents didn't face any economic problem as 79.4 percent smoked three or less than three cigarettes (Table 5) and spent less than ten rupees (Table 10) per day. Nearly half (44.7 percent) felt economic crisis. They said it was also cause of mental tension and they were not doing well in their exam and they had failed.

4.4.7 Engaged in Theft for Smoking

Adolescents were asked whether they engaged in theft for smoking or not. Of the total respondents, (83.5 percent) were not involved in theft and rest (16.5 percent) was engaged in theft. According to the adolescents who were not involved in theft, they manage the money for smoking by their Tiffin and stationery money and some of them earn money by doing different work like working in holiday, by playing games, go for fishing etc. And the adolescents who were engaged in theft were usually taking the parent’s money. As we have already known and discussed on the adolescents who were involved in theft cannot do better their study they destroy the peace of their family.

After the discussion of all the questions and the answer given by the respondents, the findings indicated that the smoking behavior of the school adolescents create negative impacts on their health and socio-economic status.

CHAPTER V

SUMMARY, FINDINGS, CONCLUSION, AND RECOMMENDATIONS OF THE STUDY

In this chapter researcher has tried to draw the findings from the analysis of collected information. A brief summary of the research work done so far is given here. Furthermore, on the basis of findings and conclusions, it is here derived conclusion of the research and drawn some recommendations for the respondents, their guardians as well as others for future research on the area.

5.1 Summary of the study

This research has been enlighten the knowledge on smoking , socio-economic status or environment, peer group influence, influence of different media for smoking and its effects on health and social sector of the school adolescents. As it was found out that little research has been conducted in this area and any effective program has not launched from the government in this area in the present context.

Major literatures were reviewed from the reports of different organizations related to research topic and also retrieved from internet surfing and some were reviewed from the thesis submitted in Health Education Department. A self administered questionnaire was used among the school adolescence of Gorkha district. Survey method was used through purposively selected school adolescents. Person to person approach was used to find out the smoker adolescents. A descriptive analysis and interpretation of the data was done being based on quantitative and qualitative discussion.

Analysis and interpretation of data started within the research by the description of personal information of the adolescents which can not disclose their personal identity. To meet the objectives of the research objective wise set questionnaire were used which help to identify the knowledge on smoking, socio-economic status and environment, peer group influence for smoking, influence of different media for smoking and its effects on social life and personal health of the respondents. All these results were arranged on various topics as per the objectives and it was discussed descriptively along with the use of manual interpretation. From data analysis and interpretation, the findings and conclusions were drawn and appropriate recommendations were made.

5.2 Findings of the Study

The major findings of the research are given as follows:

5.2.1 Personal Information of the Respondents

1. The average age of the adolescence was 17.05 years old with standard deviation of 1.675 years.
2. Most of the adolescence (32.9%) were eighteen years; least (3.5%) were thirteen years old.

5.2.2 Situation of Smoking Behaviors among Adolescence

1. The respondents' age to start smoking begins from the age of 10 and found up to 18 years.
2. The main influencing factor to start smoking is peer pressure (43.5%).
3. Majority of the respondents 60 percent smoke little everyday, 51 percent respondent were regular and 34 percent smoke occasionally.
4. Majority of the respondent (45.9%) smoked three cigarettes per day, followed by five cigarette smoker was 30 percentages and 23 percentages of adolescents smoke 5 sticks of cigarettes every day.
5. Majority of the respondents (90.6%) took first puff with their friends followed by alone to meet their curiosity.

5.2.3 Causes to Start Smoking and Knowledge about its Effects

1. The causes or reasons given by the adolescents, it was concluded that maximum (43.5 percent) of the adolescents started smoking because of peer pressure.
2. Majority (90.6%) of the adolescents take their first puff with their friends and 7.1 percentages alone, 2.4 percentage with their guardians.
3. A majority (83.5%) of the adolescents perceived their textbook course against smoking was ineffective. Out of 71 respondents, more (42 percent) smokers perceived the subject matter against the smoking was not adequate.
4. Majority of 78.8 percent adolescents claimed that they have knowledge about the harmful effects of smoking.

5. The major sources of information to know about harmful effect of smoking were the television, radio, books, and newspapers.
6. Majority of the student (75.6%) of the respondents' anyone of the family member smoked cigarette..
7. Of the total respondents, majority (80 percent) of the respondents do not know about their smoking habit whereas 20 percent of the respondents' guardians know about the smoking habit of their children.
8. Most of the guardian (70 percent) scolded their children after knowing about their smoking habit.

5.2.4 Socio-economic Effects/Impacts of Smoking

1. More than half (55.3 percent) of the adolescents spent one to five rupees; one fourth (25.9 percent) adolescents spent Rs five to ten; nearly one tenth (9.4 percent) adolescents spent Rs. 10 to Rs. 15 and remaining one tenth students spent more than fifteen rupees each day in cigarettes.
2. Nearly half of the respondents (45percent) the source of money was Tiffin money provided by their parents.
3. Half (50 percent) of the adolescents were engaged in the sports and other recreational activities to quit smoking.
4. Majority (76.5%) of the adolescents smokers wished to quit smoking.
5. Majority of the respondents (74.1 percent) felt some discomfort in social activities as they try to hide their smoking habit.
6. Nearly half (44.7 percent) felt economic crisis. More than half (55.3%) of the adolescents did not feel financial crisis till date due to investment of their Tiffin and stationary money on smoking on the other hand, 44.7 percentage faced financial crisis.
7. Total respondents, (83.5 percent) were not involved in theft and rest (16.5 percent) was engaged in theft.

5.3 Implementation Strategy of Antismoking Programme in Nepal

The national anti-tobacco communication campaign strategy will be implemented at a four-tier level: national, regional, district, and community. In order to implement the anti-tobacco information, education and communication programme effectively the activities will be decentralized.

1. Advocacy to endorse The Smoking (Prohibition & Control) Act, 2058. This is a comprehensive Act, which addresses many problems that hinder the control of tobacco product. This proposed Act covers many aspects of FCTC. The MoHP, The National Front Against Tobacco and other relevant international, national government organizations, non-governmental organizations (NGOs) and Civil Society Organizations should work together to endorse the proposed Act.
2. Advocate for other issues listed in the audience segmentation chart of the anti-tobacco communication campaign strategy such as annual incremental taxes on tobacco products; levy health tax on bidi and chewing tobacco products; controlling of illegal trading of tobacco products, etc.
3. Involve journalists to advocate for anti-tobacco activities. The print media should refrain from promoting tobacco products. Some monetary benefits to the print media from tobacco companies today carry irreparable health and other costs to individuals, communities and the nation tomorrow.
4. To educate the public that ignoring harmful effects of tobacco use today will carry a high price tomorrow.
5. To impart knowledge to the poor, illiterate and the marginalized sections of the population about the health hazards of tobacco consumption and other risks resulting from it.
6. The poor can better utilize their hard earned resource instead of wasting it in tobacco products.
7. To give knowledge to the pregnant women that tobacco consumption by her not only affects her health but also that of her child.
8. Educate the current tobacco consumers that their habit can be stopped and they can be freed from all vices of tobacco consumption.
9. Campaign that tobacco-free life is an exalted life style; it is healthy, hygienic and Productive.
10. Co-ordination and mobilization of government organizations (GOs), NGOs, international non-governmental organizations (INGOs), private sector and the local communities
11. Research: $\frac{3}{4}$ Quantitative and qualitative studies on tobacco use with special reference to IEC activities. $\frac{3}{4}$ Monitoring, supervision and periodic evaluation. $\frac{3}{4}$ Impact evaluations at the end of the information, education and communication (IEC) programme.

5.4 Conclusion

Majority of adolescents fell under the smoking behavior due to the peer pressure, attractive pro-smoking advertisements, catchy seen of the different television channels, influence of the dashing personality, they themselves wanted to be smart, and cool however, they had the knowledge about smoking is injurious to health. Most of the adolescents' parents had smoking habit. Perhaps adolescents were impressed by their habit. Majority of the parents did not know about their children's smoking behavior due to smoking surreptitiously. Majority of parents scolded to their children after knowing their smoking behavior but are not counsel their children against smoking. Majority of adolescents want to quit smoking but cannot did effective efforts.

Most of the adolescence claimed their textbook course, which they studied in their school, was ineffective against smoking behavior. According to them, the subject matter against smoking was not adequate and interesting. They also said that the teacher did not teach the course against smoking interestingly. More than half of the adolescence spends Rs 5 to 10 daily on smoking. Half of them get money from their parents as Tiffin and stationery money, which they misused, on smoking more than one fourth of the respondents' theft money for smoking.

Adolescence that was known among teachers and friends as smoker was harassed by teasing and did not get chances to participate in sport activities and other extracurricular activities. They were also neglected by their society. They did not get any chances to participate in social work and functions. They were biased from their society. Due to that they were always in mental tension and cannot do any success in their study and they were also suffered by the immediate effects of smoking like nausea, headache, spoilt appearance, blacken their teeth and fingers.

Finally, it is concluded that, researcher tried to achieve the objectives set in this research study. Moreover, it can be said that smoking behavior of the school adolescents have been increasing rapidly. Therefore, everyone needs to be aware and act upon effectively and efficiently to create a smoke free environment.

5.5 Recommendations

5.5.1 General Recommendations

In order to control and completely ban the smoking habit among school adolescents and maintain complete smoke free environment following general recommendations are made:

1. Efforts should be made to legislate a complete ban of all direct and indirect cigarettes advertisements in the print and broadcast media though they are foreign channels. Restrictions should be made in sponsoring youth targeted activities by cigarettes factories. In addition, students should be informed about the misinformation on cigarette smoking that is covered or glamorized in cigarettes promotional advertisements.
2. Immediate action to reduce adolescents' exposure to environmental tobacco smoke is necessary. Prohibiting smoking at schools and school's canteen. Announcing schools and other public places like restaurants, parks, public transportations, road side places as "smoking free places" will help to minimize the exposure of smoking which help to control smoking behavior of adolescents more effectively.
3. Parental counseling is necessary to inform about the influence of smoking on their children. Programs to protect every adolescent from being exposed to the smoking of others are necessary. Mobilization of non-smokers in motivating adolescent students to prevent the initiation of smoking and quitting should be done through the government level, which helps to create a supportive environment.
4. Effective school based educational programs focusing on smoking and its effects on various aspects should be planned and implemented effectively. Special attention and culturally acceptable education programs should be targeted at the adolescents students of different territory. Different intervention program should focus on different aspects like programs to discourage the uptake of smoking and cessation programs for the adolescents.
5. Adolescence know much about the effects of smoking but they are not doing any remarkable efforts to quit smoking though majority of them want to quit smoking. So, different cessation model should be added and taught effectively.

The government should manage one Health and Physical Education teacher in every secondary school to teach the subject effectively.

6. Parents should properly/strictly supervise their children's activities.
7. Listen the adolescence why they smoke even if they know the hazards of smoking which is the great issue rising rapidly in past few years for which everyone needs to be aware and act upon effectively and efficiently on their own which can help further to create a smoke free environment.

5.5.2 Recommendations for Further Research

Based on the findings and conclusion, the following possibilities of further researches are seen:

1. A national survey on smoking behavior of school adolescents can be conducted to show real picture of smokers.
2. A comparative study of public and private schools' smokers can be carried out for more information.
3. This study examined only few variables related to smoking behavior. Thus further study might include various other variables to assess the smoking behavior of school adolescents more effectively.

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APPENDIX 1

QUESTIONNAIRE

SMOKING BEHAVIOUR AMONG SCHOOL ADOLESCENCE IN GORKHA DISTRICT,

Namaste! Following are the questions for investigating the smoking behaviour among school adolescence in Gorkha district. You are kindly requested to provide the correct information in each question. It is assured that the information will not be disclosed to anybody specifying your identity. The questionnaire is anonymous and thus you need not have to write your name and any other identification in this questionnaire.

A. Individual/Personal information

1. Age....year.
2. Sex :- a) Male b) Female c) Third
3. Standard:grade.

B. Information on smoking behavior

4. Which one of the following best describes your smoking behavior?
 - a) I smoke occasionally b) I smoke little everyday
 - c) I am a chain smoker d) I quit smoking
5. If you are regular or occasional smoker, in what age did you start smoking?
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6. How did you start smoking?
 - a) Peer pressure b) Curiosity about the smoking
 - c) Imitation from guardians d) To attract opposite sex
 - e) Tragedy in love affairs f) To look cool
 - g) Threats or warnings h) Other
7. How many cigarettes do you smoke per day?
 - a) 1 b) 3
 - c) 5 d) 10
 - e) More than 10
8. Where do you smoke usually?
 - a) Own home's toilet b) School/college's toilet
 - c) Restaurant d) School/college's canteen

- e) Public places
- f) Others

9. To whom with you started your first puff?

- a) Friends
- b) Guardian
- c) Alone
- d) Other

10. In your opinion what are the influencing factors for initiating smoking in your life? *(Make the order from 1 to 5)*

<u>Factors</u>	<u>Order</u>
Peer pressure
Imitating
Experimentation
To look cool
Other

11. You are a school student where it is taught not to smoke. Aren't you influenced by your school teacher or your course (subject) against smoking?

- a) Influenced
- b) Not influenced

11.1 If you are not influenced of the course, in your opinion why are not you influenced?

- a) The course on smoking is not interesting
- b) The teachers do not teach it interestingly
- c) The subject matter is not adequate
- d) Others.....

12. Do you know about the harmful effects of tobacco smoking?

- a) Yes
- b) No

12.1 If yes, please list some harmful effects.

- a)
- b)

13. How did you know about the effects of smoking?

- a) TV/Radio
- b) NGOs
- c) Newspapers
- d) books
- e) Others.....

14. How much do you spend on cigarettes each day?

- a) Rs. 1 to Rs 5
- b) Rs. 5 to Rs 10
- c) Rs 10 to 15
- d) Rs 15 to 20
- e) More than Rs 20

15. How do you get the money for smoking?

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16. Does anyone smoke in your family?

- a) Yes
- b) No

16.1 If yes, Who smokes in your family?

- a) Father
- b) Mother
- c) Brother
- d) Sister
- e) Others.....

17. Does your family know about your smoking habit?

- a) Yes
- b) No

17.1 If yes, then what was their reaction?

- a) Shocked
- b) Indifferent
- c) Scolded
- d) Others.....

18. Have you been exposed to any pro-smoking advertisements in any media and events?

- a) Yes
- b) No

18.1 If yes, list three most influencing pro-smoking advertisements.

- a)
- b)
- c)

19. Do you want to quit smoking?

- a) Yes
- b) No

19.1 If yes/no, Why?

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20. Have you done any efforts to quit smoking?

- a) Yes
- b) No

20.1 If yes, what you did?

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20.2. What was the source of inspiration to quit smoking?

- a) Self motivated due to the feel of ill health
- b) Information from radio/television
- c) Knowing about the diseases caused by smoking
- d) Family members became ill due to smoking
- e) Others.....

21. Do you inspire your friends to smoke?

- a) Yes
- b) No

22. If one of your friends started smoking, how would you motivate him/her for not smoking?

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23. Are you harassed by your teacher or your friends for smoking?

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24. Do you feel hated in society due to your smoking behavior?

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25. Had you ever faced economic crisis due to investment on smoking?

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26. If yes, list the problems.

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27. Had you ever been engaged in theft for smoking?

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Remarks:

Thank you for Providing Data!