"A STUDY OF SMOKING AND ITS EFFECTS ON HEALTH"

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DECLARATION

I hereby declare that this thesis has not been submitted for candidature of any another degree/university.

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ABSTRACT

Tobacco use is one of the chief preventable causes of death and illness in the world presently, about four million people world wide die yearly from tobacco related disease i.e. one death every eight seconds. If current trends continue, there will be one death every three second by 2030 and a third of them in developing countries.

The study was based on descriptive research design, using quantitative data. For the purpose of the study both the primary and secondary data were used. The respondents for the survey were in total 173 students of Bhadgaun Secondary School in Ramdhuni Municipality. The school was selected by purposive sampling method and 105 respondents were used as a tool for the collection of data. This thesis was structured in five parts, first part deals with the introduction of title, theoretical background, second part reviews the related literature of the relevant works, and third part was methodology of the study, fourth part deals with the analysis and interpretation of data last part deals with summary, finding, conclusion and recommendation.

The major objectives of this study was to determine the types to find out the impact of tobacco use (both smoked and smokeless tobacco product) among adolescents in secondary school in Ramdhuni Municipality of Nepal.

Among the respondents, 35.2 percent were past used and 25.9 percent respondents used for paan masala, paan parag and gutkha, 25.9 percents followed by cigarette. Then, adolescents reported that at least 47.5 percent respondent's father used tobacco.

About 44.2 percent respondent's friend used tobacco. Specially 35.6 percent were used paan masala, pan parag and gutkha 46.6 percents used cigarette. Then, 19 percent were used tobacco in school compound. 39.7 percent respondents save their pocket money for buying any forms of tobacco.

Similarly, 85.5 percent respondents were know about the effect of tobacco use. Main point is that 100 percents adolescents have knowledge on the effect of tobacco health.

The study revealed that the use of tobacco among adolescents was significantly associated with tobacco use habit of family members and friends, their exposure to pro-tobacco advertisement and environment tobacco smoke. Level of knowledge regarding impact of tobacco and prevalence of tobacco were significant with the

tobacco use habit of adolescents. Thus, educational and counseling program for preventing non-users from using tobacco and for helping current and experimental users to quit tobacco use is necessary. Environment in school compound. Therefore, It is urgent to take appropriate steps to discourage such expansion before it is too late.

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ABBRERATION

COPD	:	Chronic Obstructive Pulmonary Disease
DALY	:	Disability Adjusted Life Years
ETS	:	Environmental Tobacco Smoke
FHD	:	Family Health Division
GYTS	:	Global Youth Tobacco Survey
JMC	:	Janta Multiple Campus
MOH	:	Ministry of Health
NGOs	:	Non Government Organization
TU	:	Tribhuvan University
TFI	:	Tobacco Free Initiative
WHO	:	World Health Organization

CHAPTER I

INTRODUCTION

1.1 Background

Tobacco products makes entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed or snuffed. Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases and cardiovascular diseases. Despite this, it is used commonly throughout the world. A number of countries have imposed legislation restricting tobacco products, and where people can smoke.

Using tobacco is a habit that kills millions of people per year. Smoking is a growing trend in the young generation. Tobacco use is one of the major global health problems. It is also the major preventable factor for smoking-related diseases, premature mortality, general mortality and decreasing life expectancy. Much research worldwide has found that smoking is associated with cancer, cardiovascular diseases, respiratory diseases and other serious health hazards. Almost 50% of smokers die from smoking related causes. Tobacco use is the leading global cause of preventable death. Nearly 6 million deaths per year are attributable to tobacco. That figure is expected to rise to more than 8 million deaths year by 2030 A.D.

Nearly 70% of the world's smokers live in low and middle income countries. Nearly two thirds of the world's smokers like in 10 countries namely China, India, Indonesia, USA, Japan, Brazil, Bangladesh, Germany and Turkey. Unless a large number of current smokers in these countries quit, it is estimated that smoking was causing 10 million deaths per year worldwide by 2030s. Tobacco use among the youth in both smoking and smokeless forms is quit high in the South East Asia region including Nepal.

A review of the existing literature shows that most of the people start to smoke during their adolescent period. Smoking is one of the major remarkable behaviors which cause many health problems, despite the fact that many people use tobacco product knowingly or unknowingly. Many teenagers are starting to smoke without realizing the side effects of the tobacco and nicotine addiction.

The world Health Organization (WHO) carried out survey in Nepal 2077 revealed that 35.5% of men and 15% of women smoked tobacco products and 31.2% of men and 4.6% of women used smokeless tobacco. The prevalence of smoking among adult females in Nepal is one of the highest in the WHO South - East Asia Region. Different variety of tobacco products are

Used in Nepal in both smoking and smokeless forms. The smoking forms are cigarette, bidi, hookah, sulfa and chillum or kankad. The smokeless products including surti leaves khaini, gutkha and paan with tobacco and is most popular in the terai region. Dry tobacco areca nut preparations such as gutkha and paan masala are popular in Nepal.

Tobacco use is one of the greatest burdens to the health and well being of men and women around the world. Although there is a health warning on every packet of cigarettes in Nepal indicating that smoking is injurious to health, these warning are illegibly printed.

In several countries, lung cancer has already surpassed breast cancer as the leading cause of cancer deaths among women.

The level of Tobacco use among adolescence of secondary school students affects his/her physical, mental and learning performance as well. So, the study aims at be finding Tobacco use among adolescent students in secondary schools of Ramdhuni Municipality of Nepal.

Adolescence typically describes the years between ages 13 and 19 to and can be considered the transitional stage from childhood to adulthood. There are three types of adolescent stages. They are listed below :

   i) Early adolescent (Ages 11 to 14)

   ii) Middle adolescent (Ages 15 to 17)

   iii) Late adolescent (Ages 18 to 21)

Where different changes occurs

1. Physical Changes in Adolescence

   i) Physical Change in Male

- Growth of testes and scrotum
- Growth of pubic hairs
- First ejaculation
- Growth spurt
- Voice change
- Growth of under arm and coarser body hair
- Oil and sweat glands activated
- Growing facial hair

ii) Physical Changes in Female

- Breast budding
- Growth of bony pelvis
- Growth spurt
- Growth of pubic hair
- Menarche
- Growth of under arm hair and coarser body hair
- The activation of oil and sweat producing glands
- Completion of the growth of uterus and vegina

2. Social change of adolescence in male and female

- Searching for identity
- Seeking more independence
- Seeking more responsibility
- Looking for new responsibility
- Thinking more about 'right' and 'wrong'
- Influence more by friends
- Starting to develop and explore a sexual identity
- Communicating in different ways

3. Emotional changes in adolescence

- Moods and feelings
- Sensitivity to others
- Self- consciousness
- Decision- making

- Desire of love and affection
- Feeling of loneliness
- Stress, tension, anger, depression

4. Mental Changes in adolescence

- Having creativity
- Having Memorization
- Having understanding
- Having imagination
- Having thinking capacity
- Having logic power

1.2 Statement of the problem

In Nepal excess use of tobacco is consumed. Although it causes diseases, disability and death. Tobacco use affects the health of men and women and particularly mothers and children. The most economically productive age groups are affected by the consumption of tobacco products. As the country has undergone epidemiological transition, chronic, non communicable diseases caused by tobacco are rapidly overtaking the more traditional causes of mortality. Further many adult people are being smoking from advertisement of different media, friends, elder people.

As tobacco use in developed countries is decreasing, multinational tobacco companies are targeting youths of developing countries through different promotional activities and advertisements. Use of non- smoking tobacco products are in Nepal, as tobacco control programs are very limited and focused only on tobacco products that are smoked.

Major consequences of smoking are not manifested until three to four decades after the onset of persistent smoking. Approximately 50% of men in developing countries are smokers and cigarette consumption is steadily rising in these countries, particularly among women and youth. Tobacco use is predicated to be one of the major causes of death and disability-adjusted life years (DALYS) in the 21st century.

Most of the adolescent students are affected by many diseases like cancer, heart disease, stroke, lung diseases, diabetes and chronic obstructive pulmonary disease

(COPD) which includes emphysema and chronic bronchitis. Tobacco also contains nicotine, which is a highly addictive psychoactive drug. Tobacco smoke contains more than fifty chemicals that cause cancer. To develop positive health attitude and behavior on them is indispensable to successful life. Healthy child can learn better and perform better than that of unhealthy one.

In this context this proposed study tried to answer the following research questions:

What is the socio-demagraphic situation of on students of secondary level school in Sunsari district?

1. What is the existing level of knowledge on smoking health problem among the students of secondary school in Sunsari district?
2. What is the attitude and practices on smoking health problem among the students of secondary level school in Sunsari district?
3. What are the conditions of Tobacco use among adolescents of secondary level's students ?

1.3 Objectives of the Study

In general, objectives of this proposed study was to protect from exposure to environmental tobacco smoke, to increase awareness among health professionals on smoking cessation. The specific objectives of the study are;

- Discourage individuals from strating to use tobacco for not to be addicted and to be safe from dangerous diseases caused by using tobacco like cancer, heart attack, COPD, etc.
- Conducting awareness programs; providing the knowledge about the effects of tobacco in the health.
- Adolescence are being more influenced in smoking activities; to control the growth of smokers and provide preventive information among the people.
- Providing the knowledge to quitt smoking tobacco as it effects the health and also economic status of the family by buying tobacco products.

1.4 Signification of the Study

The problems associated with cardiovascular disease, cancer, tuberculosis create a huge financial burden which often impacts the economically disadvantaged in family as well in study of the students and government's academic of every year. Due to use of tobacco people are losing health as well as wealth day by day which effects very badly on the economy of the country.

1.5 Delimitation of the Study

Each and every study has its own limitations. This study too is no exception. The main limitations of this proposed study are as follows;

1. The present study was limited to very small region i.e. Ramdhuni, Sunsari District.

2. It was further limited to students studying in Government High Level Schools only.

3. Students belonging to government school was selected for the study.

4. The test of smoking health problems was done for the collection of data.

5. The sample was limited to 105 students among 173 students of class 8 to 10 of Bhadgaun School, Ramdhuni, and Sunsari for the study.

6. There was random sampling for the students studying in class 8, 9, 10.

7. The sample of the study was selected on the basis of the sampling model of the less error method.

1.6   Operational Definitions of the key Terms

Smoking, the act of inhaling and exhaling the fumes of burning plant material. A variety of plant materials are smoked, including marijuana and hashish, but the act is most commonly associated with tobacco as smoked in a cigarette, cigar, or pipe.

Tobacco, use is use of cigarettes, bidi, surti, khaini, pan masalaa and gutkha in smoking, chewing or sniffing form even one.

Nicotine, a toxic colourless or yellow oily liquid which is the chief active constituent of tobacco. It acts as a stimulant in small doses, but in larger amounts blocks the action of

Emphysema, a condition in which the air sacs of the lungs are damaged and enlarged, causing breathlessness.

COPD, refers to a group of diseases that causes airflow blockage and breathing-related problems.

Cancer, a disease caused by an uncontrolled division of abnormal cells in a part of the body.

Heart attack, a sudden occurrence of coronary thrombosis, typically resulting in the death of a part heart muscles and sometimes fatal.

Knowledge, is information, understanding and skills gained through learning or experience.

Experimental user is someone who had consumed any tobacco product at anytime but not more than 10 units of tobacco product (e.g. 10 sticks of cigarettes or 10 packet of gutkha) or equivalent amount of tobacco.

Regular user is someone who at the time of survey, consumed/used any tobacco product at least once a day (people who consumed every day, but not on the days of religious fasting were still classified as regular users.)

Past user is someone who was formerly (i) regular user, or (ii) occasional user and used more than 10 units of tobacco product (e.g. 10 stricks of cigarettes or 10 packet of gutkha) but currently do not consume tobacco at all.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

The purpose of the study is to assess the level of smoking disease knowledge and smoking health behaviors and attitudes of basic school students, in relation of their smoking health status; This chapter highlights the literature that is available in concerned subject as to my knowledge, research work and relevant study on this topic; review of journals and articles, newspapers, annual reports internets and review of this is work. There is limited number of previous studies in this field. The literature survey thus provides the students with the knowledge of the status of their research. Thus previous studies cannot be ignored as they provide the foundation of the present study. Main objective of this chapter is to find out the earlier designs, methods finding to enlarge the depth and breadth of knowledge on smoking health problems among school students. A few studied and research works had been done in the field of smoking health problems, smoking health practices in Morang, Sunsari districts of the Nepal as well as many other countries.

2.1 Review of Theoretical Literature

Numerous studies have been conducted to find out whether public smoking bans could reduce the incidence of heart attacks in the area of implementation. There are several systematic reviews and meta-analysis that cover a range of studies, from small studies in small towns to large studies in a whole state (e.g. New York State) and country (e.g. Italy)

The corchran review included twelve studies reporting hospital admission rates for acute Myocardial infarction (AMI) or chest pain caused by heart disease. The reduction in hospital admission for such cardiac events after implementation of smoke-free laws was consistent across the studies.

In 2009, a systematic review and meta-analysis investigated the relationship between public smoking bans and risk for hospital admission for AMI. This review included studies from 10 geographic locations (five in the United States, one in Canada and four in Europe). The meta-analysis found that AMI risk decreased by 17% comparing the AMI incidence.

Some chronic infections are risk factors for cancer; this is a particular issue in low and middle- income countries. Approximately 13% of Cancer diagnosed in 2018 globally was attributed to carcinogenic infections

In 2019, 17.9 million people died from cardiovascular diseases (CVDS) or heart attacks. The major cause was by smoking in low and middle –income countries.

A mathematical simulation study from India attempted to qualify the effects of various tobacco control measures, including a ban on public smoking, tobacco tax increases and pharmacological treatment of tobacco dependence on myocardial infarction and stoke over the next ten years. Smoke free laws and tobacco taxation appeared to be the most effective strategies from the population point of view in preventing deaths from myocardial infarction and stoke. This model assumed a rather low level of access to health care as per the current situation in the country.

Although much of the resulting decreases in mortality and morbidity was seen only after a few decades, there are however certain health effects which are seen in the short-term. Specifically jurisdictions implementing smoke free policies found an immediate protective effect towards a decrease in acute coronary events, especially among non- smokers and protective effects than studies of longer duration (dose-response). The protective effect was weak or non-existent for active smokers but significant for non-smoker providing further strength to causality of the relationship.

Implementation of smoke free policies has also been found to significantly reduce respiratory symptoms in adult and improve lung function. In addition, smoke free policies were also associated with substantial reductions in problem births and hospital attendance for asthma attacks in children.

2.2 Review of the Empirical Literature

According to WHO World Wide Survey report 2010, the adolescents as persons in 10-19 years age groups; it has estimated that 70% of premature deaths among adults are due to behavioral patterns that emerge in adolescence including smoking. Smoking health promotion through schools is recommended by the World Health Organization for improving knowledge, attitude and behavior related to smoking health and for prevention and control of disease caused by smoking among school children.

According to the Global Adult Tobacco Survey India (GATSI) NEARLY 267 million adults (15 years and above) in India (29% of all adults) are users of tobacco which leads to several death and health problems.

According to the study on the Economics of tobacco in Nepal by Yagya B. karki, Kiran Dev Pant and Badri Raj Pande in October 2003, the primary data were collected using a smoking behavior survey and a purposive sample survey among tobacco cultivating farmers. The overall smoking prevalence in Nepal for population aged 15 or more is estimated at 37.4% and is higher (47.4%) among the males than females (27.6%) poor people are more likely to consume tobacco resulting in increase health hazards and the diversion of scarce income.

According to Nepal Demographic and Health Survey (NDHS) 2016, overall prevalence rate for any form of tobacco use was higher in males (52.3%) than in females (8.4%). The prevalence of tobacco use has soared to 61.1% in men and 19.2% in women from 2016 to 2018. Similar differences were also reported for tobacco smoking (27.4% in males and 5.5% in females) and smokeless tobacco use (40.1% in males and 3.8% in females) (NDHS 2016). Likewise, NHRC 2019 exhibited increased.

According to WHO report on the global tobacco epidemic, 2019 Nepal has performed well in there of the six MPOWER measures. Nepal is fairly in good position in terms of smoke-free policies, health warning and advertising bans. But to reduce the negative impact of tobacco use on Nepal is further action is needed. Compliance with many existing regulation and guidelines, however, remains less than optimal. Nepal needs more effort in cessation programmes and monitoring aspects too.

According to Nepal Government in financial year 2014/15, 2,227 metric tons of tobacco were produced in Nepal. Indeed, more recently in 2015/16 the production volume of tobacco is estimated to have fallen to 618 metric tons. There is, however,

 a distinct regional pattern with Eastern Region and Central Development Region accounting for large proportions of tobacco grown in Nepal.

2.3 Implication of the Review for the Study

The goal of the study of smoking health problem among school students at Bhadgaun Sinuwari H.S. School will help to provide the followings;

1. It helps to assess the status of the smoking health practice of the students at Bhadgaun Sinuwari H.S. School, Ramdhuni.

2. The study provides the status of the smoking health of the students.

3. It also helps to assess the smoking health condition of the school in whole.

4. By studying this study, the pattern of questionnaire and data collection method, further study is possible.

5. Present study is defined by the conclusions drawn from the result of the research and researchers conclusion.

6. This study helps to find the other institutes and researchers to draw the conclusion about smoking problem of their students and to improve the status of the institute.

2.4 Conceptual Framework

This study is about the smoking health problem among secondary level students of 8 to 10 class in the study area. This is why; I have developed a conceptual framework which illustrates the major factors that of governmental educational institute which supports to help build good non smoking health problems.

Dependent variables   **Independent variable**

Socio-demographic factors
Age, sex, religion, family income, Types of family, educational level, educational status of parents, housing condition.

Attitude and related factors
Awareness of smoking related diseases, treatment, and prevention.

IEC related factors   Access to mass media, counseling, health education programmed, campaigns

Knowledge on smoking health problem among the students of secondary level school

There are various factors that directly and indirectly effects on the consumption of tobacco and its use. In the present contex tobacco is available in various forms like cigarettes, bidi, surti, khaini, paan masala, paan parag, hukka, cigar etc. Smoking habits of family members, peer pressure, for experiment, lack of awareness, influenced by advertisement are some of the main reasons behind consumption of tobacco use. Consumption of tobacco has many negative effects on health, economic, social and environment.Various steps can be followed for prevention of tobacco consumption like conducting awareness programmes, increasing tax in tobaccoic products, making strict rules and implementing them, motivating people against tobacco consumption.

CHAPTER III

METHODS AND PROCEDURES OF THE STUDY

As every research deals with the research methodology which deals step by step study work, It were appropriate to mention that research projects not susceptible to be studied was determine the particular steps of my research to be taken in order too.

3.1 Design and Method of the Study

The study is based on descriptive and cross section study design for getting qualitative and quantitative information on smoking health problem. Descriptive study is a fact finding investigation with adequate interpretation. This study generates the focus on smoking health problem. In order to fulfill the objectives information has been collected from the field survey.

3.2 Population and Sampling

The sample of the proposed study was 105 of total students of the school i.e. 173. Therefore the main source of data was secondary. It was a random sampling of the students of class regardless of the ethnicity or socio-economic status. It is because a judgment sampling as the researcher can easily decide who and where to participate in the interview. Similarly, the researcher have acquainted with the study area.

Among 173 students of Bhadgaun Sinuwari H. S. School class 8, 9 and 10 was selected for sampling. Among 173 total numbers of students of class 8, 9 and 10 sample students was selected through simple random sample method. For the interview schedule 30 among 51 students of class 8, 35 among 53 students of class 9 and 40 among 69 students of class 10 was selected as sample. The sources of primary data was depend on direct, indirect observation, interview of 105 selected sample students of secondary level.

3.3 Study Area/Field

Sunsari is one of the developing district of province one. A government school was selected for study. It is located in Ramdhuni Municipality. The name of school is Bhadgaun Sinuwari H.S. School. It has classes up to bachelor. Here in this school multicultural, multilingual students are studying.

3.4 Data Collection Tools and Techniques

Both qualitative and quantitative data was collected during field work. Similarly, the primary data was collected. The source of primary data was the interview schedule and face to face interview. Secondary data was collected including both published and unpublished literature i.e. article, journals of smoking health, smoking health problem from Tribhuwan University, Department of Health Education, health institution, research reports, Master's and Ph.D. thesis related literatures, websites of various national and international government and non-governmental organizations etc.

3.5 Data Collection Procedures

Interview schedule was the main tool of this study. It was used to collect the information on the studying place, where the students study at school time. So the questionnaire was fulfilled through direct contact with the participants as school. The studying environment, school area is observed and the direct questionnaire was provided to the students. The answers was filled by the students in presence of the observer.

3.6 Data Analysis and Interpretation Procedure

 All the qualitative and quantitative data was collected and analyzed during field work and the data was broadly categorized according to the researched objectives and was presented in qualitative as well as quantitative form. To justify the researcher will use both qualitative and quantitative methods; both primary and secondary data was tabulated and analyzed descriptively.

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CHAPTER-IV

ANALYSIS AND INTERPRETATION OF RESULT

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This chapter deals with analysis and interpretation of collection data. The data tabulated and placed in sequential order according to the nature of the study. The analysis and interpretation of data with the help of tables and figures to make the presentation more effective and clear. After tabulating the data responses are grouped in terms of their basic nature the following are the main heading of presentation.

4.1 Demographic and Economics Characteristics

Demography is the study of statistics such as births, deaths, age, sex, religion, income, or the incidence of disease which illustrate the changing structure of human populations. A demographic characteristic is essential for the every research like in every research, number of targeted population their age, sex and class were collected during this research. Without calculation of demographic feature, the research can't meet its objectives.

4.1.1 Age and Sex of Respondents

In this research also the same calculation was focused. As sex and age are inevitable parts of research, these factors had been focused considerably in this research too. Age and Sex of sampled 105 students had been presented in following table.

Table No.1: Distribution of the students According to their Age and Sex

Age Group (year)	Number of Student		Percent	Total
	Male	**Female**		
13-14	9	13	20.9	22
15-16	11	10	20	21
17-18	26	36	59	62
Above 18	0	0	0	0
Total	**46(43.8%)**	**59(56%)**	**100**	**105**

Table no.1 shows the number of the student by age and sex of the study area the table shows that there were 43.8 percent male and 56.2 Percent female. Total number of male students from age group "13-14" was 9 and number of female student was 13.

Similarly, from age group "15-16" total male are 11 and female was 10 Finally total number of male student from age group "17-18" were 26 And female student were 36. Then, total number of male student from age group "Above 18" was found 0 And number of student was 0. Altogether total number of student from age group "13-14" was 20.9 percent from age group "15-16" was 20 percent from age group "17-18" was 59 percent and from age group "Above 18" was 0 percent.

4.1.2 Education Status

Education makes the different in the way of thinking of a different in the way of thinking of a person. It also makes the different in doing things in a better way. It empowers the people to be healthy and to live healthy life. Education plays important roles on awareness against the disease to prevent them in time.

Table No.2: Education Status

Class	Number of Students		Percent	Total
	Male	Female		
8	12	10	20.9	22
9	22	26	45.7	48
10	14	21	33.3	35
Total	**48(45.7%)**	**57(54.3%)**	**100**	**105**

Table no.2 shows that majority of 20.9 percent student studied in clas 8, 45.7 percent student studied in class 9, and 33.3 percents read in class 10 . In this observation it is seen that most of them are female students.

4.1.3 Main Income Source of Family

Many people earn money in different way to fulfill the demands and basic needs of the family so that the family can be happy and get success in life. Income source of family plays the vital roles on awareness against the disease to prevent them in time.

Main income source of family sampled 105 students have been presented in the following table.

Figure No. 1: Main Income Source of Respondent's Family
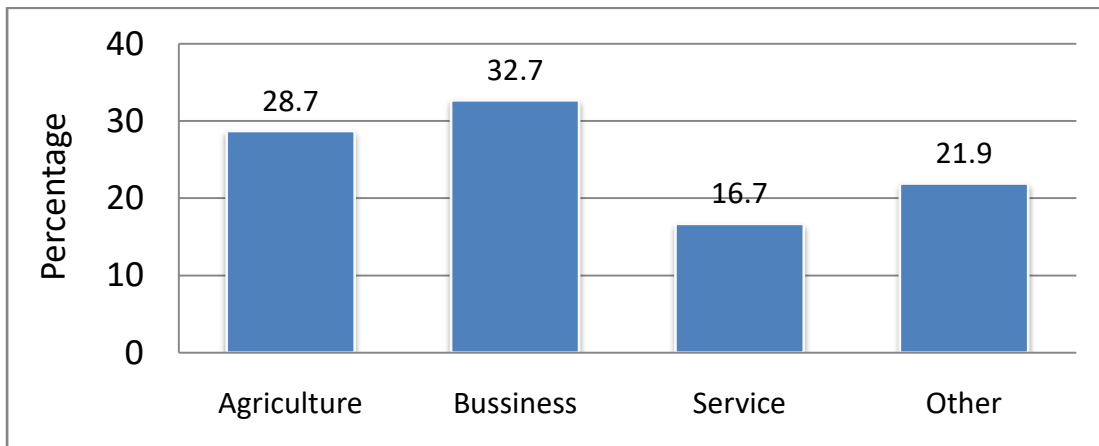
Figure no. 1 shows that among 105 students 32.7 percent income source of family were business and minimum were 16.7 service. Similarly 28.7 percentage agriculture and 21.9 were other source of income of the respondent's family. It is seen that most of respondent's parents were involved in business. They earn good income.

4.1.4 Types of Family

Family means an intimate and relatively permanent domestic group connected by blood, marriage or adoption that live together and share social and economic responsibilities. There are two types of family such as joint and nuclear. It plays important role to up grade the living standard of people as well as helpful for healthy living. Thus, this study is done to find out the types family members.

Table No.3: Distribution of Types of Family

Types of Family	Number	Percent
Joint	42	40
Nuclear	63	60
Total	**105**	**100**

According to the table no.3 shows that 63 percent students said that they were nuclear family member and 42 percent respondents were joint family members. According to table it seen that most of the respondents have nuclear family.

4.2.Forms of Tobacco Use

Tobacco is a plant grown for its leaves, which are dried and fermented before being put in tobacco products. Knowledge is the primary level of understanding the thing, objects, event and everything happening in the universe. Such knowledge can be gained by book, drama, use of tobacco are concerned to many disease respiration. It grows slowly types of tobacco use of sample students were studied on following ways.

4.2.1 Use of Tobacco

Tobacco use is the leading cause of preventable illness. It cause many different cancers including cancers of the throat, mouth, nasal cavity etc. use of tobacco was the habitual for entertainment most of the people, it grows fast and in some it grows slowly.

Table No. 4: Distribution of Tobacco use in any Form

Use of Tobacco	Number	Percent
Yes	32	30.48
No	73	69.52
Total	**105**	**100**

Table no. 4 shows that 69.52 percent students were not used tobacco in any form and 30.48 percent students were use tobacco. By analyzing the table it is seen that less respondents use tobacco.

4.2.2 Consume Tobacco Product

Tobacco can be ingested in many forms. Most of the people use tobacco for experiments used. The results are given below;

Figure No.2: Distribution of Consume Tobacco Products
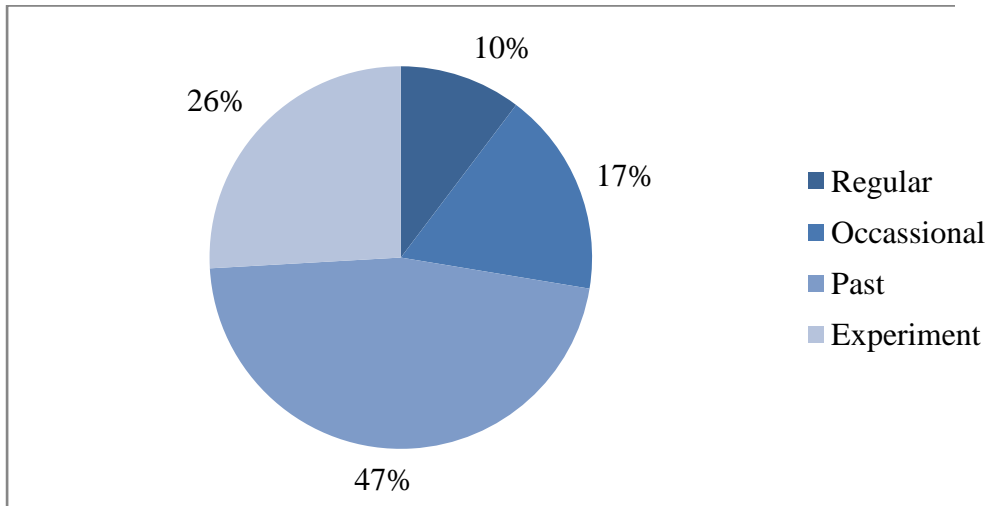
The figure No.2 Shows that 47 Percent were found tobacco past use and 10 percent regular, 17 percent were found used tobacco occasionally and 26 percent found tobacco use for experiments. It was found that the past user of tobacco was very high among students as majority of the students were found used past and experimentally.

4.2.3 Age of First Tried Tobacco

Tobacco is the harmful chemical substances many people are use of entertainment and relay.

Figure No.3: Distribution Respondents Age of First Tried Tobacco
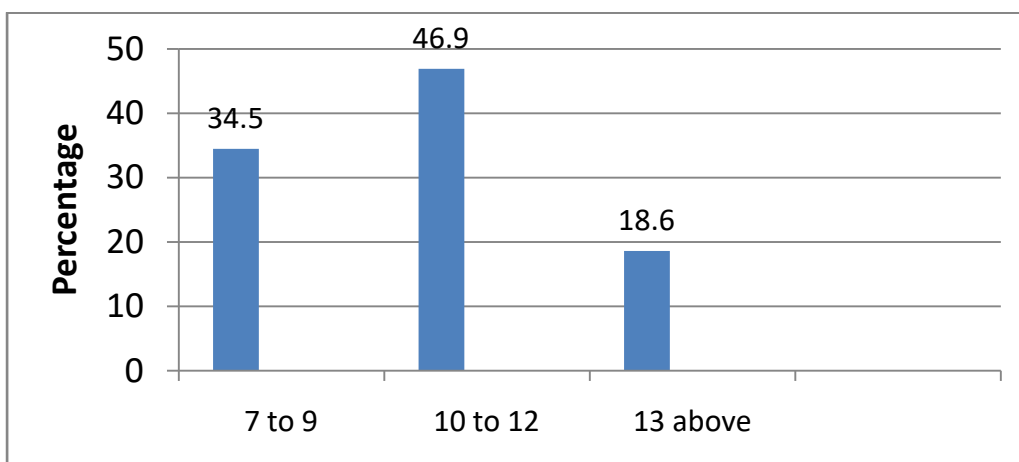
Figure no.3 shows that 46.9 percent age of 10-12 respondents first tried tobacco and 18.6 percent age group of above 13 respondents consume first tried tobacco and 34.5

percent the age group of "7 to 9" respondents first tried tobacco. It was found that most of the age group of "10-12" consumes tobacco in high range. They were not conscious on their health.

4.2.4 Respondent's Knowledge on Types of tobacco

All the respondents reported to have some knowledge of tobacco at the time of the field survey and they were asked to respond of their knowledge on agent to tobacco users. The answer is presented in the table below:

Table no.5: Distribution of knowledge on Types of Tobacco

Knowledge	Number	Percent
Yes	72	68.5
No	33	31.5
Total	**105**	**100**

Table no. 5 shows that 68.5 percent respondents have more knowledge about the types of tobacco. Similarly, 31.5 percent respondents have not knowledge about the types of tobacco. A compulsory health education which is offered in secondary level school lately fulfills the need of education regarding tobacco use among adolescent health. The curriculum should be toughly revised.

4.2.5 Forms of Tobacco Consume at present

Tobacco use is a global epidemic among young people. As with adults, it poses a serious health threat to youth. Nearly all tobacco use being in childhood and adolescents. The result is presented in the table.

Table No.6: Distribution of Respondents by Consumes Forms of Tobacco at present

Types of Tobacco	Number of students		Percent
	Male	**Female**	
Cigarettes	15	2	47
Khaini	7	-	21.9
Surti	-	-	-
Gutkha	8	2	31.1
Others	-	-	-
Total	**28(87.5%)**	**4(12.5%)**	**100**

Table no. 6 shows that 31.1 percent respondents consume pan masala, panparag, gutkha etc. and 21.9 percent respondents consume khaini. Similarly, 47 Percent respondents consume cigarettes at present but nobody consume surti.

4.2.6 Types of Tobacco Firsts consume

People can smoke, chew, or sniff tobacco. Smoked tobacco products include cigarettes, cigars bidis, gutkha . Some people also smoke loose tobacco in a pipe or hookah (water pipe). Chewed tobacco , products include chewing tobacco, sniff, dip, and snus; snuff can also be sniffed.

Table no.7: Distribution First Consumes Types of Tobacco

Types of Tobacco	Number	Percent
Cigarettes	15	47
Khaini	6	18.8
Surti	-	-
Bidi	-	-
Gutkha	11	34.2
Total	**32**	**100**

Table no. 7 clearly that 47 percent student first consume cigarettes and 34.2 percent consume at first khaini. Similarly 18.8 percent consume at first gutkha and no one consume surti and bidi at first. By analyzing the data it is seen that most of them start by cigarettes.

4.2.7 Consume Tobacco Per Day

When a person has habit to used tobacco they become tobacco addicted. Normally, the person take tobacco 2-3 times in a day. The table below showed the person consuming tobacco per day.

Table No. 8 Distribution of Consume Tobacco Per Day

Per day	Number	Percent
1-2	20	62.5
3-4	8	25
5+ Above	4	12.5
Total	**32**	**100**

Table no. 8 shown that 62.5 percent students were consumed tobacco "1-2" times per day and 12.5 percent respondents were consuming tobacco above 5 times per day. Similarly, 25 percent respondents were consuming tobacco 3 to 4 times per day. It was found that some respondents from gaining correct knowledge but not at all. They were becoming addicted by slowly.

4.2.8 Gap of Time Consuming Tobacco

The frequency if consume tobacco practice depends on person to person It was seen that some students were consume tobacco with in 30 minutes while inquiring how many times or gaps of times they consume tobacco. These responses are given below.

Table No.9: Distribution Gaps of Time Consume Tobacco

Gaps of time	Number	Percent
Within 30 minutes	9	28
After 30 minutes	23	72
Total	**32**	**100**

Table no. 9 shows that 72 percent students were consume tobacco after 30 minutes and 28 percent students were consuming tobacco within 30 minutes. By analyzing the table it is seen that most respondent take tobacco 28 times in 24 hours it means they are decreasing their life.

4.2.9 Respondents Parents use Tobacco

Adolescents were likely to smoke if their parents smoke. The parents used tobacco significantly impacts the smoking behaving of their children.

Table No.10: Respondents Parents use Tobacco

Parents Use Tobacco	Number	Percent
Yes	90	85.5
No	15	14.2
Total	**105**	**100**

Table no.10 shows that 85.8 percent respondent's parents used tobacco and 14.2 percent respondent's parents were not used tobacco. They were conscious on their children's future.

4.2.10 Members Use Tobacco in Respondent's Family

Most of the respondent's family used of tobacco by any forms. The respondents were asked who use tobacco in your family or not. The result was presented in the table below.

Table No.11: Distribution Member Use Tobacco in Respondent's Family

Member	Number	Percent
Father	48	53.4
Mother	10	11.1
Brother	25	27.7
Father Mother	7	7.8
Total	**90**	**100**

Table no.11 shows that 53.4 percent father used tobacco in respondent's family and 7.8 percent used both father and mother. Then 11.1 percent mother used tobacco and 27.7 percent used by brother.

4.2.11 Types of Tobacco Used by Respondent's Family

Adolescent were asked if any of their family members (parents, sibling and other members) used tobacco. They used tobacco in any forms. The result was presented in the figure given below.

Figure No.4: Distribution Types of Tobacco Used by their Family
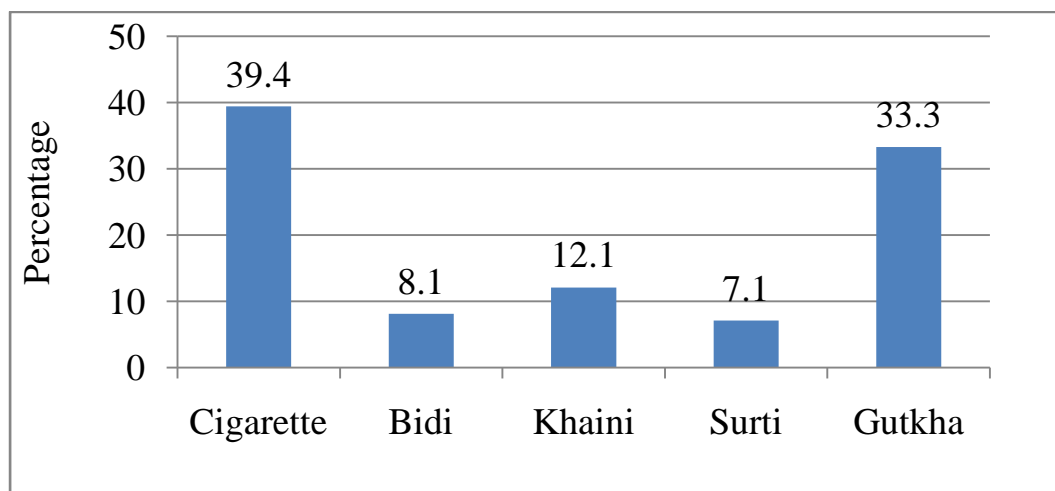
Figure no. 4 shows that 39.4 percent parents were used cigarette and 7.1 percent respondent's parents were consumed surti.. Similarly 33.3 percent parents used gutkha and 12.1 percent parents were used khaini and 8.1 percent parents were used bidi.

4.2.12 Respondent's Best Friend's Used Tobacco

Respondents were asked if any of their best friend also used tobacco in any forms. The result was presented in the table below:

Table No.12: Respondent's best friends use tobacco

Use of Tobacco	Number	Percent
Yes	45	42.8
No	60	57.2
Total	**105**	**100**

According to the table no.12 given 57.2 percent did not use tobacco and 42.8 percent said their friend use tobacco. By analyzing the table it is seen that they easily come under the pressure from the peers.

4.2.13 Types of tobacco Consume by their Friends

Most of the respondents who had friends who smoked were more likely to start smoking. Peer presure is highly predictive in the table.

Table No. 13 Distributions the Types of Tobacco Use by their Closest Friends

Types of Tobacco	Number	Percent
Cigarettes	28	62.3
Khaini	6	13.3
Bidi	-	-
Surti	-	-
Gutkha	11	24.4
Total	**45**	**100**

According to the table no.13 given 62.3 percent respondent's friend used cigarette, 13.3 percent respondent's friend used khaini and no one was used bidi and surti. Similarly, 24.4 percent respondent's closest friend used gutkha. It was found that most

of the closest friend used cigarette followed by gutkha and harm of use of tobacco. Still people need knowledge on their own health.

4.2.14 Respondents Start to Used Tobacco at First

Most of the respondents started when they were teens. Those who have friend and parents who used tobacco are not likely to start using tobacco than those who didn't. Some students said that they "just wanted to try it" or they thought it was "cool" to used tobacco.

Figure No.5: Distribution of Respondents Start to Use Tobacco at First
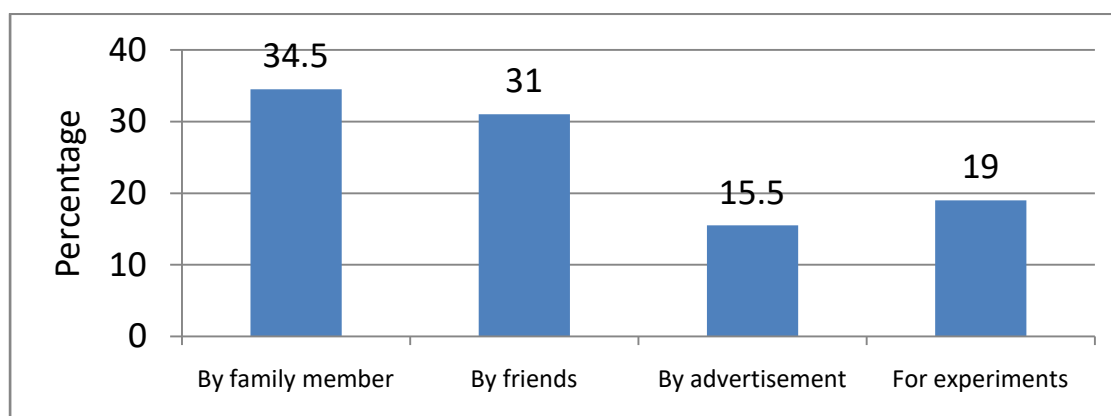
Figure no. 5 shows that 34.5 percent of respondents out of 32 tobaccos by family member and 15.5 percent use tobacco by advertisement. Then 31

percent used tobacco by friends and 19 percent used tobacco for experiment. Which shows that most of the respondents start to use tobacco and tobacco products by family members and their friends. It shows that still people need to knowledge on effects of using tobacco.

4.2.15 Respondents Tried to Quit this Habit

We all know the health risks of using tobacco but that does not make it any easier to kick out the habit. Therefore, these studies clarify to stop this habit of the respondents of the study area.

Table No.14: Respondents Tried to Quit this Habits

Quit this habits	Number	Percent
Yes	22	68.8
No	10	31.2
Total	**32**	**100**

Table no.14 shows that 68.8 percent respondents tried to quit this habit and 31.2 percent respondents didn't tried to quit this habit. Which shows that most of them had tried to leave this habit due to its affect on their health.

4.2.16 Respondents Use Tobacco in School Compound

Most of the adolescents spend much of their time at school and may subsequently be exposed to factors that increase tobacco use in that setting. Number of students who used tobacco they were asked to indicate have your ever use tobacco is school compound? Responses are given below

Table No: 15 : Distribution the Respondents use of Tobacco in School compound

Use in School Compound	Number	Percent
Yes	8	25
No	24	75
Total	**32**	**100**

Table no.15 shows that 25 percent respondents said "yes" they were used tobacco in school compound and 75 percent respondents were not used tobacco in school compound. It was found that most of the students were not found using tobacco in school compound. It shows the poor school environment and related school staff were conscious of student's future.

4.2.17 Distribution of Respondents Manages Money to Buy Tobacco

Many students wonder how they'll afford everything during their studies. How they buy tobacco everyday the result were given below:

Table No.16: How Respondents Manage Money to Buy Tobacco

Manage	Number	Percent
Father give	8	25
Mother give	7	21.9
Pocket money	5	46.9
By saving Tiffin	2	6.2
Total	**32**	**100**

Table no.16 shows that 46.9 percent respondents manage money to buy tobacco by pocket money and 25 percent managed money given by father. Similarly, 6.2 percent respondents managed money by saving Tiffin from friend's and 21.9 percent managed given by mother. By analyzing the table it is seen that students do not spend their pocket money on other but save to consume tobacco.

4.2.18 Feelings of Respondents by using Tobacco

People said that they use tobacco for many different reasons like stress, pleasure and buzz. The response are given below.

Figure No.6: Distribution of the Respondents According to their Feelings.

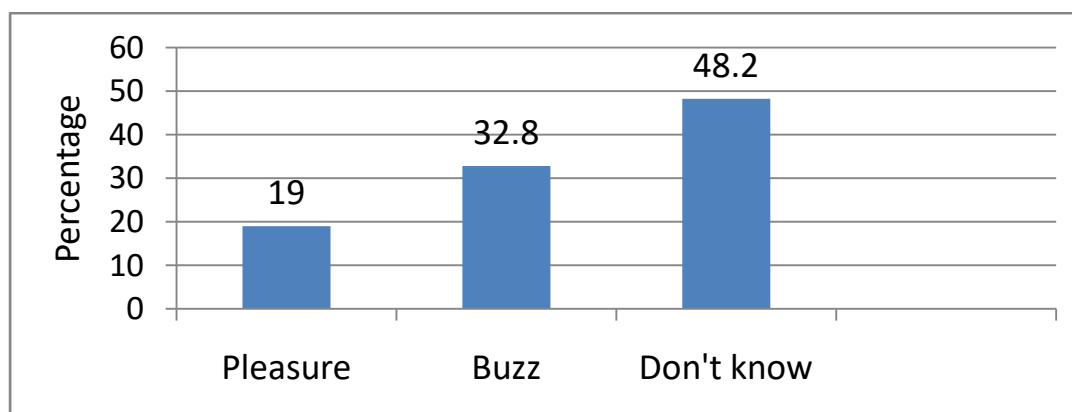Figure no.6 shows that 48.2 percent respondents said that they did not know how they feel after using tobacco and 19 percent felt pleasure after used tobacco. Then, 32.8 percent respondents felt buzz. In this observation most of the respondents use tobacco for felt buzz. They were unknow for their health. It is easily reveals the truth that most of the sampled students were not conscious on their health.

4.3 Impact of Tobacco Use

The scope of the burden of disease and death that cigarette smoking imposes on the adolescent's health is extensive. A disease in the prevalence of cigaratte smoking was additional down steam benefits by reducing the potential for non smokers to be exposed to secondhand tobacco smoke.

Tobacco is extracted from around 65 knows species of the tobacco plant. Various effects of tobacco use are economic loss, health loss and environmental loss.

4.3.1 Respondents Heard about the Effect of Tobacco Use

Tobacco is considered as a major behavioral risk factor for non-communicable diseases. One of the leading causes of death. As impact of tobacco use is very important part of research this impact had been focused considerably in this research too.

Table No. 17 : Respondents knowledge about the Effect of Tobacco Use

Knowledge	Number	Percent
Yes	85	81
No	20	19
Total	**105**	**100**

Table no.17 shows that out of 105 respondents 81 percent had heard about the effect of tobacco used. Similarly, 19 percent said they didn't know about the effect of tobacco use. Most of the respondents informed about tobacco.

4.3.2 Knowledge about the Effect of Tobacco Use

Like smoking, smokeless tobacco can affect our health in unexpected ways. Tobacco products are addictive because they contain nicotine. The respondents were asked wheather they did know the effect of tobacco use or not. The result was presented in figure below.

Figure No.7: Knowledge about the Effect of Tobacco Use
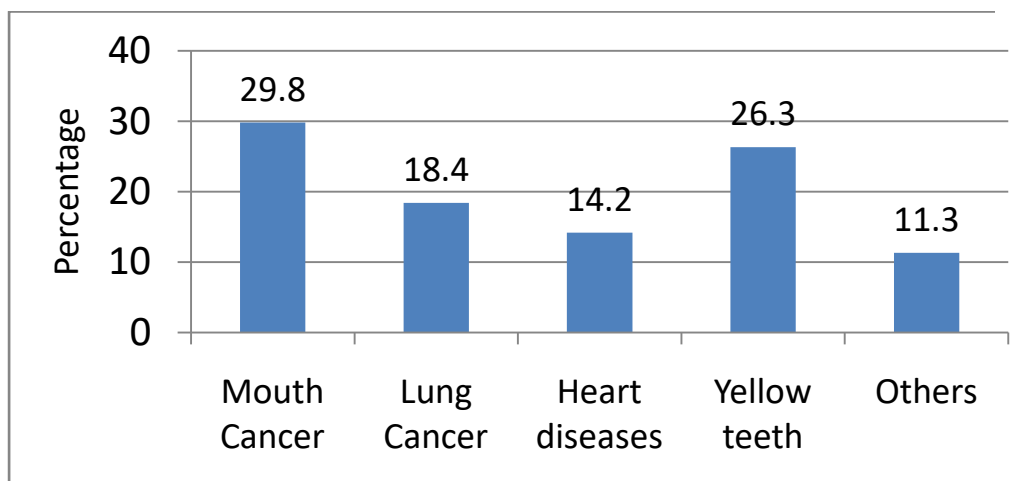
Figure no.7 shows that 29.8 percent respondents said the effect of mouth cancer and 11.3 percent said that the effects of others. Similarly 18.4 percent said the effect of lung cancer and 14.2 percent said the effect of health disease and 26.3 percent respondents said the effect of yellow teeth.

4.3.3 Knowledge on the Effect of Tobacco in Health

Tobacco was bad for our health and can cause negative health effects such as cancer and diseases. The growing use of tobacco is a cause of great concern around the world due to its serious effects on health. The respondents were asked wheather they didn't know the effect of tobacco in health or not. The result was presented in table.

Table No. 18: Knowledge on the Effect of Tobacco in Health

Knowledge	Number	Percent
Yes	105	100
No	-	-
Total	**105**	**100**

4.3.4 Effect of Tobacco in Health

Smoking accounts for about 40 percent of all cancer death in the United States, including about 80 percent of all lung cancer deaths not all of the health problems related to smoking result in deaths. Smoking affects a smoker's health in many ways. Harming nearly every organ of the body and causing many diseases.

Table No .19: Distribution of Respondents said Effects of Tobacco in Health

Effects	Number	Percent
Lung cancer	46	43.9
Heart disease	29	27.6
Yellow teeth	11	10.5
Problem in respiration	19	18
Total	**105**	**100**

Table no.19 shows that 43.9 percent said the effect of lung cancer and 27.6 percent said that the effect of heart disease. Similarly, 10.5 percent said yellow teeth and 18 percent said the problem in respiration.

4.3.5 Respondents Knowledge about the Effects in Economic Status

Consuming tobacco had great impact in economic status because they need money to consume it. Thus, the study shows the concept of respondents about the effect of tobacco in economic health.

Table No.20: Distribution of Respondent Knowledge about the Effects in Economics Status

Knowledge	Number	Percent
Yes	105	100
No	-	-
Total	**105**	**100**

By analyzing the table it is seen that every respondent has knowledge on the effecting factors in economic status by using tobacco.

4.3.6 Health Suffers by Using Tobacco

Tobacco use has predominantly negative effects on human health. Tobacco use leads most commonly to disease affection the heart liver and lungs. Adolescent smokers suffer from shortness of breath almost three times as often as teens who don't smoke. Research has focused on adolescent's health.

Table No. 21: Distribution of Respondent's Health Suffer Using Tobacco

Health suffer	Number	Percent
Yes	12	37.5
No	20	62.5
Total	**32**	**100**

Table no.21 shows that 62.5 percent respondent's health was not suffered by using tobacco and 37.5 percent had suffered by using tobacco.

4.3.7 Effect Have Respondents Suffered

Tobacco use in teenagers and young adults can cause both immediate and long-team harm. Extending beyond parents, siblings may also exert an effect on adolescent smoking. The results were given below:

Table No. 22: Distribution of Effect has Respondents Suffered

Types of Suffered	Number	Percent
Yellow teeth	4	33.4
Fast heart beat	3	25
Fever	2	16.6
Headache	3	25
Total	**12**	**100**

Table no.22 shows that 33.4 percent out of 12 suffered from yellow teeth after used tobacco and 25 percent equally suffered from fast heartbeat and headache. Then, 16.6 percent suffered from fever. By analyzing the table it is seen that minimum respondents are in mild complication at present.

4.3.8 Taking Tobacco is Healthy Habits

Today we're more aware about how smoking is for our health. Smoking is restricted or smoking is a hard habit to break because tobacco contains nicotine, which is highly addictive. The results were given below:

Table No. 23: Distribution of Respondents Taking Tobacco is Healthy Habits

Healthy Habits	Number	Percent
Yes	42	40
No	63	60
Total	**105**	**100**

Table no.23 shows that the 40 percent respondents said taking tobacco is health habit and 60 percent said taking tobacco isn't health habits. It shows that the people knowingly affecting their health using different types of tobacco products.

4.3.9 Respondents Seen the People Suffer from Tobacco Use

Whenever, smoke touches living cells, it does harm. When people get large amounts of tobacco, they are at risk for lung cancer and other diseases. Tobacco use is also shows in online and on tv and movies showing smokers are another big influence.

The followwung table present the fact about respondents seen the people suffer from tobacco use.

Table No.24: Distribution of Respondents Seen the People Suffer from Tobacco Use

Suffer	Number	Percent
Yes	105	100
No	-	-
Total	**105**	**100**

4.4 Summary

Health is the foundation of the childeren. They are the pillar of the nation. If the childern are healthy the nation will be healthy.

In study area the students in the secondary level weren't award about their health, nor they are able to adopt healthy rules and behaviours, rather they were found careless and spening most of their time in playing mobiles and other entertaining business. They also didn't know the effects created in gaining of quality education due to unhealthiness.

The study was mainly based on primary data and descriptive types design. After collecting the necessary information the data were tabulated in master chart. They were analyzed and interpreted with the help of tables and figures. The information was collected from random 162 students of samples school though interview schedule and observation, structured questionnaire with the target people.

This study was conducted on the Government shool of Ramdhuni Municipality, Sunsari. The objective of this study was determine the forms of tobacco use among adolescent in grade 8,9,10 and to find hout the prevalence and its impact of tobacco use among adolsent.

Finally, the collected data information were analyzed and interpreted. All of the respondents were adolscents (boys + girls) of secondary level, knowing to lack of awareness want to appropriate knowledge on tobacco use. It is found that they had good knowledge about tobacco but they didn't try to leave this habit.

4.5 Finding

Some of the major findings of the study were given below:

4.5.1   Among students, altogether total number of students from agegroup of "17-18" was 62(59%) and "13-14" was 22(20.9%).

4.5.2   From education status 20.9 percent students were studied in class8 and 33.3 percent students were studied in class 10.

4.5.3   Majority of the respondents 32.7 percent had expressed businesswas the main source of income 21.9 percent were found othersource and 28.7 percent were agriculture. Then, 16.7 percentservice was the main source of income of their family.

4.5.4   Majority of the respondents 60 percent had expressed they were nuclear family members and 40 percent have joint family.

4.5.5   About 30.48 percent respondents correctly answer they were used tobacco in any form and 69.52 percent said they were not used tobacco.

4.5.6   Majority of respondents 47 percent said that they were consume tobacco past use and 26 percent consume tobacco for experimental use.

4.5.7   Majority of respondents 46.9 percent age group of "10-12" was first tried tobacoo and 34.5 percent age group of "7-9" were tried tobacco at first.

4.5.8   Majority of the respondents 68.5 percent had knowledge on types of tobacco and 31.5 percent hadn't knowledge about the types of tobacco.

4.5.9   Majority of the respondents 47 percent used cigarette and 31.1 percent used gutkha at now.

4.5.10   Majority of the respondents 47 percent used cigaratte and 34.2 percent gutkha at first.

4.5.11   Majority of the respondents 62.5 percent respondents were consume tobacco 1-2 times per day.Then 25 percent consume tobacco 3-4 times per day.

4.5.12   Among students 85.5 percent said their parents use tobacco and 14.2 percent respondents parents were not used tobacco.

4.5.13   Most of the respondents 53.4 percent were seen father use tobacco and 27.7 percent respondent's brother use tobacco.

4.5.14   Similarly, 39.4 percent respondents parents were used cigarette and 33.3 percent gutkha.

4.5.15   Majority of the respondents 42.8 percent closest friend were used tobacco and 52.7 percent closest friend were not used tobacco.

4.5.16   Most of the respondents, 62.3 percent closest friend used cigarattes and 24.4 percent used gutkha.

4.5.17   Majority of the respondents 34.5 percent students started to use tobacco by family members at first. Then, 31 percent used by friends..

4.5.18   Most of the respondents 68.8 percent had tired to quit this habit.

4.5.19   Among students 75 percent had not used tobacco in school compound and 25 percent used tobacco in school compound.

4.5.20   Similarly,46.9 percent respondents manage money to buy tobacco by pocket money. Then 6.2 percent maaged by saving tiffin and by friends.

4.5.21   More over, 48.2 percent students said they didn't know how they feel afte used tobacco and 32.87 percent felt buzz.

4.5.22   From observation, 81 percent respondents had more knowledge about the effect of tobacco use and 19 percent hadn't know about it.

4.5.23   Majority of the respondents, 29.8 percent known about the effect of mouth cancer, 26.3 percent said the effect of yellow teeth.

4.5.24   All of the respondents 100 percent had more knowledge about the effect of tobacco in health.

4.5.25   From observation, 43.9 percent said the effect of lung cancer, 18 percent said the problem in respiration, 10.5 percent said yellow teeth and 27.6 percent said heart diseases.

4.5.26   Majority of the respondents, 100 percent had more knowledge about the effect of tobacco in economics status.

4.5.27   All of the respondents, 37.5 percent respondents health suffered by using tobacco.

4.5.28   From the observation, 33.4 percent suffered from yellow teeth and 25 percent suffered from fast heart beat.

CHAPTER-V

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

The study entitled "A study of smoking and its effects on health" Ramdhuni Muicipality, Sunsari district is conducted among 105 adolescent. After analyzing the data it shows that most of the ever- user initiated tobacco use by 17-18 years of age. The majority of them are past user and by experimental use but they were potential regular user in the future.

Finally, tobacco use by close friends and family member were strong influencing factor for tobacco use of adolescents. A substantial proportion of adolescent were being exposed to the tobacco use behavior of family member and friends, creating an environment to develop more tobacco users in future.

Maximum respondents had good knowledge about the impact of tobacco in health or in economics status nearly half thought that tobacco users had more friends and more than one in tobacco users are more attractive.

Thus, school based educational programs focusing on all forms of tobacco (both smoked and smokeless) should be planned and implemented. Parental counselling is necessary to inform them about the influence of their tobacco use on their childeren. Programmers to protect every adolescent from being exposed to the tobacco use of others are necessary.

Health education program should be provided to adolescent to raise the level of awareness of the impact of tobacco use and to change their perception.

5.2 Recommendations

On the basis of finding of this study, the following recommendations is made for the government agency and individuals. The finding may be useful for formulating policies and programs to improve better health status of school level of adolescents.

5.2.1 Recommendation for policy Related

5.2.1 Education plays a vital role determine every change in the society.The education about tobacco use and its impact in health should be included and improved in the lower to secondary level curriculum.

5.2.2 To aware the students about tobacco use and its effect in health programs should conducted in education institute.

5.2.3 Appropiate to improved prohibits the sale of cigarattes containing certain characterizing flavors (such as strawberry, grapes, orange and other flavors.)

5.2.4 Local newspapers agencies and institutions as well as NGOs at local level shof local level should be encouraged and co-operation for raising awareness among the secondary level adolescent about tobacco use and its effect on health.

5.2.5 Using explicit photoes and smoking- associated health warning on all tobacco products, packages and lebeling.

5.2.6 All states should license retail sales outlets that sell tobacco products.

5.2.7 Making tobacco products less affordable by using raising taxes on tobacco products.

5.2.8 School and colleges should be banned all forms of tobacco (both smoked and smokeless) in indoor locations.

5.2.9 Mass media (Radio, T.V) should be encouraged to organized regular programmed on tobacco use and its effect on health.

5.2.2 Recommendation for practice Related

5.2.2.1 Health observation program should be given priority in school day. Regularly

5.2.2.2 Secondary health teacher should facilitate with the special health training and be refreshed time to time.

5.2.2.3 Parents should be aware of importance of health and effect of tobacco in health.

5.2.2.4 Educate students and families on the negative health consequences of tobacco use as part of elementary and high school curriculums in tandem with public program.

5.2.2.5 Regular health check-up program for the students should be conducted by the school collaboration with the health post or hospital.

5.2.2.6 The school must be banned all forms of tobacco in indoor location.

5.2.2.7 School teachers and parents must be aware of various programs including seminars, workshops and discussion program, so that they can be able to receive information and for teaching these topics.

5.2.3 Recommendation for Future Research Related

5.2.3.1 To investigate the level of awareness of the guarders on the issue of their children's health effects from tobacco use.

5.2.3.2 Advice to smokers to adopt a smoke-free home should be included in all efforts promoting cessation.

5.2.3.3 Future studies regarding the effect of smoke free homes on youth initiation are required.

5.2.3.4 Future evidences of the effect of smoke free homes and school staff on smoking behaviors in countries at different stages of the tobacco epidemic is needed.

5.2.3.5 A comparative study on the tobacco use and its effects among adolescents at government school.

5.2.3.6 Effectiveness of the curriculum of secondary level students on tobacoo use and its effect in health.

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TRIBHUVAN UNIVERSITY

FACULTY OF HEALTH AND PHYSICAL EDUCATION

JANATA MULTIPLE CAMPUS

Questionnaire used on "A study of smoking and its effects on health"

(Interview schedule)

Name ……………………………………….   Class ………………………

School ………………………………………..   Age ………………………..

Sex …………………………

Demographic and Economics

1. What is your name?

……………………………………………………………………………….

2. In which class do you read?

……………………………………………………………………………….

3. How old are you?

……………………………………………………………………………….

4. What is your gender?

……………………………………………………………………………….

5. What is the occupation of your parents?

………………………………………………………………………………..

6. What is your family type?

i. Joint ⬜   ii. Nuclear ⬜

7. How many family members are there in your family?

………………………………………………………………………………..

8. What is the high level of education of your parents?

i. Illiterate ☐   ii. Primary ☐   iii. Secondary ☐

iv. Certificate ☐   v. Bachelor ☐

9. How much is your monthly family income?

Rs ……………………………………………………..

Knowledge on smoking health problem

10. Do you know about smoking?

i. Yes ☐   ii. No ☐   iii. Never heard about it ☐

11. Which disease is caused by smoking?

i. Cancer ☐   ii. Headache ☐   iii. Diarrhoea ☐

12. Do filter reduce the damage of cigarette smoking?

i. Yes ☐   ii. No ☐   iii. Only 50% ☐

iv. Don't' know ☐

13. Do you know about the effects of smoking?

i. Yes ☐   ii. No ☐

14. What is the name of substance found in cigarette?

i. Nicotine ☐   ii. Heroin ☐   iii . Cocaine ☐

15. Is nicotine a drug?

i. Yes ☐   ii. No ☐

16. Is smoking good habit?

i. Yes ☐   ii. No ☐   ii. Don't know ☐

Types of smoking

17. Which types of tobacco products you have consume first?

i. Cigarette ☐   ii. Khaini ☐   ii.Gutkha ☐

iv. Bidi ☐   iv Others ☐

18. What tobacco products do you consume now?

i. Cigarettes ☐   ii. Khaini ☐   iii Surti ☐

iv Gutkha ☐   v. Others ☐

19. How do you feel when you smoke cigarette?

i. Pleasure ☐   ii. Buzz ☐   iii. Don't know ☐

Prevalence of Smoking

20. How did you start smoking at first?

i. By family members ☐   ii. By friends ☐

iii. By advertisement ☐   iv. For experiments ☐

21. Have you ever smoked in school compound?

i. Yes ☐   ii. No ☐

22. Do your parents smoke?

i. Yes ☐   ii. No ☐

23. Do any of your best friends smoke?

i. Yes ☐   ii. No ☐

24.If yes, what types of tobacco used by your friends?

i. Cigarette ☐   ii. Khaini ☐   iii. Surti ☐

iv. Gutkha ☐   v. Others ☐

25.How do you manage money to buy tobacco products?

………………………………………………………………………………….

Impact of smoking

26. Do you think smoking is healthy habits?

i. Yes ☐ ii. No ☐

27. Have you seen the people suffering from smoking?

i. Yes ☐ ii. No ☐

28. What do you think, is use of smoking effects in economic status?

i. Yes ☐ ii. No ☐

29. Have your health suffered by smoking?

i. Yes ☐ ii. No ☐ iii. Not use yet ☐

30. Did in your school know the effect of smoking?

i. Yes ☐ ii. No ☐

31. What happens when you quit smoking ?

i. Restlessness ☐ ii. Irritability ☐ iii. Anxiety ☐

iv. Above all ☐

32. What can you do instead of smoking ?

i. Exercise ☐ ii. Following healthy habits ☐

iii. Making mind busy on work or study ☐ iv. Above all ☐

33. Why should we quit smoking ?

i. For healthy and happy life. ☐ ii. For getting success in life. ☐

iii. To be safe from dangerous diseases like cancer, heart attack, etc ☐

iv. Above all ☐

34. Why we should encourage people to quit early ?

i. Not to get the health affected. ☐ ii. Less risk of getting organs damage. ☐

iii. To be safe from tension. ☐ iv. Above all ☐

35. If people quiet earlier then what benefit they gain ?

i. Safe for being addicted to nicotine. ☐ ii. Easy to quit smoking. ☐

iii. Less chance of suffering from diseases. ☐ iv. Above all ☐

36. Is early quitting smoking good for health ?

i. Yes ☐ ii. No ☐

37. How can we aware the people about the disease caused by smoking ?

i. Conducting awareness program about the affect of smoking. ☐

ii. Encourage to smoke ☐ iii. Buying smoke products ☐

iv. Don't know ☐

38. Do you know about rehabilitation center ?

i. Yes ☐ ii. No ☐ iii. Don't know about it ☐

39. What is the work of rehabilitation center ?

i. Encourage to quit smoking ☐ ii. Adopt healthy habits ☐

iii. Helps to quit smoking ☐ iv. Above all ☐

40. Why is it important to raise awareness about smoking ?

i. To make the people unhealthy ☐ ii. For entertainment ☐

iii. To save people from dangerous diseases caused by smoking ☐

iv. Don't know ☐