

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

Understanding regarding smoking is the present issue among youth from all over the world because, now teen age's engagement with bad practice such as alcoholism, smoking and other drug are the main problems. Tobacco is known to be the one commercially sold product that if used as directed by the manufacturer will lead to certain disease and death. Additionally, unlike a genetically caused disease, the health consequences of tobacco use are directly tied to behavior and to the cultural and social structuring of people's ideas, actions, and relationships. For all of these reasons, tobacco use should be of primary interest to medical sociology. In fact, however, as discussed below, there have been relatively few focused sociological accounts of tobacco use in a cultural and social context. This avoidance is noteworthy, reflecting both the fact that topics of study within medical sociology (like other fields) accord greater or lesser social rewards for researchers as well as the fact that in the West, where most medical anthropologists are found, tobacco use lacks extensive symbolic or other cultural embellishment. However, from a strictly health standpoint, tobacco use is of a far greater direct consequence than most topics regularly studied by medical anthropologists (Singer, 2007). Smoking is a practice in which a substance is burned and the resulting smoke is breathed in to be tasted and absorbed into the bloodstream. The most commonly used substance is the dried leaves of the tobacco plant which is rolled into a small square of rice paper to create a small, round cylinder shape called "cigarette". Perception surrounding smoking has varied from one place to another over time; from holy to sinful, sophisticated and vulgar, a panacea and a deadly health hazard. During the 21st century, smoking came to be viewed in a decidedly negative light, especially in the Western countries. This is due to smoking tobacco being among the leading causes of many diseases such as lung cancer, heart attack, Chronic Obstructive Pulmonary diseases, erectile dysfunction and birth defects. The health hazards of smoking have caused many countries to institute high taxes on tobacco products, run ads to discourage use, limit ads that promote use, and provide help with quitting for those who do smoke.

Some of the substances are classified as hard narcotics- like heroin, but the use of these kinds of products is very limited because they are not usually commercially available. Cigarettes are primarily industrially manufactured but it can also be hand-rolled from loose tobacco and rolling paper. Other smoking implements include pipes, cigars, bides, hookahs and bong. Smoking is a practice in which a substance is burned and the resulting smoke is breathed in to be tasted and absorbed into the bloodstream. The most commonly used substance is the dried leaves of the tobacco plant which is rolled into a small square of rice paper to create a small, round cylinder shape called “cigarette”. Less common drug used for smoking includes cannabis and opium.

In the case of cigarette smoking, these substances are contained in a mixture of aerosol particles and gases and include pharmacologically active alkaloid nicotine; the vaporization creates heated aerosol and gas to form which in turn allows inhalation and deep penetration into the lungs where absorption of the active substances into the bloodstream occurs. Smoking is primarily practiced as a route of administration for recreational drug use because the combustion of the dried plant leaves vaporizes and delivers active substances into the lungs where they are rapidly absorbed into the bloodstream and reach the bodily tissue. In some cultures, smoking is also carried out as a part of various rituals, where participants use it to help induce trance-like states that they believe, can lead them to spiritual enlightenment. Smoking is one of the most common forms of recreational drug use. Tobacco smoking is the most popular form, being practiced by over one billion people globally, and the majority of who are in developing countries. Now various studies show that youth and teen age population are more victims of smoking.

## **1.2 Statement of the Problem**

A man is made neither for a trade, nor for a hospital, nor for a poorhouse: such a prospect is too terrible (Foucault, 1973). Healthy people are the future of nation. Healthy people are the millstone of productivity. Smoking is one of the main challenges and a big concern in public health in today’s time. Teenagers, especially students have been and are becoming the victims of smoking culture. Most people are unaware that even the smallest level of smoke use is dangerous, in part because this is not the case with other behavioral health risk. Many smoking users cannot name

specific diseases caused by smoking other than lung cancer and do not know that smoking also causes heart diseases, stroke and many other diseases including many types of cancer. "Health is Wealth" sounds good in proverb but how our new generations are corrupting their health are main concerns in present academic and non-academic discourse. The high prevalence of smoking among people aged 18-24 years indicates a need to focus tobacco use treatment interventions on this age group. Intervention for young adult before they became addicted maybe critical in reducing tobacco use among young adults. Now teen age and youth become main point of smoking and alcoholism, that's why this study tries to find the teen age perception on it.

This study tries to find out solutions of the following questions:

- ) What are the Knowledge, Attitude and Perception of cigarette smoking on health among teenage students?
- ) What are the major factors to understand the effects of smoking among students of Siddhartha Municipality-8, Rupandehi District?

### **1.3 Objective of the Study**

Young students and their health concerns about smoking were the general objectives and knowledge regarding the consequences of cigarette smoking on health among the teenage students. The following were the specific objectives of the study:

- ) To study about students' knowledge, attitude and perception of smoking.
- ) To analyze student's level of knowledge, attitude and perception regarding cigarette addiction and withdrawal effects/symptoms of smoking.

### **1.4 Significance of the Study**

Healthy young generations are the indicators of the healthy future of the nation. Healthy people and quality of life of the people is the backbone of the society. Students are the future for any nation, but nowadays, students are facing lots of problems, among which smoking is one of the main. Students have to study/work hard to get good grades in examinations. A number of students go to the college to obtain quality education but they have been suffering from smoking problems, it indicates such a horrible future of the nation.

Modern capitalism has been victimizing people as commodity through smoking and alcoholic culture. Effects of globalization, mushrooming of different social media and new types of food fashion have been bringing smoking as a fashion among students, especially among teenage students. So, many researchers have attempted to explore the overall situation of students in many educational organizations/institutions of the world. No research has been conducted about the teenage students of the study area.

### **1.5 Limitation of the Study**

This study was based on academic nature. Only for academic use this dissertation was presented, so we may not found any technical purposes rather than academic on it. Many sociological theories were borrowed for this study. Theoretical perspectives and the nature of study may know as limitations for the study. Some other limitations were:

- ) Only medical sociology was the main coverage area of this research work.
- ) Small budget and small research area is the main limitation of this study.
- ) This study has only a few literature reviews.
- ) This study was only study within a small research site. So, the study will not be a universal research.
- ) This study only focuses on student's perception about smoking and health.

### **1.6 Organization of the Study**

The thesis was organized into six chapters. The first chapter was deal with introduction, statement of the problem, objectives and justification of the study, limitations and organization of the study. The second chapter was deal with the available literature review; this chapter also discusses the array of literature that is possible to study. The third chapter discusses the research methodology applied during the conduction of research. The fourth chapter was discussing about interpretation and the analysis of collected data from the study area. The final fifth chapter was discussing about the socio-demographic features of respondents and final chapter deals about summary and conclusion.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Concept Review**

Diseases associated with smoking are a foremost cause of premature death in the world, both in developed and developing countries. Eliminating smoking can do more to improve health and prolong life than any other measure in the field of preventive medicine. Today's medical students will play a prominent role in future efforts to prevent and control tobacco use (The National Academies, 1994). According to the Nepal Adolescent and Young Adult (NAYA) Survey 2000, about one quarter of young boys and one in 10 girls have smoked tobacco at some time or the other. Among boys, 24% initiated smoking between ages 15 and 20. Region-wise analysis revealed that teen smoking is more prevalent among hill residents and among youth who had urban exposure (AHD, 2004).

#### **2.2 Theoretical Review**

Socialization may be the good theoretical linkage for the research. Social transformation studies can be understood as the analysis of transnational connectedness and the way this affects national, local communities and individuals (Castles, 2001). Sociologists are interested in social mobility for a number of reasons (Haralambos and Heald, 2008).

As Maralambos and Heald (2008) states about socialization "the process by which individuals learn the culture of their society is known as socialization. Primary socialization, probably the most important aspect of the socialization process, takes place during infancy, usually within the family. By responding to the approval and disapproval of its parents and copying their example". Tobacco use is a learned and socially mediated behavior. Experimenting with tobacco is attractive to children and youths because of associations they learn to make between tobacco use and the kind of social identity they wish to establish. Repeated and ubiquitous messages reinforcing the positive attributes of tobacco use give youths the impression that tobacco use is pervasive, normative in many social contexts, and socially acceptable

among people they aspire to be like. Youths are led to believe that tobacco consumption is a social norm among attractive, vital, successful people who seek to express their individuality, who enjoy life, and who are socially secure. Several factors are involved in maintaining this impression among youths and in fostering tobacco use as a social norm at a time when public health messages are calling attention to the serious health risks associated with tobacco consumption (The National Academies, 1994).

Families were drawn from the control group of a randomized control trial aimed at preventing adolescent substance use. In addition to the main effects of parents' history of regular smoking and parental warmth, logistic regression analysis revealed that the interaction of these two variables was associated with adolescent self-reported cigarette use. Parental warmth was associated with a decreased likelihood of the adolescent ever having smoked a cigarette; however, this was true only if neither parent had a history of regular cigarette smoking (Olson, 2007).

### **2.3 Empirical Review**

A recently conducted a national survey on tobacco economics showed that smoking rate increases with age; among the 16-19 years old it was about 30% (Pandey and Pathak, 2001). Another cross sectional survey of students of grade 4-9 was recently conducted in a private school in Kathmandu. 47% of the students were of the age group 13-15 years. In contrary to the findings from other students, the prevalence of tobacco use in this particular study was quite high. Regular smokers (smoking at least one cigarette per day) were 7.8%. The percentage of students using tobacco in forms other than smoking was 42.4% (n= 924, coverage rate 95%). However, this included the students using those products daily and occasionally as well as only during festivals. A substantial portion of the occasional smokers (57.2%) expressed their wish to quit smoking (Pandey and Pathak, 2001). Tobacco use is one of the leading preventable causes of premature death, disease and disability around the world. An estimated 4.9 million deaths occurring annually can be attributed to tobacco use. This figure is expected to rise to about 10 million by the year 2020 if the current epidemic continues, and more than 70% of those deaths are expected to occur on developing countries (British Broadcast Chanel-special report, 2009).

The Global Youth Tobacco Survey (GYTS) of school-going adolescents of class 8-10 conducted by the WHO in the South-East Asia Region revealed that 1 in 10 school-going adolescents in Nepal use some form of tobacco. The current smoking rate for girls is significantly lower than that for boys. Passive smoking or environmental smoke affected a substantial proportion of non-smokers and current smokers. They are exposed to smoke both at home and in public places. Despite a substantial proportion of adolescent using tobacco, a large proportion of current smokers want to stop smoking. However, there are a number of factors such as regular presence of smokers in the family and easy accessibility of tobacco products that contribute to the prevalence of the smoking habit among adolescents in Nepal (WHO, 2004). Cigarette smoking is a common risk denominator for chronic non-communicable and oral diseases; therefore, a shared risk approach should be employed to educate the public on the effects of tobacco and campaigning against tobacco use. The government needs to build healthy public policy that would ensure development and implementation of laws prohibiting the sales and advertisements of cigarettes, as well as banning smoking in public places (Bashiru and Udo, 2014).

Diseases linked to smoking tobacco cigarettes include most forms of cancer, particularly lung cancer, cancer of the kidneys, cancer of the larynx and head and neck, bladder, esophagus, pancreas, and stomach. There are some evidences suggesting increased risks of myeloid leukemia, squamous cell sinonasal cancer, liver cancer, and cervical cancer, colorectal cancer after an extended latency, childhood cancer and cancers of the gallbladder, adrenal gland and small intestine (International Agency for Research on Cancer, 2011).

Results from the current study implies that clinicians and researchers should continue to target young adults (especially college students) as an at-risk population for cigarette smoking, but move beyond a sole focus on teaching tobacco-related health risks. While smoking prevalence among student health professionals was much lower than the rates observed among their undergraduate peers, 16.8% still identified themselves as current smokers. Given the potential influences that these health care students will have on their patients who smoke, health care training programs may benefit from placing a greater emphasis on tobacco cessation among these future primary care clinicians (Morrel, Cohen and Dempsey, 2009).

Tobacco use is a global burden that requires action at multiple levels. There is an urgent need to implement actions that raise awareness towards smoking and its ill effects among students (Shonar, Lubbad, Ansari, Al-Khaatib and Alharrazin, 2014). Nicotine is both a stimulant and a depressant. That means nicotine increases the heart rate at first and makes people feel more alert (like caffeine, another stimulant). Then it causes depression and fatigue. It is a poisonous substance derived from tobacco, the substance that causes addiction to cigarettes, the drug withdrawal from nicotine makes people crave another cigarette to perk them up again. According to many experts, the nicotine in tobacco is as addictive as cocaine or heroin. When people smoke cigarettes, nicotine enters their bloodstream. The term cigarette, as commonly used refers to a tobacco cigarette but can apply to similar devices containing other herbs, such as cannabis. Cigarettes contain nicotine which is toxic and is proven to be highly addictive, as well as a cause of multiple types of cancer, heart diseases, respiratory diseases, circulatory diseases and birth defects (which include mental and physical disability) and emphysema. The latest reports about chronic smoking shows that smoking harms nearly every organ of the human body, causing many diseases and thus, reducing body health in general. Quitting smoking has an immediate as well as long term benefits, reducing risks for diseases caused by smoking and improving people's health in general.

A questionnaire on smoking behavior, knowledge of smoking-related diseases and attitudes toward the passive exposure to smoking was administered and results analyzed for differences in (1) region, (2) major area of study in the university, (3) grade and (4) date of survey on smoking behavior, knowledge and attitude of the freshmen students. (1) 294 urban and 217 provincial university students, (2) 138 freshmen at the Department of Pharmacology and 156 freshmen at the Department of Technology, (3) 136 freshmen of Y. University and 158 freshmen in senior high school of Yamaguchi prefecture, and (4) 217 freshmen surveyed in 1990 and 136 freshmen surveyed in 1995 were the subjects. The results were as follows; 1). The percentage who had smoked once ranged from 0 to 3% among the senior high school girls and female students at minor universities. However, the percentage for male students ranged from 26% to 44% in each survey. There were clear gender differences in smoking behavior. 2) The proportion of students who admitted that they had smoked cigarettes was 30.9% for urban students and 38.6% for provincial university



students, but was not a significant difference. There were no significant differences between urban and provincial students regarding knowledge of smoking-related diseases or attitudes toward passive smoke. 3) The proportion of students who admitted that they had smoked cigarettes was 44.0% for the Department of Pharmacology and 26.2% for the Department of Technology, a significant difference. There were no significant differences between pharmaceutical and engineering students in knowledge of smoking-related diseases or attitudes toward passive smoke. 4) The proportion of students who admitted that they had smoked cigarettes was 27.4% for university freshmen and 1.6% for senior high school freshmen. There was a significant difference between the two. The percentage who replied that the smoker must be considerate to non-smokers tended to be higher in the senior high school students than the university students. However, there were no significant differences between the two groups of students in knowledge of smoking-related diseases or attitudes toward passive smoke. 5) Although the proportion of students who admitted that they had smoked cigarettes was 38.6% in the 1990 survey and 27.4% in the 1995 survey, this was not a significant difference. The percentage of students in the 1990 survey who indicated an awareness of the relationship between smoking and coronary heart diseases was significantly greater than the percentage of students who indicated a similar awareness in the 1995 survey. These results suggest that the differences in the grade and the department of the university (or the nature of school) must be considered when surveying smoking behavior. It does not appear to be necessary, however, to consider regional differences or the date of survey, if students were surveyed relatively recently, concerning smoking behavior, knowledge of smoking-related diseases and attitudes toward the effect of passive exposure to smoking. (Shiota M, et, al., 1997).

The main health risks in tobacco pertain to diseases of the cardiovascular system, in particular smoking being a major risk factor for a myocardial infarction (heart attack), a disease of the respiratory tract such as Chronic Obstructive Pulmonary Disease (COPD) and emphysema, and cancer, particularly lung cancer and cancers of the larynx and mouth. Prior to World War I, lung cancer was considered to be a rare disease, which most physicians would never see during their career. With the postwar rise in popularity of cigarette smoking came a virtual epidemic of lung cancer. Incidence of impotence is approximately 85 percent higher in male smokers compared

to non-smokers, and it is a key cause of erectile dysfunction (ED). Smoking causes impotence because it promotes arterial narrowing (IARC, 2011).

Disease linked to smoking tobacco cigarettes includes most forms of cancer, particularly lung cancer, cancer of the kidney, cancer of the larynx and head and neck, bladder, esophagus, pancreas, and stomach. There is some evidence suggesting an increased risk of myeloid leukemia, squamous cell sinonasal cancer, liver cancer, cervical cancer, and colorectal cancer after an extended latency, childhood cancer and cancers of the gallbladder, adrenal gland and small intestine (IARC, 2011). An estimated 90% of all deaths from COPD are caused by smoking. Compared with non smoking, smoking is estimated to increase the risk of coronary heart disease by 2 to 4 times, stroke by 2 to 4 times, men developing lung cancer by 23 times, women developing lung cancer by 13 times, and dying from chronic obstructive lung diseases (such as chronic bronchitis and emphysema) by 12 to 13 times (CDC, 2010).

The US Department of Health and Human Services estimates that 90% of smokers begin their tobacco usage before age 20. Of these, 50% begin tobacco use by age 14 and 25% begin their use by age 12. Between 1964 and 2004, in the United States, cigarette smoking caused an estimated 12 million deaths, including 4.1 million deaths from cancer, 5.5 million deaths from cardiovascular disease, 1.1 million deaths from respiratory diseases, and 94,000 infant deaths related to mothers smoking during pregnancy. According to CDC, cigarette smoking results in more than 443,000 premature deaths in the United States each year-about 1 in every 5 U.S. deaths and an additional 8.6 million people suffer with a serious illness caused by smoking. Thus, for every one person who dies from smoking, 20 more suffer from at least one serious tobacco-related illness (US Department of Health and Human Service, 2010).

National survey data reveal that of full-time college students in 2005, about one-fourth were current (past 30 day) cigarette smokers and 12% smoked daily. This extrapolates to approximately 2.5 million current and 1.25 million daily smoking college students in the U.S. To date, few research and public health efforts have been targeted toward cigarette use in young adults and college students. However, evidence of recent increases in young adult smoking along with growing tobacco industry marketing efforts focused on young adults highlights the vulnerability of this population to smoking (MG. Myers et. al, 2009). The National survey on Drug Use and Health estimates that each day, over 4,000 people under the age of 18 try their

first cigarette. This amounts to more than 730,000 new smokers each year. The Final Report of the National Commission on Drug-free Schools indicates that children and adolescents consume more than one billion packs of cigarettes every year (Wikipedia, 2010). Furthermore, a recently published longitudinal study of a high school cohort found that 25% of participants who never smoked during high school started smoking in the year following graduation. The majority of starters 94% attended college in that year, demonstrating the relevance of these findings to college students. Thus, a growing body of evidence suggests that smoking uptake during college appears to have increased in recent years indicating a need for further attention to this issue (Petrova M, 2006).

To examine changes in cigarette, use among high school students in the United States during 1991-2007, CDC analyzed data from the national Youth Risk Behavior Survey (YRBS). This report summarizes the results of that analysis, which indicated that the prevalence of lifetime cigarette use was stable during 1991-1999 and then declined from 70.4% in 1999 to 50% in 2007. The prevalence of current cigarette use increased from 27.5% in 1991 to 36.4% in 1997, declined to 21.9% in 2003, and remained stable from 2003 to 2007 (CDC, 2008). In the United States, rates peaked in 1997 when thirty-six percent of twelfth graders, thirty percent of tenth graders, and twenty percent of eighth graders reported smoking a cigarette in the past thirty days. In 2004, only twenty-two percent of twelfth graders, seventeen percent of tenth graders, and ten percent of eighth graders reported smoking cigarettes in the past thirty days. Even though the rate of smoking decreased among high school students, in both the results, 12 graders were more involved in smoking (American Lung Association, 2010).

A cross-sectional, questionnaire- based study of students from two medical colleges in Riyadh, Saudi Arabia was carried out. A total of 215 students participated in this study. Forty students i.e. 19% indicated that they smoke tobacco at the time of the study. All of them were males, which raises the prevalence among male students to 24%. Tobacco smoking was practiced by males more than females and by senior more than junior students. About 94% of the study sample indicated that smoking could cause serious illness. About 90% of the students indicated that they would advise their patients to quit smoking in the future and 88% thought that smoking has some beneficial effects, mainly as a coping strategy for stress alleviation. Despite good

knowledge about the hazards of tobacco consumption, about 25% of the medical students in this study continue to smoke (Ali, HT and Ali, 2010). One of the studies showed that current smoking among 12th grade students continued to rise each year. A previous study suggested that current smoking peaked among 11th and 12th grade students in 1996 and 1997, respectively. In another study done in South Africa in a sample of 2238, Knowledge of the specific effects of tobacco in respect of active and passive smoking needs to be improved and this could be a first step towards facilitating behavior change (Reddy, Weitz and Yach, 1998).

Mortality and morbidity due to smoking related illness are public health problems that pose a burden on many countries. It is estimated that 10,000 deaths due to these illnesses are reported in Malaysia every year making it the primary cause of death in this country since the 1980s. In 2006, diseases related to smoking account for at least 15% of hospitalized cases and approximately 35% of hospital deaths. Cardiovascular diseases also account for one third of the years of life lost (YLL) and a fifth of the Disability Adjusted Life Years (DALY) among the Malaysian population (KH, et al, 2009).

Previous studies have identified knowledge on the hazards of smoking as a protective factor and positive attitude toward smoking as a risk factor for smoking especially among girls. Ignorance of the risks associated with smoking has been reported in many surveys among smokers (MG, et al, 2009).

Several previous studies revealed that smokers tend to downplay the adverse effects of smoking on health. This may be due to genuine ignorance of the dangers of smoking or cognitive dissonance at work, wherein the smoker realizes that smoking is harmful to health but to minimize psychological dissonance, downplays the risks through cognitive processes to that it is compatible with his smoking habit (MG et al, 2009).

In one study, in 1995, 9% of Indonesian smokers said they had started smoking when they were 10-14-year-old, and 55% said they started while 15-19 years old. In 2001, 10% of smokers had started when aged 10-14 years, and 59% when they were 15-19 years old. Moreover, smoking rates among youth have been increasing: smoking prevalence among males aged 15-19 years increased dramatically from 4% in 1995 to 24% in 2001 (Santi and Muji, 2005).

According to the Monitoring the Future survey, 6.5% of 8th graders and 20.1% of 12th graders reported they had used cigarettes in the past month. Current smoking also decreased among 10th graders, to smoke, these numbers represent a significant decrease from peak smoking rates (21% in 8th graders, 30% in 10th graders, and 36% in 12th graders) that were reached in the late 1990s. The decrease in smoking rates among young Americans corresponds to several years in which increased proportions of teens said they believed there was a “great” health risk associated with cigarette smoking and expressed disapproval of smoking one or more packs of cigarettes per day. Students’ personal disapproval of smoking has risen for some years (US Department of Health and Human Service, 2010 and United States, 2004).

In the study done in Thailand, 81.8% of students who smoked thought that cigarettes were addictive and 92.7% thought that cigarettes could hurt passive smokers the same as they hurt smokers. Students thought that cigarette smoking caused lung cancer (100%), emphysema (98.5%), throat cancer (71.5%), stroke (58.4%), ischemic heart disease (58.4%), and mouth cancer (51.8%). Fewer than 50% of the students knew that cigarette smoking causes tuberculosis, gastric, ulcer, diabetes mellitus, arthritis and cataracts in smokers. 89.1% of students thought that nicotine could harm smokers as well as passive smokers. And about 10 to 40% of students did not know that tar, carbon dioxide, carbon monoxide, hydrogen cyanide and nitrogen oxide could harm smokers and passive smokers (Phanuharas, 2009). In another study conducted in China, the overall awareness of health risks of smoking in China was low compared to developed countries. Current smokers in China were less likely than non-smokers and formers to acknowledge the consequences of smoking were more likely to intend to quit smoking. These findings highlight the need to increase awareness about the health effects of smoking in China, particularly among current smokers to increase quitting (Yang, et. al, 2010).

Studies show that few people understand the specific health risks of tobacco use. For example, a 2009 survey in China revealed that only 37% of smokers knew that smoking causes coronary heart diseases and only 17% knew that it causes stroke. Among smokers who are aware of the dangers of tobacco, most want to quit. Counseling and medication can more than double the chance that a smoker who tries to quit will succeed (Torabi, Yang, Li, 2002). In another study which was done in Northeast Nigeria, seventy percent agreed that smoking was dangerous to the

smoker's health, but were ignorant of effects of second-hand smoke. Sixty-two percent of respondents identified smoking as a cause of respiratory disease but only (33.3%) thought it could cause cancer, only (14%) mentioned smoking as a risk factor for health disease, and (71.9%) did not recognize that smoking increases risk of miscarriages, infant death, and complications in pregnant women (Salawu, et, al, 2009).

A study from India reported that the prevalence of tobacco use is high and popular perceptions exists about tobacco products among students (Sreeramareddy, Kishore, Paudel and Menezes, 2008). Bidis, small rolled cigarette typically smoked in India and other South-east Asian countries, produce three times more carbon monoxide and nicotine and five times more tar than regular cigarettes. Bidis smokers have a threefold higher risk of oral cancer compared with non-smokers (AV and JP, 2006). According to the GYTS, 2004, the prevalence of tobacco use in Bangladesh was 5.8% in 13-15 age group and 36.8% in above 15 groups. Likewise, in 2003, in Pakistan its prevalence among 13-15 age groups was 10.1% and among the 18 years age group it was 19.1% (WHO, 2008).

According to the Nepal Adolescent and Young Adult (NAYA) Survey 2000, about one quarter of young boys and one in 10 girls have smoked tobacco at some time or the other. Among boys, 24% initiated smoking between ages 15 and 20. Region-wise analysis revealed that teen smoking is more prevalent among hill residents and among youth who had urban exposure (AHD, 2004). A cross-sectional survey was carried out in two cities of western Nepal during January-March, 2007 to a representative sample of 1600 students selected from 13 junior colleges by two-stage stratified random sampling. Overall prevalence of 'ever users' of tobacco products was 13.9%, Prevalence among boys and girls was 20.5% and 2.9% respectively. Prevalence of 'current users' was 10.2% (cigarette smoking: 9.4% smokeless products: 6.5%, and both forms: 5.7%). Median age at initiation of cigarette smoking and chewable tobacco was 16 and 15 years respectively. Correlates of tobacco use were: age, gender, household asset score and knowledge about health risks, family members, teachers and friends using tobacco products, and purchasing tobacco products for family members (Sreeramareddy, et. al 2008). A recently conducted a national survey on tobacco economics showed that smoking rate increases with age; among the 16-19 years old it was about 30% (Pandey and Pathak, 2001).

Another cross sectional survey of students of grade 4-9 was recently conducted in a private school in Kathmandu. 47% of the students were of the age group 13-15 years. In contrary to the findings from other students, the prevalence of tobacco use in this particular study was quite high. Regular smokers (smoking at least one cigarette per day) were 7.8%. The percentage of students using tobacco in forms other than smoking was 42.4% (n= 924, coverage rate 95%). However, this included the students using those products daily and occasionally as well as only during festivals. A substantial portion of the occasional smokers (57.2%) expressed their wish to quit smoking (Pandey and Pathak, 2001). They are exposed to smoke both at home and in public places. Despite a substantial proportion of adolescent using tobacco, a large proportion of current smokers want to stop smoking. However, there are a number of factors such as regular presence of smokers in the family and easy accessibility of tobacco products that contribute to the prevalence of the smoking habit among adolescents in Nepal (WHO, 2004).

The prevalence of tobacco uses among school students in CDR, Nepal, is high. Overall, i.e. 16.3% of the students ever used tobacco product in any form. Percentage, of current users of any form of tobacco product was 11.6%, the rate in the boys was significantly higher i.e. 15.3% as compared to the girls which was 6.4%. The overall percentage of cigarette smoking was 4.1%. Many people begin smoking as children and adolescents, at an early age when they lack the knowledge and ability to make sound decisions, its effects as a part of lesson in the class. Perhaps, as a consequence, the vast majority, 76.8% of the current smokers expressed their desire and also made an attempt by 77.7% to stop tobacco use but without success. There is a need of tobacco cessation intervention program specially designed to the adolescents in schools along with more detailed anti-tobacco classes to them. (Sreeramareddy, et. al, 2008). A cross-sectional study was 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 the youths belonging to 21 years or older as compared to younger age groups. The 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 (MG et al, 2009).

## **2.4 Research Gap**

All above mentions literature mainly focuses only in theoretical ways. This academic research is tried to find out the reality, practice and usefulness of cooperative in local level. Other researchers have reported that smoking prevalence in college students is implicated by the fact that these young adults believes they can be spared from the long – term effects of smoking. No researches have been done for assessing the knowledge regarding the consequences of smoking among the 10+2 College students nationally. Tobacco use is one of the leading preventable causes of premature death, diseases and disability around the world. It kills half of those who use it as intended. Yet, it is common throughout the world due to low process, aggressive and widespread marketing, a lack of awareness about its danger and inconsistent public policies against its use. Most of the studies have revealed high rates of smoking between 15- 20. Most of the researches are focused on assessing the knowledge, attitude and practice regarding smoking. These studies have concluded that most of the adolescence does not have proper knowledge, attitude and practice regarding smoking. The Global Youth Tobacco Survey (GYTS) of school-going adolescents of class 8-10 conducted by the WHO in the South-East Asia Region revealed that 1 in 10 school-going adolescents in Nepal use some form of tobacco. The current smoking rate for girls is significantly lower than that for boys. Passive smoking or environmental smoke affected a substantial proportion of non-smokers and current smokers. These studies have concluded that most of the adolescents do not have purport knowledge about the hazards associated with smoking. Even those who have good knowledge, despite their knowledge, those students continue smoking.



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

In this chapter various methodological themes are described, which were used for preparation of the research work. The basic task of this study was the focus to document the situation of health and smoking and its perception among the teenage students of Bhairahawa. The main objective of this study was to find out the relationship between diseases related with smoking and the student's knowledge regarding smoking.

#### **3.1 Research Design**

Methodology is not just a set of research techniques; rather, it is a set of principles that guides research. Research method concerns research conducts process, analysis of the available data and ultimately creates new ideas and knowledge. Every scientific study follows a certain research approach; either qualitative, quantitative or mixed in nature. Qualitative research emphasizes the “study of things in their natural setting, attempting to make sense of, or to interpret, (an event or experience) in terms of the meaning people bring to them” (Denzin and Lincoln, 2000). Typically, qualitative study designs use research questions and semi-structured methods such as open-ended and in-depth interviews.

A descriptive design was adopted to access the knowledge about the consequences of cigarette smoking on health among the teenage students.

#### **3.2 Sources of Data**

##### **3.2.1 Primary Data**

Siddhartha Municipality of Rupandehi as my duty place/area was the ground for the primary data. I was collected requiring data from study area. Majority of the data related with my study was collected via a primary source of data. Primary data was collected through field work, questionnaires to attain first hand data and information. As a member of the study area, there wasn't be any difficulty during data collection

process. My direct involvement during data collection and output was the primary data for research. Primary data was the first hand source to my research.

### 3.2.2 Secondary Data

Secondary source is also the major source for this research. The secondary data sources involve array of materials such as books, published or unpublished related thesis/dissertations, study reports, annual reports, and journals and so on. Apart from library research, authentic websites for the relevant materials also proved to be of immense help to understanding regarding smoking and its negative effects to the human health. Published and unpublished journals, books, reports, archives will be the secondary source to the study. Previous literatures were the key materials for the study.

### 3.3 Sampling Technique and Population

As this research was qualitative, quantitative and mixed in nature, non-probability sampling was selected as sampling; a purposive sampling was done to select the students from study area for interviews. Grade 11 and 12 students from Sai Global College and Sun Shine College were selected from Siddhartha Municipality-8, Rupandehi district of Terai region of Nepal. As per the need, 85 students were selected as respondents, where 277 were size of population.

**Table 3.1: Distribution of Universe and Respondents**

Name of Collage	Streams	Level	Boys	Girls	Population	Respondents Sample Size
Sai Global College	Commerce	+2	92	25	117	35
	Science		73	35	108	30
Sun Shine College	Commerce	+2	42	10	52	20
Total			207	70	277	85

From the above table, we can distribute respondents from various categorizations. 65 respondents were taken as respondents from Sai Global College and 20 respondents were selected on the basis of convenience sampling method. Total 85 students were

selected as respondents where 30 respondents were belonged to science background and 55 belonged to commerce.

### 3.4 Data Collection Tools and Techniques

The entire students were informed about the purpose of the study and instructed on how to fill the questionnaire. They were also being informed that the participation may be voluntary and can quit at any point of time.

Research guide and experts were frequently consulted for the modification of research design and questionnaire. Tools related literatures were reviewed throughout the research period.

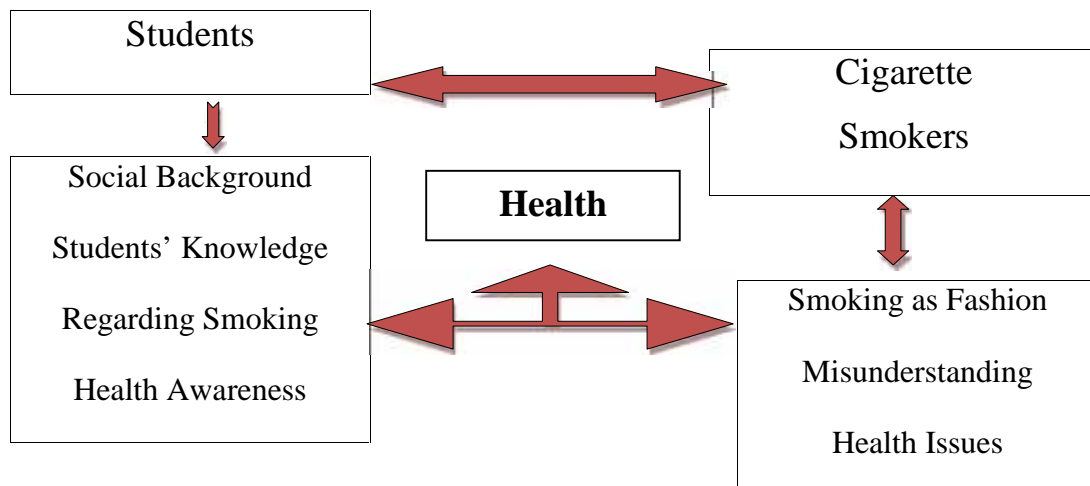
The following particular methods were used to collect data:

#### Interview Schedule

Interview with the students is a reliable source to the study. It is the most reliable source to collect fact data. Structured interview was based on objective answers. Questionnaires were being set for interview with respondents were the first step of data collection on this research.

Spending time with the people in my research area who are related to the teenage students were the main way to conduct interview. This is a much related descriptive health form of interview. It is also long time consuming than structured interview (See appendix for checklist).

**Figure 3.1**  
**Conceptual Framework**



### **3.5 Ethical Consideration**

This is an academic research, so the data will be a secret. Students who disclose their willingness to participate in the research was only being included.

Following ethical considerations were adopted during research:

- a) No harm to individual freedom.
- b) Confidentiality of data.
- c) No personal questions asked.
- d) No uncomfortable to respondents.

## **CHAPTER FOUR**

### **SOCIO-DEMOGRAPHIC PROFILE OF RESPONDENTS**

This chapter helps to analyze findings about knowledge, perceptions and attitude and relevant status about tobacco from the study site the study area. This chapter helps to present all collected data from field. Different tools and techniques were used during data collection; those data are presented here in this chapter. Analyzed data and results are presented in tables. Data are organized based on the objectives of the study under the following headings: Data was analyzed using simple and appropriate statistical technique. Appropriate descriptive and inferential methods were used. Frequency, percentage, and mean were used for analyzing demographic variables and the response given to the research questionnaires and level of knowledge regarding consequences of cigarette smoking.

#### **4.1 Demographic Characteristics**

Demographically, respondents are divided into different forms. Demographic characteristics mean stratifications of age, sex, religion and ethnicity of the 1 respondents. The age distribution of the respondent plays an important role in a particular research. The age and sex distribution of the respondents have been shown in table 4.2. Caste and ethnic group is an important social category of Nepali society. It determines the lifestyle, occupational status, quality of life, level of education and so on within our society. Caste and ethnic groups of respondents is shown in the following table. Nepal is a country of diversities. Social, cultural, biological and geographical diversity is the identity of Nepal. There is a great deal of social intercourse, economic interdependence, and cultural reciprocity between the various ethnic, caste and cultural groups (Bista, 2015). Gender indicates political, economic, legal and socio-cultural assignments, prospects, outlook, manners, opportunities, fortunes, ethics, myths and outcomes allied with being female or male within a society (Uprety, 2017).

## 4.2 Students' by Grade, Family Types and Streams

Due to the heterogeneous nature of the respondents, different categories are made to make easy presentation of collective data. Education is considered as the backbone of any country, the level of education determines the knowledge regarding smoking.

**Table 4.1: Students' Family Structure, Grade, and Stream/Faculty**

<b>Family Type</b>	<b>Frequencies</b>	<b>Percentage</b>
Joint	28	32.94
Nuclear	57	67.05
Total	85	100
Grade		
XI	37	43.52
XII	48	56.47
Total	85	100
Stream		
Commerce	50	58.82
Science	35	41.17
Total	85	100

*Source: Field Survey, 2020*

Above table shows the distribution of demographic characteristics according to family type, grade and stream/faculty. Majority (67.05%) of the respondents belonged to nuclear family while 32.94% belonged to joint family. Majority (56.47%) of the respondents belonged to grade XII and rest (43.52%) belonged to grade XI. Most (61.54%) of the respondents belonged to commerce stream and 38.46% belonged to science stream.

**Table 4.2: Students' According to the Demographic Characteristics**

<b>Age (Years)</b>	<b>Frequencies</b>	<b>Percentage</b>
15-17	37	43.52
18-20	48	56.47
Total	85	100
Mean Age : 17.5 yrs		
Sex		
Male	51	60
Female	34	40
Total	85	100
Religions		
Buddhist	24	28.23
Christian	7	8.23
Hindu	48	56.47
Muslim	6	7.06
Total	85	100
Caste/Ethnicity		
Brahmin	15	17.64
Chhetri	18	21.17
Newar	25	29.41
Others*	27	31.76
Total	85	100

*Source: Field Survey, 2020*

Above table show the demographic characteristics- age, sex, religion and ethnicity of the total respondents. Among 85 respondents, two fifths of the respondents (43.52%) belonged to 15-17 years of age group and rest (56.47%) respondents belonged to age group 18-20 years. Majority (60%) of the respondents was male while rests 40% were female. More than half of the respondents 56.47% were Hindus followed by Buddhists (28.23%), 7.06% Muslims and 8.23% were Christians.

## CHAPTER FIVE

### PRESENTATION OF DATA

Data was analyzed using simple and appropriate statistical technique. Appropriate descriptive and inferential methods were used. Frequency and percentage were used for analyzing demographic variables and the response given to the research questionnaires and level of knowledge regarding consequences of cigarette smoking.

Analyzed data and results are presented in tables. Data are organized based on the objectives of the study under the following headings:

#### 5.1 Students Understanding on Consequences of Smoking

**Table 5.1: Students' Knowledge Regarding Harmful Nature of Smoking on Health**

<b>Smoking is:</b>	<b>Frequency</b>	<b>Percentage</b>
Harmful to Health	83	97.64
Not Harmful to Health	2	2.35
Total	85	100

*Source: Field Survey, 2020*

Table 5.1, depicts the response of the respondents according to the harmful nature of smoking on health. It shows that majority of the respondents (97.64%) were aware that smoking is harmful to health while only 2.35% did not think that smoking is harmful to health.



**Table 5.2: Students' Knowledge Regarding the Effects of Smoking**

<b>True Effect of Smoking is:</b>	<b>Frequency</b>	<b>Percentage</b>
Smoking in lesser frequency reduces its harmful effects	8	9.41
Non-smokers around smokers are not at risk of harmful effects of smoking	7	8.23
Smokers have shorter life span than non-smokers	62	72.94
Other healthy habits can reduce the hazard of smoking	8	9.41
Total	85	100

*Source: Field Survey, 2020*

Table 5.2 shows the distribution of the respondents according to knowledge on the effects of smoking. Majority of the (72.94%) respondents thought smokers have shorter life span than non-smokers. About 9.41% thought smoking in lesser frequency reduces its harmful effects and 9.41% thought other healthy habits can reduce the hazards of smoking. Few (9.41%) thought non-smokers around smokers are not at risk of harmful effects of smoking. More than half (53.8%) of the respondents agreed to the statement that smokers have smaller lungs and weaker hearts than non-smokers and about 46.2% did not agree to the statement.

## **5.2 Students' Knowledge Regarding Substances Contained in Cigarette and its Effects**

Smoke is the main cause of dangerous diseases like cancer. Smoking gradually leads to dysfunction in a smoker's body. Table 5.3 shows the respondents' knowledge about the substances contained in cigarettes and its effects.

**Table 5.3: Students’ Knowledge Regarding Substances Contained in Cigarette and Its Effects**

Substances Contained in Cigarette	Positive		Negative	
	Frequency	Percentage	Frequency	Percentage
Cancer causing substance	85	100	0	0
Chemicals used in wood varnish	34	40	51	60
Chemical found in nail polish remover	37	43.1	48	56.9
Chemical found in rat poison	73	86.2	12	13.8
Carbon monoxide	71	83.1	14	16.9

*Source: Field Survey, 2020*

Table 5.3 shows the distribution of respondents according to the responses to substances contained in cigarettes and its effects. It reveals that almost all participants (100%) were aware that cigarette contains cancer causing substance, about 40% agreed that chemical used in wood varnish are present in cigarette while rest (60%) disagreed with the statement and 43.1% agreed that chemicals found in nail polish remover are present in cigarette while 56.9% disagreed with the statement. Majority of respondents (86.2%) agreed that chemical found in rat poison are present in cigarette and 83.1% agreed that cigarette smoke contains carbon monoxide. More than half the respondents (53.8%) agreed that chemicals in cigarette can reach breast milk and about 89.2% agreed that chemicals in cigarette affects brain functioning.

### **5.3 Students’ Knowledge Regarding Cigarette Addiction**

Different circumstances play a role in cigarette addiction. Table 5.4 clearly shows pattern, forms and its knowledge among respondents. Cigarette addiction is a habit of regular smoking.

**Table 5.4: Students' Knowledge Regarding Cigarette Addiction**

<b>Addiction Means</b>	<b>Frequency</b>	<b>Percentage</b>
Normal phenomena taking place after drug/medicine in normal dose	20	23.52
Additional of dose of drug or medicine	12	14.11
Compulsive drug seeking despite its negative consequences on health	47	55.29
None of the above	6	7.05
Total	85	100

*Source: Field Survey, 2020*

It reveals that the majority (55.29%) of the respondents were aware that addiction is a condition of compulsive drug seeking despite its negative consequences on health, 23.52% thought that it is a normal phenomena taking place after taking drug/medicine in normal dose, about 14.11% thought that it is the addiction of dose of drug or medicine

### **5.3.1 Students' Perceptions on Causes and Addictions of Smoking**

Objective answers were asked for 'Smoking Causes Addiction and Dependence to it?' question to understand respondents' perception on causes of addiction.

**Table 5.5: Smoking Causes Addiction and Dependence to It?**

<b>Descriptions</b>	<b>Frequency</b>	<b>Percentage</b>
No	3	3.52
Yes	82	96.47
Total	85	100

*Source: Field Survey, 2020*

Most (96.47%) of the respondents agreed that smoking causes addiction and dependence to it and about 3.52% did not agree to it.

### 5.3.2 Substance Contained in Cigarette

To dig out the respondent's perception on ingredients in cigarette, following question was asked on the basis of objective model.

**Table 5.6: The Highly Addictive Substance Contained in Cigarette is**

<b>Caffeine</b>	<b>Frequency</b>	<b>Percentage</b>
Nicotine	85	100
Total	85	100

*Source: Field Survey, 2020*

Almost all (100%) respondents were aware that cigarette contains a highly addictive substance called nicotine. One third of the (33.8%) respondents gave incorrect answer to it i.e. smoking maximum of 3 cigarettes/day is the sign of cigarette addiction while about 27.7% and 24.6% thought smoking even when sick and in bed and difficulty eliminating first cigarette in the morning are the signs of cigarette addiction respectively.

### 5.3.3 Cigarette Addiction and Its Signs

To find out students understanding I asked objective question regarding addiction and its signs.

**Table 5.7: Signs of Cigarette Addiction**

<b>Descriptions</b>	<b>Frequency</b>	<b>Percentage</b>
Smoking within 30 minutes of awakening in the morning	14	16.47
Smoking maximum of 3 cigarettes/day	27	31.76
Smoking even when sick and in bed	21	24.7
Difficulty eliminating first cigarette in the morning	23	27.05
Total	85	100

*Source: Field Survey, 2020*

Table(s) 5.4, 5.5, 5.6 and 5.7 highlights the responses given by the respondents regarding cigarette addiction. It reveals that the majority (64.6%) of the respondents were aware that addiction is a condition of compulsive drug seeking despite its negative consequences on health, 23.1% thought that it is a normal phenomena taking place after taking drug/medicine in normal dose, about 10.8% thought that it is the addiction of dose of drug or medicine while 1.5% did not think of it as any of the above. Most (95.4%) of the respondents agreed that smoking causes addiction and dependence to it and about 4.6% did not agree to it.

#### **5.4 Students' Knowledge on Withdrawal Symptoms of Smoking**

Smoking is harmful to smokers and people near the smoker. In Nepal, smoking is also a part of open culture- any person can smoke openly, due to the lack of implementation of rules.

**Table 5.8: Students' Knowledge on Withdrawal Symptoms of Smoking**

<b>Descriptions</b>	<b>Frequency</b>	<b>Percentage</b>
Irritable	18	21.17
Attention difficulty	29	34.11
Sleepy	24	28.23
Sleep disturbance	14	16.47
Total	85	100

*Source: Field Survey, 2020*

Table 5.8 highlights the distribution of respondents according to knowledge on withdrawal effects of smoking. Only 28.23% gave correct response i.e. feeling sleepy is not the withdrawal symptoms of cigarette smoking while majority (34.11%) thought attention difficulty is not the withdrawal symptoms of smoking. About 21.17% and 16.47% thought that irritability and sleep disturbance are not the withdrawal symptoms of smoking respectively.

## 5.5 Students' Knowledge Regarding Short-term Effects of Smoking

Smoking brings negative reactions in the body of smokers. Table 5.9 shows respondents according to knowledge regarding short-term effect of smoking among students of study area.

**Table 5.9: Students' Knowledge Regarding Short-Term Effects of Smoking**

<b>Short Term Effect of Smoking does not Include</b>	<b>Frequency</b>	<b>Percentage</b>
Weight loss	50	58.82
Yellow staining of teeth	8	9.41
Smelling of mouth and cloths	12	14.11
Cough and phlegm	15	17.64
Total	85	100

*Source: Field Survey, 2020*

Table 5.9 highlights the responses given by the respondents to the short term effects of smoking. Majority of the respondents (58.82%) gave correct response i.e. weight loss while 17.64%, 14.11% and 9.41% thought that cough and phlegm, smelling of mouth and cloths and yellow staining of teeth respectively are not the short effects of smoking.

## 5.6 Students' Knowledge Regarding Long-Term Effects of Smoking

To study about the level of knowledge regarding long term effects of smoking following table were used. As we mention in literature section teen age people are becoming more victim of smoking so I create the objective answer's question.

**Table 5.10: Students' Knowledge Regarding Long-Term Effects of Smoking**

<b>Long Term Effects of Smoking</b>	<b>Positive</b>		<b>Negative</b>	
	<b>Frequency</b>	<b>Percentage</b>	<b>Frequency</b>	<b>Percentage</b>
Lung and oral cancer	84	98.5	1	1.5
Lung disease (asthma, bronchitis)	79	90.8	6	9.2
Heart disease (high BP, heart attack)	62	64.6	23	35.4
Stroke (paralysis)	30	35.4	55	64.6
Infertility	39	29.2	46	70.8
Cataract (motibindu)	14	21.5	71	78.5

*Source: Field Survey, 2020*

Table 5.10 highlights the distribution of respondents according to their response to the long term effects of smoking. Almost all respondents (98.5%) were aware that smoking causes lung cancer and oral cancer and about 90.8% respondents agreed that smoking cause's heart disease like asthma, bronchitis. About 64.6% were aware that smoking causes heart disease like BP, heart attack while 35.6% did not know that it causes heart disease. Only 35.4%, 29.2% and 21.5% were aware that smoking causes stroke, infertility and cataracts respectively.

### **5.7 Students' Knowledge on the Effect of Smoking in Pregnant Mother and Fetus**

Smoker is harmful to anyone, but many researches shows that unborn babies are also victims of smoke in their mother's pregnancy period.

**Table 5.11: Students' Knowledge on the Effects of Smoking in Pregnant Mother and Fetus**

Descriptions	Positive		Negative	
	Responses	Percentage	Responses	Percentage
<b>Effects of Smoking in Pregnant Mother and Aetus</b>				
Smoking can hazardous effects to pregnancy/delivery in women	82	95.4	3	4.6
Smoking during pregnancy carries risk for unborn child	77	87.7	8	12.3
Pregnant women who smoke cigarette are at risk of miscarriage	63	66.2	22	33.8
Pregnant women who smoke cigarette are at risk of low birth weight babies	70	76.9	15	23.1
Pregnant women who smoke cigarette are at risk of still birth	75	84.6	10	15.4

*Source: Field Survey, 2020*

Table 5.11 depicts the distribution of respondents according to their response to the effects of smoking on pregnant mother and fetus. Most of the respondents (95.4%) gave correct response that smoking can cause hazardous effects to pregnancy/delivery in women, about 87.7% knew that smoking during pregnancy carries risk for unborn child and about 66.2% respondents were aware that smoking carries risk for miscarriage. Majority of the respondents (76.9%) and 84.6% were aware that smoking in pregnancy carries a risk of the birth of low weight babies and still birth respectively.



## 5.8 Overall Consequences of Cigarette Smoking

Overall means not only health perspectives of smoking. Following section tried to study about socio-political and cultural section of smoking and its level of understanding among teen age population.

**Table 5.12: Students' Knowledge on Overall Consequences of Cigarette Smoking**

<b>Level of Knowledge</b>	<b>Frequency</b>	<b>Percentage</b>
Good	26	30.58
Average	45	52.94
Poor	14	16.47
Total	85	100

*Source: Field Survey, 2020*

Table 5.12 depicts the distribution of respondents according to their level of knowledge regarding the consequences of smoking. Majority of the respondents (52.94%) had average knowledge, (30.58%) had good knowledge while (16.47%) respondents had poor knowledge regarding effects of smoking.

## 5.9 Students' Level of Knowledge Regarding Harmful Substances in Cigarette and Their Effects

Tobacco is also known as slow poison. So in this study I tried to find out the student's perception regarding harmful substances in cigarette because tobacco use is one of the leading preventable causes of premature death, disease and disability around the world. An estimated 4.9 million deaths occurring annually can be attributed to tobacco use. This figure is expected to rise to about 10 million by the year 2020 if the current epidemic continues, and more than 70% of those deaths are expected to occur on developing countries.

**Table 5.13: Students’ Level of Knowledge regarding Harmful Substances in Cigarette and their Effects**

<b>Level of Knowledge</b>	<b>Frequency</b>	<b>Percentage</b>
Good	32	37.64
Average	45	52.94
Poor	8	9.41
Total	85	100

*Source: Field Survey, 2020*

Table 5.13 highlights the distribution of respondents according to the level of knowledge regarding harmful substances in cigarettes and their effects. Majority (52.94%) of the respondents had an average knowledge, 37.64% had good knowledge while 9.41% respondents had poor knowledge regarding harmful substances in cigarettes and their effects.

### **5.10 Students’ Level of Knowledge Regarding Cigarette Addiction and Withdrawal Effects Smoking**

Results from the current study implies that clinicians and researchers should continue to target young adults (especially college students) as an at-risk population for cigarette smoking, but move beyond a sole focus on teaching tobacco-related health risks.

**Table 5.14: Students’ Level of Knowledge Regarding Cigarette Addiction and Withdrawal Effects Smoking**

<b>Level of Knowledge</b>	<b>Frequency</b>	<b>Percentage</b>
Good	2	2.35
Average	14	16.47
Poor	69	81.17
Total	85	100

*Source: Field Survey, 2020*

Table 5.14 highlights the distribution of respondents according to the level of knowledge regarding cigarette addiction and the withdrawal effects smoking. Majority (81.17%) of the respondents had poor knowledge, 16.47% had average knowledge while only 2.35% respondents had good knowledge regarding cigarette addiction and the withdrawal effects of smoking.

### **5.11 Students’ Level of Knowledge Regarding Short-Term and Long-Term Effects of Smoking**

To study long and short term effects of smoking following table were selected. The term cigarette, as commonly used refers to a tobacco cigarette but can apply to similar devices containing other herbs, such as cannabis. Cigarettes contain nicotine which is toxic and is proven to be highly addictive, as well as a cause of multiple types of cancer, heart diseases, respiratory diseases, circulatory diseases and birth defects (which include mental and physical disability) and emphysema.

**Table 5.15: Students’ Level of Knowledge Regarding Short-Term and Long-Term Effects of Smoking**

<b>Level of Knowledge</b>	<b>Frequency</b>	<b>Percentage</b>
Good	54	63.52
Average	30	35.29
Poor	1	1.17
Total	85	100

*Source: Field Survey, 2020*

Table 5.15 depicts distribution of respondents according to the level of knowledge regarding Short-term and long-term effects of smoking. More than half (63.52%) of the respondents had good knowledge, 35.29% had average knowledge while 1.17% respondents had poor knowledge about short term and long term effects of smoking.

## 5.12 Students' Level of Knowledge Regarding Effects of Smoking on Pregnant Mother and Fetus

**Table 5.16: Students' Level of Knowledge Regarding Effects of Smoking on Pregnant Mother and Fetus**

Level of Knowledge	Frequency	Percentage
Good	59	75.7
Average	20	15.4
Poor	6	9.2
Total	85	100

*Source: Field Survey, 2020*

Table 5.16, depicts the distribution of respondents according to the level of knowledge regarding the effects of smoking on pregnant mother and fetus. Majority (75.4%) of the respondents had good knowledge, 15.4% had average knowledge while 9.2% respondents had poor knowledge on the effects of smoking on pregnancy, delivery and fetus/infants.

## 5.13 Students' Attitude on Source of Information for the Health Effects of Smoking

This is the time of globalization and the concept of the world as one village due to the webs of information technology. Different sources are playing an informative role to spread the cause and consequences of smoking. T.V, Radios, Magazines are the major factors. Table 5.17 has been clearly show different sources of information.

**Table 5.17: Students' Source of Information for the Health Effects of Smoking**

Sources of Information	Frequency	Percentage
TV/Radio	35	41.17
Magazines/Newspaper	19	22.35
Health bulletins	14	16.47
Others*	17	20
Total	85	100.0

*Source: Field Survey, 2020*

\*Others: Books, Street Drama, Smokers and their Friends.

Table 5.17 shows the distribution of respondents according to their source of information regarding the health effects of smoking. Majority of the respondents (41.17%) said that TV/radios are their source of information, about 22.35% reported magazine/newspaper as their source of information regarding the effects of smoking and about 16.47% reported health bulletins as their source of information while the rest (20%) reported that other sources of information which includes books, street drama, smokers, friends.

## 5.14 Students' Knowledge Regarding Secondhand or Passive Smoking

Passive smokers mean secondary smokers. It is also known as indirect smoking. Closeness to smoker and short distance to smokers while they are smoking are the determinants of secondary smoker.

**Table 5.18: Students' Knowledge Regarding Secondhand or Passive Smoking**

<b>Knowledge Regarding Passive Smoking Means</b>	<b>Frequency</b>	<b>Percentage</b>
Inhaling the smoke produced by tobacco product another person smoking nearby.	38	50.8
Smoking cigarette passively	9	6.2
Smoking cigarette given by another person	30	38.5
None of those	8	4.6
Total	85	100

*Source: Field Survey, 2020*

Response given by the respondents on meaning of passive smoking. It reveals that majority of the respondents (50.8%) thought it is inhaling the smoke produced by tobacco product another person smoking nearby, about 38.5% thought that it is smoking cigarette given by another person, about 6.2% thought that it is smoking cigarette passively while 4.6% did not think of it as any of the above.

### 5.14.1 Passive Smoking

Passive smoking means secondary smoker. Those people getting tobacco without direct involvement in smoking is known as passive smoking. Disease linked to

smoking tobacco cigarettes includes most forms of cancer, particularly lung cancer, cancer of the kidney, cancer of the larynx and head and neck, bladder, esophagus, pancreas, and stomach. There is some evidence suggesting an increased risk of myeloid leukemia, squamous cell sinonasal cancer, liver cancer, cervical cancer, colorectal cancer after an extended latency, childhood cancer and cancers of the gallbladder, adrenal gland and small intestine.

**Table 5.19: Passive Smoking Does Not Result in**

<b>Descriptions</b>	<b>Frequency</b>	<b>Percentage</b>
Reduced lung function	22	25.88
Coughing and over production of phlegm	11	12.94
Smelling of hair and mouth	34	40
Respiratory infections	18	21.17
Total	85	100

*Source: Field Survey, 2020*

Table 5.19 highlights the response given by the respondents on meaning of passive smoking. It reveals that majority of the respondents (40%) thought it is inhaling the smoke produced by tobacco product another person smoking nearby, about 38.5% thought that it is smoking cigarette given by another person, about 6.2% thought that it is smoking cigarette passively while 4.6% did not think of it as any of the above. More than two fourth (40%) gave correct response i.e. smelling of hair and mouth is not resulted by passive smoking while 25.88%, 12% and 21.17% thought that reduced lung function, respiratory infections, coughing and overproduction of phlegm respectively are not resulted by passive smoking.

## **CHAPTER SIX**

### **SUMMARY, FINDINGS AND CONCLUSION**

#### **6.1 Summary**

By nature, this research as an academic, various tools and theoretical approaches were borrowed as possible. So, this study tried to study the causes and consequences of smoking and different knowledge about its effects in different stages of health problems. This study is an attempt to identify the level of knowledge regarding the consequences of cigarette smoking among the 10+2 college students from Sai Global College and Sun Shine College, Bhairahawa. A total of 85 respondents were taken as sample for the study.

In total six chapters were divided for the study. This research has tried to dig out the relation between youth knowledge, perceptions and attitudes regarding bad habit like smoking.

#### **6.2 Findings**

Following two objectives were set for the study. (a) To study about students' knowledge, attitude and perception of smoking. (b) To analyze student's level of knowledge, attitude and perception regarding cigarette addiction and withdrawal effects/symptoms of smoking. From the study very majority of students were percepts smoking from bad perspective. Majority of respondents conclude teen age has knowledge regarding smoking and its relation with health.

Following, some highlights of this research are mentioned as:

- ) Among 85 respondents, two fifths of the respondents (43.52%) belonged to 18-20 years of age group and rest (56.47%) respondents belonged to age group 15-17 years. Majority (60%) of the respondents was male while rests 40% were female. More than half of the respondents 56.47% were Hindus followed by Buddhists (28.23%) and 7.06% were Muslims.

- J It shows that majority of the respondents (97.64%) were aware that smoking is harmful to health while only 2.35% did not think that smoking is harmful to health.
- J Majority of the (72.94%) respondents thought smokers have shorter life span than non-smokers. About 9.41% thought smoking in lesser frequency reduces its harmful effects and 9.41% thought other healthy habits can reduce the hazards of smoking. Few (9.41%) thought non-smokers around smokers are not at risk of harmful effects of smoking. More than half (53.8%) of the respondents agreed to the statement that smokers have smaller lungs and weaker hearts than non-smokers and about 46.2% did not agree to the statement.
- J It reveals that almost all participants (100%) were aware that cigarette contains cancer causing substance, about 40% agreed that chemical used in wood varnish are present in cigarette while rest (60%) disagreed with the statement and 43.1% agreed that chemicals found in nail polish remover are present in cigarette while 56.9% disagreed with the statement. Majority of respondents (86.2%) agreed that chemical found in rat poison are present in cigarette and 83.1% agreed that cigarette smoke contains carbon monoxide. More than half the respondents (53.8%) agreed that chemicals in cigarette can reach breast milk and about 89.2% agreed that chemicals in cigarette affects brain functioning.
- J The majority (55.29%) of the respondents were aware that addiction is a condition of compulsive drug seeking despite its negative consequences on health, 23.52% thought that it is a normal phenomena taking place after taking drug/medicine in normal dose, about 14.11% thought that it is the addiction of dose of drug or medicine
- J Most (96.47%) of the respondents agreed that smoking causes addiction and dependence to it and about 3.52% did not agree to it.
- J Almost all (100%) respondents were aware that cigarette contains a highly addictive substance called nicotine. One third of the (33.8%) respondents gave incorrect answer to it i.e. smoking maximum of 3 cigarettes/day is the sign of cigarette addiction while about 27.7% and 24.6% thought smoking even when



sick and in bed and difficulty eliminating first cigarette in the morning are the signs of cigarette addiction respectively.

- ) Only 28.23% gave correct response i.e. feeling sleepy is not the withdrawal symptoms of cigarette smoking while majority (34.11%) thought attention difficulty is not the withdrawal symptoms of smoking. About 21.17% and 16.47% thought that irritability and sleep disturbance are not the withdrawal symptoms of smoking respectively.
- ) Majority of the respondents (58.82%) gave correct response i.e. weight loss while 17.64%, 14.11% and 9.41% thought that cough and phlegm, smelling of mouth and cloths and yellow staining of teeth respectively are not the short effects of smoking.
- ) Almost all respondents (98.5%) were aware that smoking causes lung cancer and oral cancer and about 90.8% respondents agreed that smoking cause's heart disease like asthma, bronchitis. About 64.6% were aware that smoking causes heart disease like BP, heart attack while 35.6% did not know that it causes heart disease. Only 35.4%, 29.2% and 21.5% were aware that smoking causes stroke, infertility and cataracts respectively.
- ) Majority (52.94%) of the respondents had an average knowledge, 37.64% had good knowledge while 9.41% respondents had poor knowledge regarding harmful substances in cigarettes and their effects.
- ) More than half (63.52%) of the respondents had good knowledge, 35.29% had average knowledge while 1.17% respondents had poor knowledge about short term and long term effects of smoking.
- ) Majority of the respondents (41.17%) said that TV/radios are their source of information, about 22.35% reported magazine/newspaper as their source of information regarding the effects of smoking and about 16.47% reported health bulletins as their source of information while the rest (20%) reported that other sources of information which includes books, street drama, smokers, friends.
- ) It reveals that majority of the respondents (40%) thought it is inhaling the smoke produced by tobacco product another person smoking nearby, about

38.5% thought that it is smoking cigarette given by another person, about 6.2% thought that it is smoking cigarette passively while 4.6% did not think of it as any of the above. More than two fourth (40%) gave correct response i.e. smelling of hair and mouth is not resulted by passive smoking while 25.88%, 12% and 21.17% thought that reduced lung function, respiratory infections, coughing and overproduction of phlegm respectively are not resulted by passive smoking.

### **6.3 Conclusion**

Majority of students were able to analyzed negative aspects of smoking. Knowledge regarding addictive and withdrawal effects of smoking are still lacking. More than 60% did not know that smoking-causes stroke infertility and cataracts. More than half of the respondents were aware about the effects of smoking during pregnancy to mother and fetus. Less than half the students had good knowledge regarding the overall consequences of cigarette smoking on health while most of the students had average knowledge. Based on the above findings, it can be concluded that even though majority of the college students were aware that smoking is harmful to health, they are not well aware about the disease associated with it and the effects of passive smoking. This study will help to find out what part of knowledge regarding the effects of smoking is lacking among the college students which may directly or indirectly influence their smoking habit. This study will also help to all the people who are interested to obtain the basic information about the different information about the consequences of smoking on health.

Arrays of literature and authentic publications are providing us various information. These types of academic as well as non academic research have plying vital role for further research. This research may provide research gap and literature as well.

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# APPENDIX

## Questionnaire

### Knowledge, Attitude and Perception of Teenage Students Towards Smoking (A Case Study of Siddhartha Municipality-8, Rupandehi)

#### Part I

##### Demographic Information

Age (completed).....

##### Sex:

- a) Male                      b) Female

##### Caste/Ethnicity:

- a) Brahmin                  B) Chhetri  
c) Newar                    d) Others.....

##### Stream:

- a) Commerce  
b) Humanities

##### Religion:

- a) Hindu                    b) Buddhist  
c) Christian                d) Muslim  
e) Others...

##### Types of family:

- a) Nuclear                  b) Joint

#### Part II

##### Questionnaires related knowledge

##### 1.Smoke is harmful to health?

- a) Yes                      b) No

**2. Cigarette contains the highly addictive substance known as.....**

- a) Caffeine
- b) Nicotine

**3. Short term effect of cigarette smoking does not include which of the following?**

- a) Weight loss
- b) Yellow staining of teeth
- c) Smelling mouth and clothes
- d) Cough and phlegm.

**4. Secondhand smoking or passive smoking means.**

- a) Inhaling the smoke produced by tobacco product another person is smoking nearby.
- b) Smoking cigarette passively.
- c) Smoking cigarette given by another person.
- d) None of these.

**5. Passive smoking does not result in which of the following?**

- a) Reduced lung function
- b) Coughing and overproduction of phlegm
- c) Smelling hair and mouth
- d) Respiratory infection

### **Questionnaires Related Perceptions**

**Please kindly give your answers in yes/no format**

6.	<b>A. Substances contained in cigarette and its effects:</b> Cigarette contains cancer causing substances.		
7.	Cigarette smoke contains carbon monoxide.		
8.	Chemical in cigarette cannot reach breast milk.		
9.	Chemical in cigarette affects brain functioning.		

10.	<b>B. Long term effects of smoking:</b>  Lung cancer and oral cancer are long term effects of smoking.		
11.	Smoking results in lung disease like asthma, bronchitis.		
12.	Smoking cause's heart disease like hypertension (high BP), heart attack.		
13.	Smoking may result in stroke (paralysis) in long-term.		
14.	Long term use of cigarette results in infertility.		
15.	Long term use of cigarette results in cataract (Motibindu).		
16.	<b>C. Effects of smoking in pregnant mother and fetus/infant:</b>  Smoking can cause hazardous effects to pregnancy/delivery in women.		
17.	Smoking during pregnancy do not carries risk for unborn child.		
18.	Pregnant women who smoke cigarette are at increased risk of miscarriage.		
19.	Pregnant women who smoke cigarette are not at risk of low birth weight babies.		
20.	Pregnant women who smoke cigarette are not at risk of still birth.		

### Questionnaires Related Attitude

<b>S N</b>	<b>Questionnaires</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
	<b>D. Consequences of Cigarette Smoking</b>			
21	Overall Consequences of Cigarette Smoking			
22	Level of Knowledge regarding Harmful Substances in Cigarette and their effects			
23	Level of Knowledge regarding Cigarette Addiction and Withdrawal Effects Smoking			
24	Level of Knowledge Regarding Short-term and long-term Effects of Smoking			