

**A STUDY ON THE SMOKING HABIT AMONG
TEENAGERS AND YOUTHS IN KATHMANDU VALLEY.**

RESEARCH PROJECT REPORT

SUBMITTED BY

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ABSTRACT

The study deals with the Smoking Habit among Teenagers and Youths in Kathmandu Valley.

Every year 15 thousand people die due to the intake of tobacco in Nepal. 85 per cent of them die out of lung cancer. Therefore, it is highly imperative to control the use of tobacco and subsequently prevent the deaths of thousands of people in the country. In a developing country like Nepal where the economic condition of people hinders them to get access to adequate health services, preventive measures aimed at checking the growth of cancer in the country are extremely important.

Acknowledgement

Our sincere thanks go to the President of Nepal Cancer Relief Society Mr. Diwakar Rajkarnikar, who constantly motivated and supported us, gave all necessary theoretical inputs. We thank Mr. Ishwor Shrestha, Ms. Pratikshya Sharma, Mr. Suresh Sapkota and Ms. Lilysha Shrestha the staff at N.C.R.S who were always encouraging and kind.

We would also like to express our heartfelt gratitude to our parents who were always there by our side with valuable suggestions, for their help and for bearing with us at all odd hours.

Also, we would like to thank our faculty advisor Father Arulanandan S. J., who has inspired us in so many ways and facilitated greatly our learning processes.

Our respondents are the ones who deserve the greatest appreciation. We are in deep gratitude of their contribution.

We will also be ever indebted to the Principal and all other Staff of St. Xavier's College for providing adequate facility and atmosphere for us to learn and grow.

At the end we would like to thank all our friends for their sense of humor, which kept us happy even at times of great stress. Their help is greatly appreciated. We will also always remember Mithu didi and 'Baje' who always made us feel at home in the office.



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CHAPTER: I

Theoretical Background

Review of Literature

Tobacco, plant grown commercially for its leaves and stems, which are rolled into cigars, shredded for use in cigarettes and pipes, processed for chewing, or ground into snuff, a fine powder that is inhaled through the nose. Tobacco is the source of nicotine, an addictive drug that is also the basis for many insecticides.

Smoking, inhalation and exhalation of the fumes of burning tobacco. Leaves of the tobacco plant are smoked in various ways. After a drying and curing process, they may be rolled into cigars or shredded for insertion into smoking pipes. Cigarettes, the most popular method of smoking, consist of finely shredded tobacco rolled in lightweight paper. About 48 million people in the United States smoke an estimated total of 430 billion cigarettes each year. Until the 1940s, smoking was considered harmless, but laboratory and clinical research has since confirmed that tobacco smoke presents a hazard to health. Smoke from the average cigarette contains around 4,000 chemicals, some of which are highly toxic and at least 43 of which cause cancer. Nicotine, a major constituent of tobacco smoke, is both poisonous and highly addictive. According to the American Cancer Society, smoking is the most preventable cause of death in America today.

Tobacco kills

Tobacco, which is freely available at every street and corner of the world, is seriously harmful to your health. Tobacco contains nicotine, which is an addictive drug like cocaine and heroine. Tobacco is popularly sold in the form of cigarettes and chewing tobacco like guthka, dip and sniff. Every year, tobacco consumption causes more devastating health effects and death than other drug or environmental toxin.

Facts

- Tobacco is responsible for over 25 diseases causing 4.9 million deaths every year, 500,000 of which occur in sea region.
- It is predicted that by 2020, tobacco will become the leading causes of death and disability, killing more than 10 million people annually worldwide.
- Going by the present estimates by 2020, tobacco will cause more deaths worldwide than those caused by HIV, Tuberculosis, Maternal Mortality, Motor Vehicles accidents, suicide and homicide put together.

- Tobacco products contain nicotine, which was used as an effective pesticide. It was later banned from use due to the danger it posed to humans in its concentrated form. If one were to ingest at once the amount of nicotine in a single pack of cigarettes, one would die of nicotine overdose.
- Tobacco use contains cancer of the mouth, lungs, cervix, pancreas, stomach, esophagus, pharynx, larynx, bladder and cancer of mucus membranes. It also triples the risk of cardio vascular disease and increases greatly the risk of reproductive disorders, pneumonia and bronchitis.
- Tobacco adversely affects fertility.
- Tobacco pollutes your environment and the soil.
- Tobacco use during pregnancy causes abortions, stillbirths, premature babies or low birth weight babies. Children of parents who smoke do suffer from diseases such as asthma, pneumonia, bronchitis, coughing, wheezing and ear infections.
- Tobacco is a big drain on your family resources.
- The skin of tobacco users ages much earlier causing premature wrinkles. The tar cigarettes and bidis stain the teeth giving them a dirty look.

Peer pressure and its impact on teenagers and youths.

Teens and youth in their group of friends often face a subtle pressure to conform to the practices of peer which are considered fashionable and macho and a non conformist often has to fear jeers and sarcasm of his peers. Peer pressure in such cases, especially in the absence of guidance at home, often results in youths trying out tobacco products and eventually getting addicted to it.

The need to reduce the production of tobacco as promoted by FCTC is very important in Nepal taking into account the death toll associated with the excessive consumption of tobacco in the country. At present, according to the government figures, the total area of land used for tobacco cultivation in Nepal is 43 square kilometers, (Ministry of Finance, Nepal, 1999-2000). The main area where tobacco cultivation is high lies in the plains of Nepal- areas like Mahottari, Siraha, Sarlahi, Bara and Parsa (rural districts of Nepal). According to the World Health Organization (WHO), every year 15 thousand people die of tobacco-related complications in Nepal. The reduction in tobacco production in Nepal can be achieved if the tobacco farmers are introduced to newer and more fruitful alternatives like crop diversification and introduction of income-generating activities. Tobacco farmers are taken as the target group here because with the implementation of FCTC because the ultimate sufferers after the cut in demand and supply of tobacco in Nepal will be the farmers. This approach will not only reduce the production but also help the tobacco farmers from undergoing painful economic crisis as a result of the reduced production that has a direct bearing on their livelihood. The research is focused on a rural district of Nepal namely Siraha district where the tobacco production is high. 7

World facts

- Over one thousand million people worldwide smoke tobacco. The percentage of smokers is still increasing in developing countries and among women. Harmful effects of tobacco on smokers are ever more
- Tobacco kills 4 million people every year globally
- Chemicals linked to lung cancer are five to six times higher in the urine of women who live with smokers than in women who live with non-smokers, according to a new study.
- According to the study tobacco smoke carcinogens – chemicals that cause cancer are absorbed by people who live in homes with smokers.
- Children whose parents smoke at home have significantly lower levels of vitamin C in their blood than kids in non-smoking homes, a large study out Monday shows.
- People who have a genetic mutation previously linked to emphysema are three times more likely to develop a certain type of colorectal cancer than those without the defect

Smoking more than triples the risk of developing squamous cell carcinoma, one of the most common forms of skin cancer; researchers from the Netherlands have shown.

Factors that Affect the Development of Cancer

Smoking Cigarette smoking is responsible for 87% of lung cancer cases and for about 30% of all cancer deaths. Those who smoke two or more packs of cigarettes a day have lung cancer mortality rates 15-25 times greater than nonsmokers. Environmental tobacco smoke, or second-hand smoke, causes 3000 deaths from lung cancer each year in nonsmoking adults.

Nutrition Risk for colon, breast and uterine cancers increases in obese people. High-fat diets may contribute to the development of certain cancers such as breast, colon, and prostate. High-fiber foods may help reduce risk of colon cancer. A varied diet containing plenty of vegetables and fruits rich in vitamins A and C may reduce risk for cancers of larynx, esophagus, stomach, and lung. Salt-cured, smoked, and nitrite-cured foods have been linked to esophageal and stomach cancer.

Sunlight Almost all of the more than 800,000 cases of non-melanoma skin cancer developed each year in the United States are considered to be sun-related. Sun exposure is also a major factor in the development of melanoma, and the incidence increases for those living near the equator.

Alcohol Oral cancer and cancers of the larynx, throat, esophagus, and liver occur more frequently among heavy drinkers of alcohol.

Smokeless

Tobacco Use of chewing tobacco or snuff increases risk for cancers of the mouth, larynx, throat, and esophagus.

Radiation Excessive exposure to ionizing radiation can increase cancer risk. Most medical and dental X rays are adjusted to deliver the lowest dose possible without

sacrificing image quality. Excessive radon exposure in the home may increase lung cancer, especially in cigarette smokers.

Occupational

Hazards Exposure to a number of industrial agents (nickel, chromate, asbestos, vinyl chloride, etc.) increases risk of various cancers. Risk from asbestos is greatly increased when combined with smoking.

Statement of the Problem

Rationale of the Study

Adolescent and teenagers are exposed to a wide variety of addictive and carcinogenic substances from a very early age. They fall victim to such substance abuse owing to depression, peer pressure, keeping with the trend, dysfunctional families, and societal pressure and most prominently because of lack of strong will.

Objectives

- To learn about the problems, constraints, risk and vulnerabilities that the target group face while working.
- To suggest recommendations

Proposed Research Question

- What are the problems/ challenges/ constraints you face?
- How has this habit affected you socio-economically?
- What are the changes in your life after starting to smoke?
- What is your source of earning?
- Do you face health hazards?
- What are the causative factors behind smoking?

Operational Definition

Socio-Economic: the social (origin, class, education, age) and economic (income, source of earning) background of women who are involved in tempo driving business in Kathmandu valley.

Vulnerabilities/Risks/Constraints: The problems faced by the women tempo drivers from male passengers, counterparts, tempo owners, traffic officers and hoodlums. 9

Variables

The dependent variables of our study are:

- Problems/challenges faced by the target group
- Youths increasing trend of smoking

The independent variables of our study are:

- Sex
- Educational level
- Family Relationship

CHAPTER II

Research Methodology

This chapter deals with the methodology of the whole Research Project. It basically focuses on the operational aspect of the project i.e. the type of Research Design used, the major variables, the nature and type of Sampling Design, technique used for Data Collection, methods of Data Analysis, Scope of the study and the limitations of the study.

Research Design

The research is descriptive and analytical in nature as the research had set objectives which have been met at the end of the study.

Sampling Design

The universe of the study is finite as it is limited to the educated youths and teenagers of Kathmandu valley. The sampling design is probability sampling and the technique used was convenient sampling. The sampling size was 100 respondents from each district of the valley namely Kathmandu, Bhaktapur and Lalitpur.

Data Collection

Data was collected from primary and secondary sources. The primary methods of data collection were:

- Interview Schedule

And the secondary sources were used as reference from:

- News articles/Magazine reports
- Case Study

Data Analysis

The collected data was properly checked and edited. Data processing was done through coding and tabulation. Data interpretation was diagrammatically and graphically. Besides, this other statistical parameters were also used during data analysis.

Scope of the study

The study covers the educated youths and teenagers of Kathmandu valley, Lalitpur valley and also Bhaktapur valley. A sampling of 300 respondents was interviewed. The questionnaire was designed to primarily assess the causative factors behind smoking and the level of awareness existing at a mass level on consequences of tobacco use. Critical analysis of the data gathered along with worked out recommendations has been furnished in the final report.

The output recommendations of the study will be useful to the following:

- NGO, INGO working in the field of tobacco control, cancer, health related areas etc.
- Reference to government services and other agencies interested in similar studies.
- A reference material for students.

Limitation of the study

This study will be focused on the educated youths and teenagers of Kathmandu valley, an urban environment with, and therefore may not be generalized for elsewhere in the country.

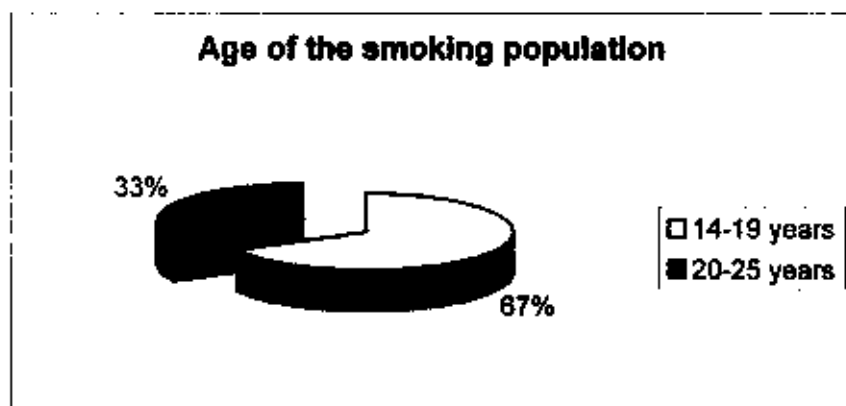
CHAPTER: III

Results and Discussions

This chapter deals with the results that are obtained from Data Analysis. The results were obtained with the help of tables and diagrams. Item analysis and cross tabulation were carried out for the analysis of the tables and pie charts and bar diagrams were prepared for the analysis of the diagrams.

Figure No: 1

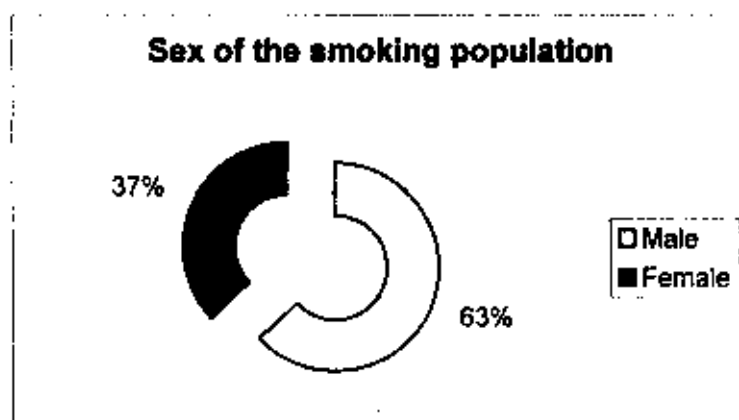
Age of the Smoking Population



In, the survey conducted to asses the 'Smoking Habit' among Teenagers and Youths of Kathmandu Valley; it was found that 67 percent of the smoking population is between ages 14-19 years whereas 33 percent are between ages 20-25 years.

Figure No: 2

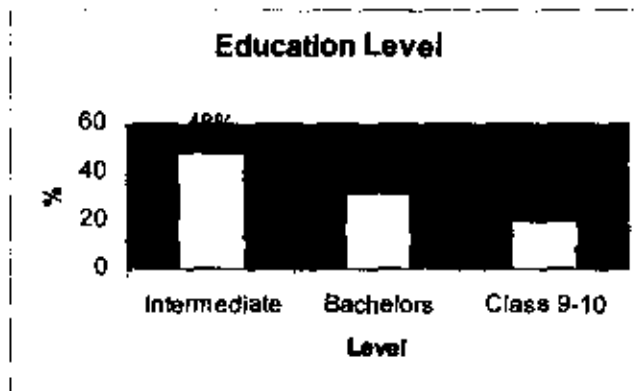
Sex of the Smoking Population



The majority 63 percent of the smokers is male and 37 percent are female. This might be because peer pressure, friend's circle and family problems are mostly seen among the males. Males are found to show off more than females and also take the habit of smoking as a medium of entertainment or fun.

Figure No: 3

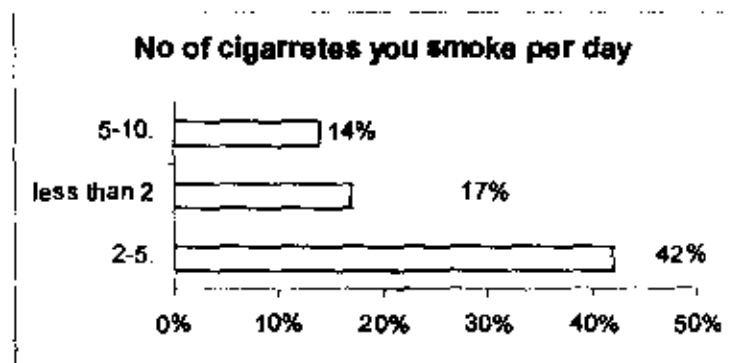
Education Level of the Smoking Population



The majority of the smokers shows 40 percent are students of the intermediate level, 32 percent are bachelor level students and 20 percent are students of classes 9 and 10.

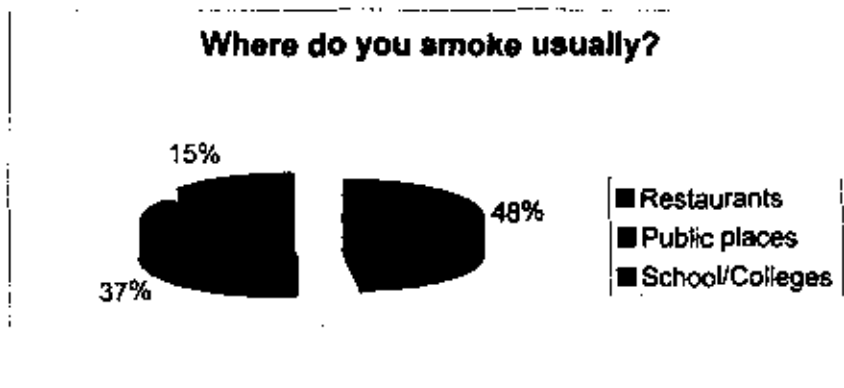
Figure No: 4

Number of cigarettes you smoke per day



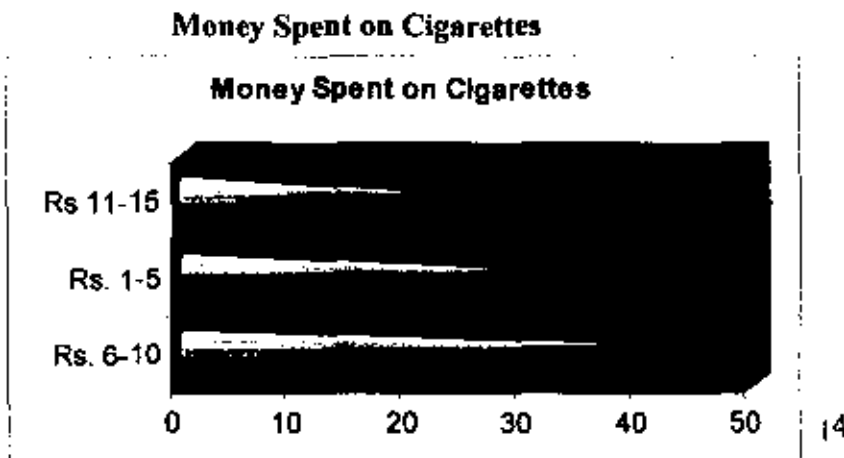
42 percent of the respondents smoke 2-5 cigarettes per day. 17 percent smoke less than 2 cigarettes a day and 14 percent smoke the maximum of 5-10 cigarettes in a day.

Figure No: 5
Place of smoking



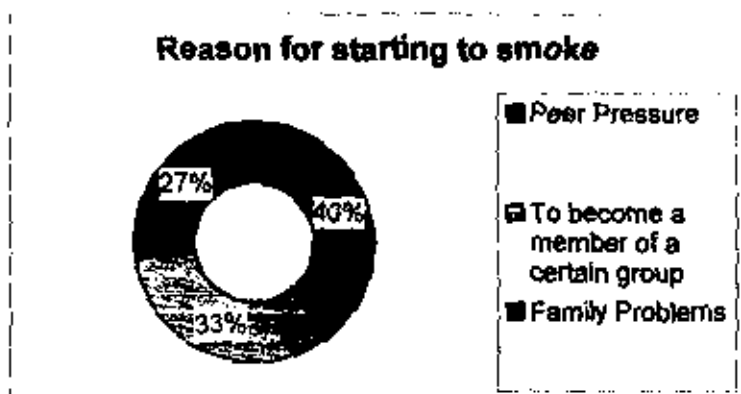
The majority 48 percent usually smoke in restaurants, 37 percent smoke in public places (including parks, public transportation, roadside place etc.) 15 percent of the respondents smoke in school and college area including toilet, canteens, school ground and other hidden corners.

Figure No: 6



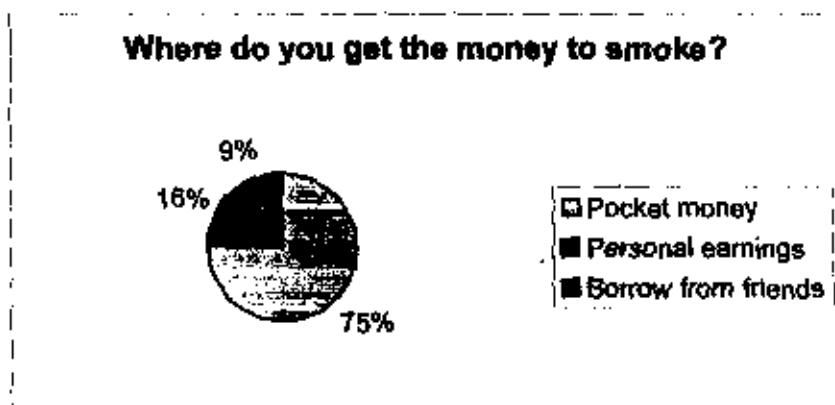
A majority of 45 percentage of the respondents spend Rs.11 -15 for cigarettes , 32% of the respondents spend Rs. 1-5 and 23% of the respondents spend Rs. 6-10 for the cigarettes

Figure No: 7
The Respondents Reason for starting to Smoke



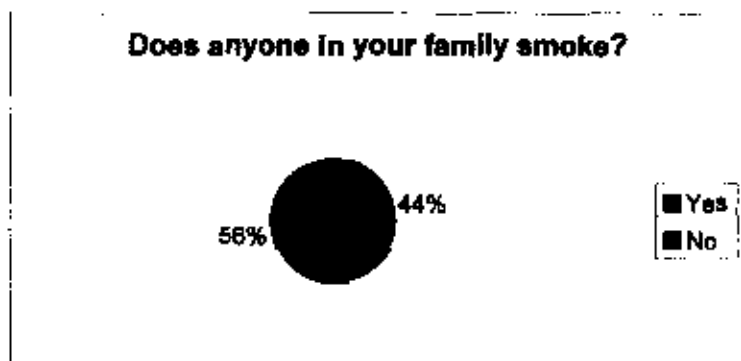
The survey carried out so far shows that 40 percent(maximum) of the total smokers do start to smoke because of peer pressure whereas 33 percent of the total smokers has seen to start smoking just because to become a member of a certain group or circle of friends and 27 percent of the smokers has been found to start smoking due to family problems. It is said by the smokers that cigarettes do help to relieve the tensions and worries created because of different problems though their realization is not true.

Figure No: 8
Source of money to smoke



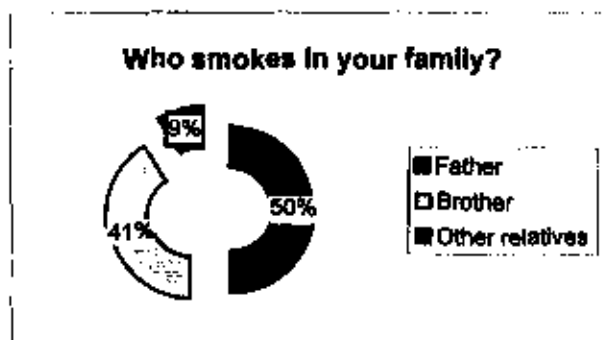
According to the survey carried out it is found that in order to smoke, 75 percent of the maximum number of the smokers do spend money out of their own pocket money which denotes the rising number of student smokers. Second largest i.e. 16 percent of the total number of smokers do smoke out of their own earnings. Whereas 9 percent of the total number of smokers do smoke by burrowing money from friends. This data found out clearly shows that maximum number of people smoke spending their own earnings.

Figure No: 9
Does anyone in your family smoke?



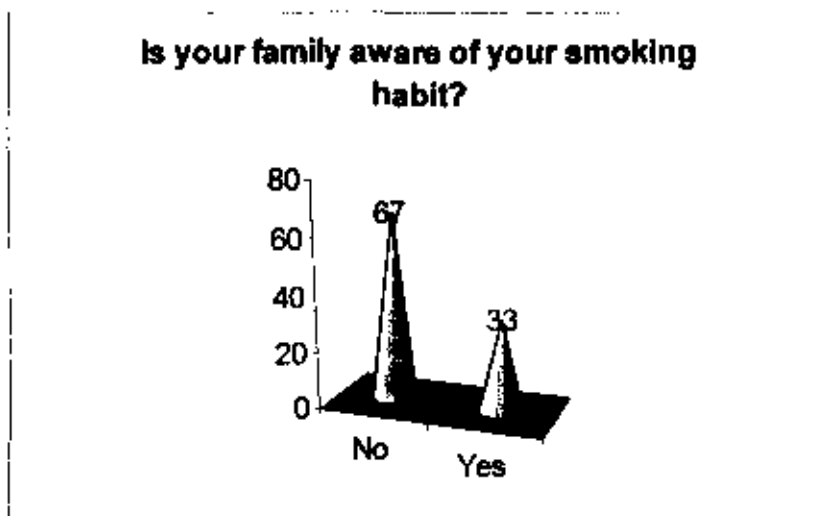
Out of the survey carried out it is also found out that maximum i.e. 56 percent of the family shows that some member in the family of the smoker person do not smoke whereas 44 percentage family of the smokers shows that some of the member in the family do smoke.

Figure No: 10
Who smokes in your family?



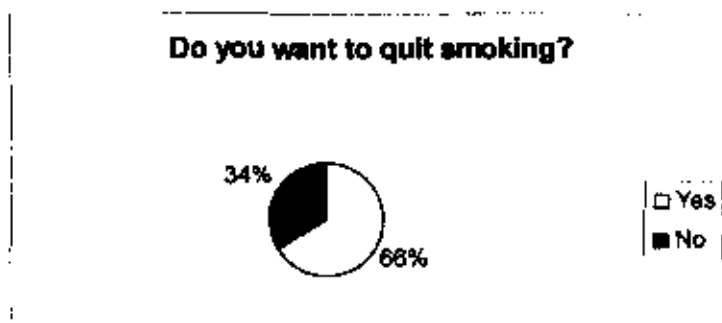
As described above, it is already known that 44 percentage family, out of the total number of the smokers do smoke. And the above data shows which member of the family of the smoker does smoke. This above data shows that 50 percentage of the total number of family shows father as the smoking member whereas 41 percentage of the member shows brother and 9 percentage refers to other relatives of the smoker as active smoking member.

Figure No: 11
Is your family aware about your smoking habit?



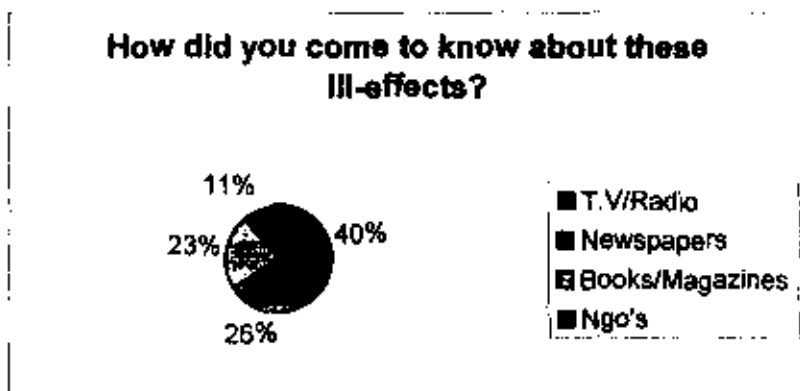
The above data shows whether the smoking habit of the smoker is known to other members of the family or not . 67 percentage, maximum number of the family of the smokers doesnot know about the smoking habit of the smoker whereas 33 percentage of the family does know about the smoking habit of the smoker.

Figure No: 12
Do you want to quit smoking?



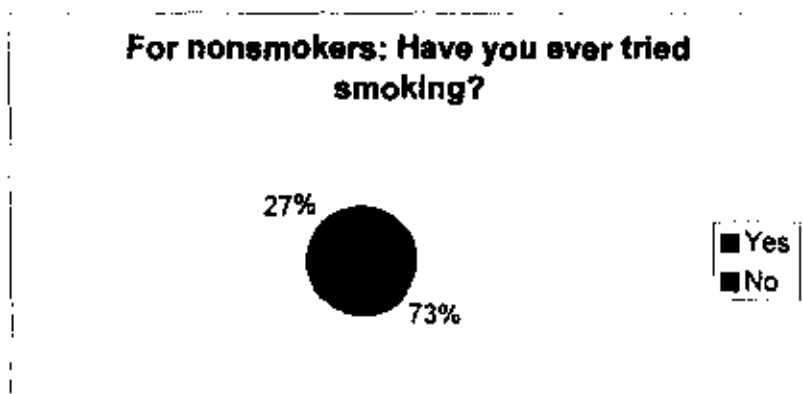
As far, we have received the data regarding the reason for the start of smoking, how much the smoker spend each day e.t.c but we have not mentioned the dat regarding number of smokers who want to quit smoking and also who doesnot want to as well. So the above data shows maximum percentage i.e 66 of the smokers do wish to quit smoking whereas 34 percentage of the smokers donot want to quit smoking.

Figure No:13
How did you come to know about these ill effects?



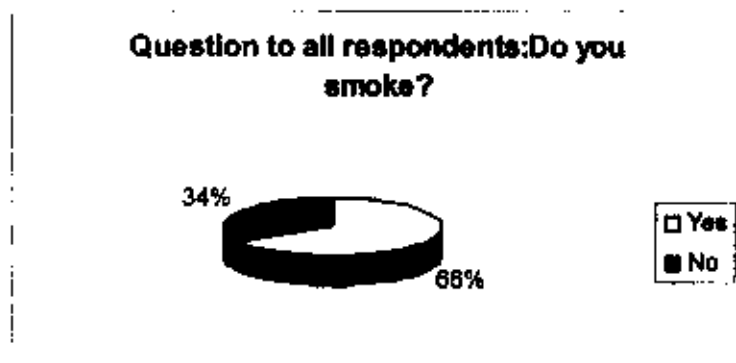
The above data shows maximum percentage of smokers willing to quit smoking since they are aware about the ill effects of the habit of smoking. Now the above data shows how they have become awarded about the ill effects which shows 40 percentage of the smoker came to know about the negative effects through television or radio whereas 26 percentage through newspaper, 23 percentage through books or magazines and 11 percentage of the smokers come to know through programs carried out by different Ngo's.

Figure No: 14
For Nonsmokers: Have you ever tried smoking?



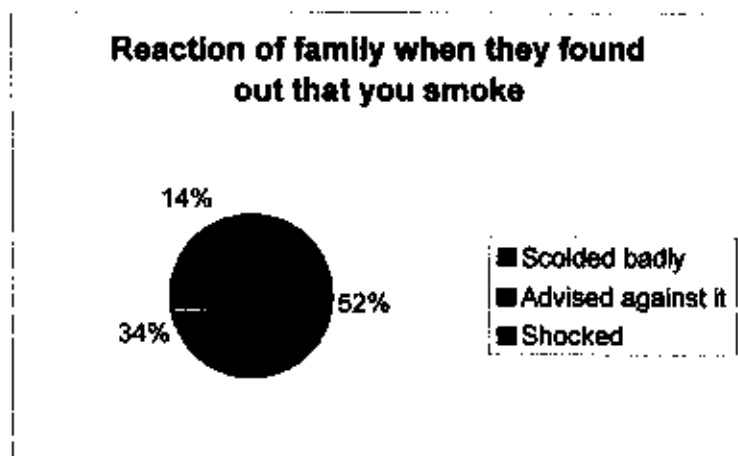
Till the time we have been talking about smokers, their expenditure on smoking habit e.t.c. Now we present the data regarding non-smokers. Among the non-smokers too 73 percentage of the total non-smokers have tried smoking though for once or more whereas 27 percentage of the total non-smokers have not ever tried to smoke.

Figure No: 15
Do you smoke?



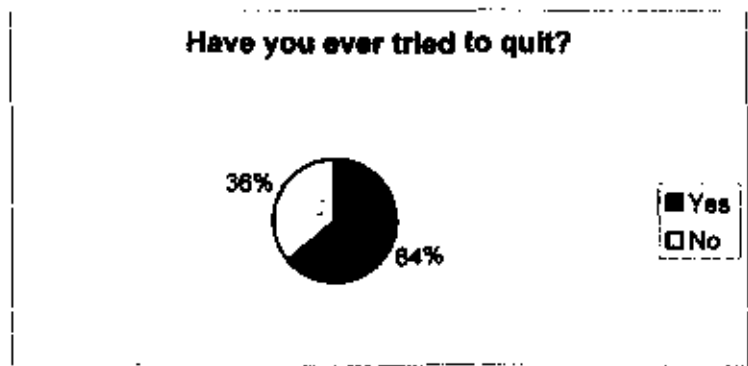
Above data shows the facts regarding smokers and non-smokers. But now we have facts regarding the general public whether they smoke or not. Maximum number of people are found into the habit of smoking i.e.66 percentage whereas people who have not smoke till the date shows figure of 34 percentage.

Figure No: 16
Reaction of family when they found out that you smoke



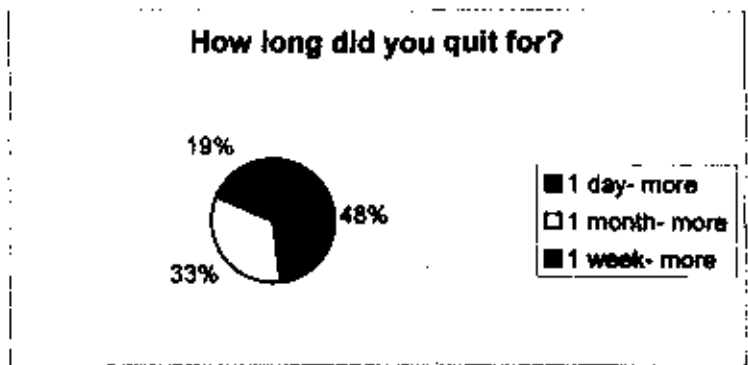
Above data shows the reaction of the family members after coming across the fact of the smoking habit of the smoker. 52 percentage of the smokers after being caught were found to be scolded badly by the family members which can result negatively on the smokers. 34 percentage of the family members showed appreciation to the reality and so in order to help the smoker to adjust in the society without smoking the members of the family advised against it whereas 14 percentage of the family members of the smokers were found shocked when came across the smoking habit of the smoking person.

Figure No: 17
Have you ever tried to quit?



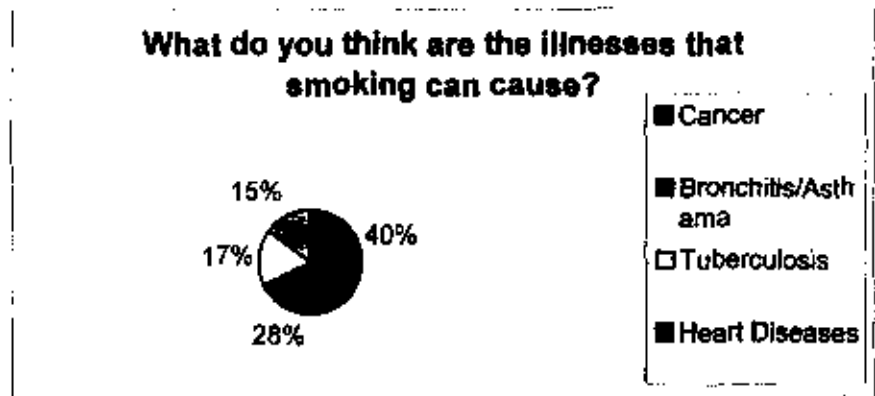
When asked "Have you ever tried quit smoking?" to the smokers the reply includes 64 percentage of "yes" and 36 percentage of "no" which shows that maximum no. of the smokers are aware about the issue and so they really want to quit smoking.

Figure No: 18
How long did you quit for?



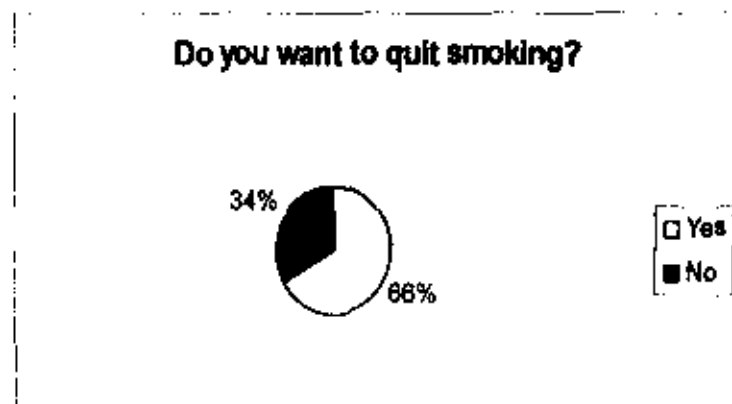
64 percentage of the smokers who showed their agreement to quit smoking and even had tried to quit smoking is also divided into different division. maximum that is 48 percentage of the smokers were found quitting smoking for more than 1 day but not for month whereas 33 percentage of the smokers were found to quit smoking for more than 1 month and at last but not the least minimum no.i.e19 percentage were found to have quit smoking for more than 1 week.

Figure No: 19
What do you think are the illnesses that smoking can cause?



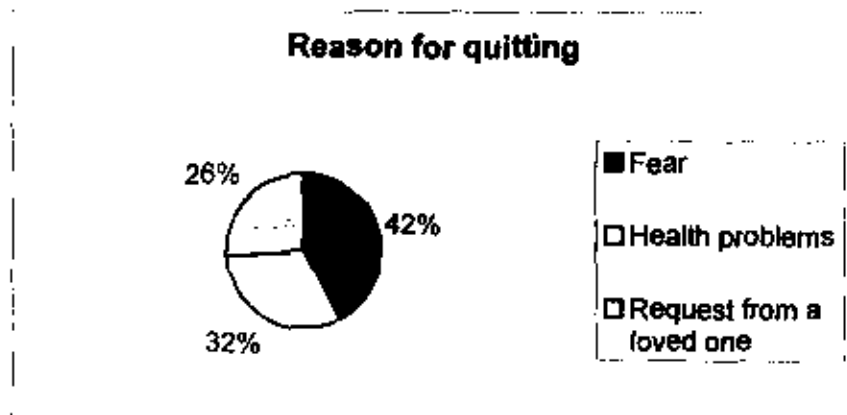
Smokers and non-smokers when surveyed what are the illness they are known to, 40 percentage was found aware about cancer whereas 28 percentage was found known about bronchitis/asthma and 17 percentage to the harm of tuberculosis and then at last 15 percentage of smokers were aware about heart disease which are the illness caused at high risk because of smoking habit.

Figure No: 20
Do you want to quit smoking?



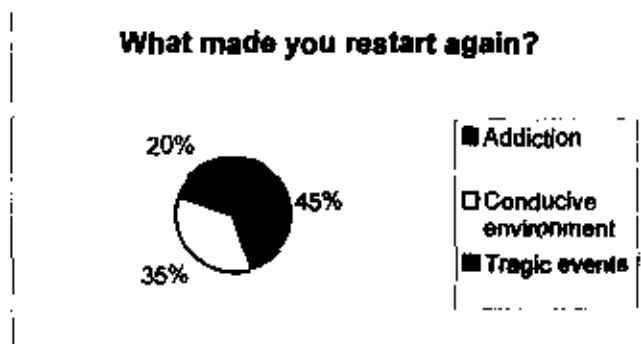
When asked do you want to quit smoking 66 percentage of the maximum smokers showed their response to quit smoking whereas 34 percentage of the smokers showed their dis-agreement to quit smoking.

Figure No: 21
Reason For Quitting



Among different smokers different reasons came across when asked why did they quit smoking. Maximum of 42 percentage of the smokers have been found to quit smoking because of fear. 32 percentage of the smokers were found to quit smoking because of different health problems and 26 percentage of the smokers were found to quit smoking because of request of loved ones. Though the reason may be anything but the effect of the reason that is quitting of the smoking habit is better for the health of the smoker themselves.

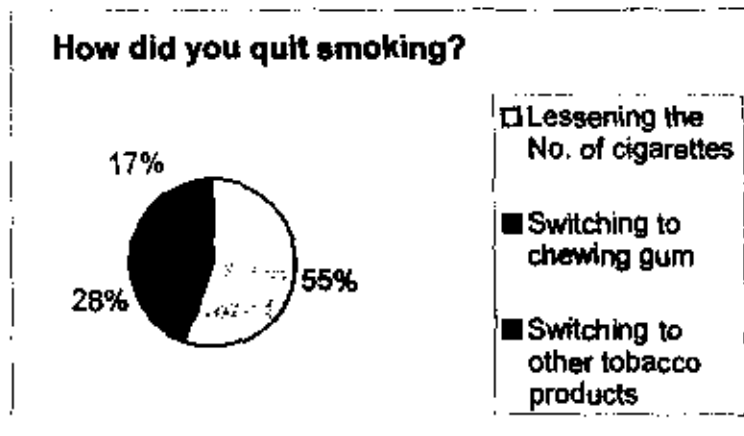
Figure No:22
What made you restart again?



Smokers who does want to quit and have also made effort to quit smoking are mostly found to smoking again or re-start the smoking habit again but why? this query is solved by the smokers own answer.45 percentage of the smokers were

found to be restarting the smoking habit because of addiction whereas 35 percentage of the smokers were found to restart again because of conducive environment and 20 percentage of them restarted smoking because of tragic events.

Figure No:23
How did you quit smoking?



Smokers when asked how did they quit smoking, 55 percentage of the maximum smokers did quit smoking habit by lessening the no. of cigarettes, 28 percentage of smokers switching on to chewing gum and 17 percentage of smokers switching on to other tobacco products in order to maintain themselves quitting the habit of smoking.

Chapter IV

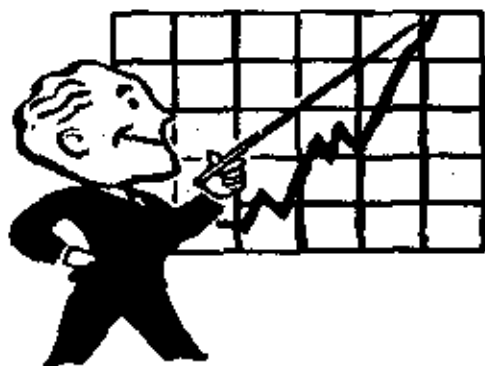
Major Findings And Recommendations

This chapter deals with the Major Findings of the study. All significant data that was analyzed from the study has been included in this chapter. Based on those findings, the researcher has also suggested various recommendations in regard to the subject matter. Finally, the researcher has also included her experiences while carrying out the project.

Major Findings

Most tobacco users start before the age of 18 years.

- Lots of adolescent use tobacco due to peer pressure.
- Almost 70% of adolescent tobacco users when wish they had never got addicted to tobacco in the first place. However, it's too late in life by that time.
- Tobacco use hurts young people's physical fitness in terms of both performance and physical endurance.
- Tobacco users are much more likely than non-tobacco users to report regular cough with phlegm, bad breathe, wheezing and gasping.
- Tobacco users are much more likely to see a doctor for an emotional or psychological complaint.
- The younger an age that one starts using tobacco at, the more likely they to become strongly addicted to nicotine for life.



Tobacco Consumption Graph over the years 24
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Conclusion

Smoking, tobacco chewing and other narcotic substance addiction is seen as a burning issue today .thousands of adolescents fall victim to addiction owing to depression, peer pressure, keeping with trend, dysfunctional families, societal pressure and most prominently due to strong will. Not only that we also found that teenagers are also attracted towards smoking to look cool and as an influenced behaviors of their ideals (movies).

The trainees have made person to person approach in order to collect relevant data regarding the issue "smoking habit". This kind of effort has been made by the trainees so that relevant, current data, facts and figures can be obtained. There is a rising need to educate and aware the youths about the consequences of such habits. It also becomes important to identify and listen why they have chosen to become victims of various addictions. Only then one can imagine helping them out. this issue has been rising rapidly in the past few years for which everyone need to be aware and act upon effectively and efficiently on their own which can help further to create a smoke free environment. The trainees in the past 10 months have put their hard effort in the field that is cancer related organization in order to present the exact rise in the no of smokers and also help cancer patients further in every possible way. For which they carried out awareness class in different schools and also children rehabilitation center like CONCERN/Nepal.

As trainees of BCH and NCRS, we have seen various types of malignant cancers owing to smoking, tobacco chewing and other narcotic addiction. We feel that people smoke even when they know it's harmful to do so. Constant reinforcements on harsh consequences are a step closer to ending all forms of addiction.

References

Reporter (et al)
2001-2004
Times

Articles
Kathmandu Post/The Himalayan 25

Experience

Carrying out this study has been an experience of a lifetime enriching us in so many ways. This venture started for us when we joined Nepal Cancer Relief Society as trainees in the year 2004. We had also come across various patients in Bhaktapur hospital that have been victimized by cancer and are fighting for their lives. Tobacco use in its various forms shows a growing trend in both urban and rural areas. Working at N.C.R.S and with the patients left a lasting impression on our mind and intrigued us to learn more and indulge ourselves completely in this study. A majority of them were open, cooperative and willing to share their stories. The long and often tiring process of collecting data, interpreting it and doing it over and over again for perfection couldn't have been done without the help of the research guide and other teachers who contributed immensely for the completion of this study.

Recommendation

Trainee's at Bhaktapur cancer hospital and Nepal cancer relief society in the past 10 months have gained a lot during their field work. Trainee has been involving in different programs organized by the organization and also has put their effort in initiating different programs on their own like blood donation camp, awareness class in different schools survey in three cities ktm, bhaktapur and patan e.t.c.

The work done by the agency is highly appreciated by the nation and also by the trainee's too. The agency has been carrying out different programs like seminars, mobile health camp, rallies which has been benefiting a lot of targeted people as well. The agency has been providing free health treatment to the cancer patient's who are economically very unable to get required treatment. The agency also has been providing free air ticket to the cancer patient's who are economically unable.

Trainee's are very sure that the organization will surely continue their work in the same field with equal enthusiasm and effort similar to the present.

Annex

SURVEY ON SMOKING HABITS AMONGS TEENAGERS/YOUTHS

(CONDUCTED BY TRAINEES OF ST.XAVIER'S COLLEGE PLACED AT NEPAL CANCER RELIEF SOCIETY AND BHAKTAPUR CANCER HOSPITAL)

- (1) Age: (a) less than 14 (b) 14-19 (c) 20-25 (d) above 25
(2) Sex: (a) male (b) female
(3) standard : (a) class 9 (b) class 10 (c) intermediate (d) bachelors (e) masters

A. INFORMATION ON SMOKING HABITS.

4. Do you smoke?

- (a) Yes (b) no (if no then go to pg no.2)

IF YES THEN

5. At what age did you start smoking?

6. How many cigarettes do you smoke per day?

- (a) 1 (b) 2 (c) more than 2 (d) 1 packet
(e) Others.....

7. Where do you smoke usually?

- (a) Yours home's toilet (b) school/college toilet (c) friend's home
(d) Restaurant (e) school/college's canteen (f) public places
(g) Others.....

8. Why did you start smoking?

- (a) friend's pressure (b) To look cool (c) To attract the opposite sex
(d) To become the member of certain group or friend's circle
(e) Tragedy in love affair (f) family problems (g) Threats or warnings
(h) Others.....

B. INFORMATION ON EXPENDITURE

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

- (a) Rs1 /to Rs5/ (b) Rs5 / to Rs10/ (c) Rs 10/ to Rs15 / (d) Rs15/ to Rs20/
(e) Rs20/ more than

10. How do you get the money for smoking?

- (a) Pocket money (b) borrow from friends (c) steal (d) your own earnings
(e) Others.....

C. FAMILY BACKGROUND

(11) Does anyone smoke in your family?

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(a) Yes (b) no

12. If yes who?

(a) Father (b) mother (c) brother (d) sister

(e) Others.....

13. Does your family know about your smoking habit?

(a) Yes (b) no

14. If yes then what was there reaction?

a) Shocked b) indifferent c) scolded d) others.....

D. PERSONNEL EFFORTS

1) Have u ever tried to quit smoking?

a) Yes b) no

2) If yes then for how long?

a) one day or more b) one week or more c) one month or more

d) one year or more

3) How did you quit smoking?

a) By lessening the no. of cigarettes b) by switching on the to other tobacco

c) By switching on to chewing gum

Others.....

4) What made you restart again?

a) Addiction b) conducive environment c) tragic events

d) Others.....

5) Do you want to quit smoking?

a) Yes b) no

E. KNOWLEDGE LEVEL FOR NON SMOKERS TOO

1) Do you know the effects of smoking?

a) Yes b) no

2) If yes then what are they?

a) Cancer b) t.b. c) heart disease d) destroys vitamins c in our bodies

e) Others.....

3) How did you know about the effects of smoking?

a) TV/radio b) NGOs c) newspapers d) books

e) others.....

F) STRICTLY FOR NON-SMOKERS

1) Have you ever tried smoking?

a) Yes b) no

2) Do you have any suggestion for smokers?

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