

NATIONAL SURVEY ON SOCIO-ECONOMIC AND POLICY ASPECTS OF TOBACCO USE IN NEPAL 2024



नेपाल विकास अनुसन्धान प्रतिष्ठान
Nepal Development Research Institute



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National Survey on Socio-Economic and Policy Aspects of Tobacco Use in Nepal 2024

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Foreword

The global prevalence of non-communicable diseases (NCDs) is increasing, with the greatest burden occurring in low and middle-income countries. Tobacco use is a significant risk factor contributing to major four prevalent NCDs: Cancer, Chronic Obstructive Pulmonary Diseases, Cardiovascular diseases and Diabetes. Tobacco use is associated with more than 20 different cancers including cancers affecting the throat, oral cavity, lungs, bladder, kidneys, stomach and cervix. Tobacco use is a globally significant public health issue posing detrimental socioeconomic challenges and adverse public health consequences.

The population-based "National Survey on Socio-Economic and Policy Aspects of Tobacco Use in Nepal", conducted by the Nepal Development Research Institute (NDRI) focuses on tobacco use and its policy dimensions. This study endeavors to elevate awareness surrounding tobacco usage and fortify tobacco control policies. This comprehensive report sheds light on various aspects, including the prevalence of tobacco use, public attitudes and perceptions, health implications, the status of tobacco policy implementation and public opinion on tobacco taxation at the national level. It is anticipated that the insights gleaned from this report will facilitate a better understanding of the current status of tobacco use and prompt decisive actions to ensure the strict enforcement of related policies

On behalf of the NHEICC, I extend heartfelt appreciation to NDRI for conducting this survey, thereby amplifying the prominence of tobacco issues in Nepal. I extend congratulations to all individuals involved in the successful execution of this survey and express gratitude to all stakeholders and entities contributing to the survey. I envision the survey results serves as compelling evidence for tobacco control and regulation

Keshav Raj Pandit

Director

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We would like to express our sincere appreciation to the Ministry of Health and Population (MOHP), the National Health Education, Information and Communication Center (NHEICC), and the Inland Revenue Department (IRD) for their collaboration and support throughout this study. Their expertise, guidance, and cooperation have been invaluable in shaping the direction of our research and ensuring its relevance to healthcare policies and practices. Moreover, we are also grateful to the provincial stakeholders, municipal authorities, and school administration for their valuable insights into the research.

Additionally, we extend our gratitude to all the participants who generously shared their time and experiences, contributing valuable insights that have enriched the findings of this report. Their willingness to engage in our research efforts is greatly appreciated and has been instrumental in advancing our understanding of cancer-related issues.

Finally, we would like to acknowledge the dedication and hard work of our research team members at NDRI, whose contributions have been essential to the success of this project. Their passion for research and commitment to excellence have been evident at every stage of the process.

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Acronyms

CAPI	Computer-Assisted Personal Interview
COPD	Chronic Obstructive Pulmonary Disease
FCTC	Framework Convention on Tobacco Control
KII	Key Informant Interview
LMIC	Lower and Middle-Income Country
MOHP	Ministry of Health and Population
NCD	Non-Communicable Disease
NDRI	Nepal Development Research Institute
NRT	Nicotine Replacement Therapy
NHEICC	National Health Education, Information, and Communication Centre
PPS	Probability Proportional to Size
SDG	Sustainable Development Goals
UN	United Nations
WHO	World Health Organization

Key points

This nationwide survey finds that there are particularly high levels of tobacco use amongst men (56%) and older age groups (57%). There have been no significant changes in total levels of tobacco use in Nepal since NDRI's previous survey in 2019, with overall prevalence found to be 34%.

This is despite the positive steps on tobacco taxation taken by the government over the same period. The 25% and 20% rises in the FY 2021/22 and 2022/23 budgets likely helped to keep a check on prevalence, which might have grown if these tax rises had not been implemented.

However, to help reduce smoking rates, such increases must be enough to lower affordability. Analysis by NDRI suggests that, despite significant tax rises in the period between the two surveys, affordability of tobacco products has remained largely constant due to rising national incomes.

Therefore, to effectively reduce tobacco consumption, the government must prioritize significant and consistent increases in tobacco taxes as part of the upcoming budget. There is widespread public support for this. 70% of survey respondents, including 56% of smokers, agree with the government raising tobacco taxes.

This is a win-win scenario for Nepal, increasing tax revenues while protecting public health.

Executive Summary

Context:

Tobacco use in Nepal presents a significant and growing health challenge, contributing to premature deaths and widespread illness, particularly through the proliferation of Non-Communicable Diseases (NCDs), which are the leading cause of death in the country. In 2019, tobacco was accountable for a staggering 19% of all deaths in Nepal, nearly one in five fatalities. The number of deaths attributed to tobacco has been on the rise since 1990, escalating notably since 2000, from approximately 25,300 deaths in 2000 to over 37,500 deaths in 2019.

Despite concerted efforts to combat tobacco use, the prevalence remains stubbornly high; with rates recorded at 31% in 2012/13, 29% in 2019, and most recently in the previous NDRI survey, 32% in 2020. NDRI's nationwide survey conducted in 2019 provided valuable insights into tobacco consumption patterns in Nepal, which subsequently informed policy advocacy efforts and led to substantial tax increments on tobacco products.

This follow-up survey conducted in 2024 aims to assess changes in tobacco use trends over time and to support the development of effective strategies for tobacco control. The primary objective of the study is to assess the knowledge, perception, and behaviours of individuals in Nepal regarding tobacco-related health risks, policies, and the use of tobacco products.

Persistent High Prevalence Rates:

According to the latest survey in 2024, tobacco prevalence remains substantial at 34%, urging comprehensive public health measures. Analysis by NDRI suggests that, despite the government taking positive steps on the rates of taxation, affordability of cigarettes has remained constant due to national incomes rising at a faster rate. This highlights how vital the increases in taxation may have already been in preventing any further increases in prevalence and emphasises the importance of consistent and sustained increases in tobacco taxation to see significant impact to consumption levels.

Males show higher tobacco use (56%) than females (11%), emphasizing the need for gender-specific interventions. Older age groups exhibit the highest rates of prevalence at 57%, indicating age-related patterns in tobacco consumption. Illiterate individuals have a higher prevalence (44%) than literate ones (31%), suggesting a link between education and tobacco use. Geographical variations reveal diverse smoking preferences, requiring region-specific interventions.

The government's current approach is unsustainable, and urgent action is required to meet targets set forth in the Global Strategy to Accelerate Tobacco Control 2019-2025. To effectively reduce tobacco consumption, the government must prioritize increasing tobacco taxes in the upcoming budget. Evidence suggests that significant tax hikes are the most impactful and cost-effective means of reducing tobacco use, as demonstrated by global best practices.

Unlocking a win-win scenario:

4 in 10 people believe that the government is primarily responsible for reducing tobacco use, before individuals and families, highlighting the clear role government needs to play in tackling this issue. There is strong support for higher tobacco taxes (70%), even amongst current smokers (56%). The majority favour significant increases, with 68% of respondents supporting the alignment of Nepal's tobacco tax rates with that of India and 63% agreeing with Nepal matching the level recommended by the World Health Organization.

Almost half of current smokers (47%) attempted to quit in the last two years, with only 2% succeeding, revealing persistent challenges in cessation efforts. However, over half (55%) of smokers say they would reduce consumption or stop completely if prices of cigarettes doubled. Increasing taxation would be a clear way to drive up the price of tobacco products.

Alongside increasing tobacco tax to deter consumption, overwhelming support exists for laws prohibiting smoking in indoor workplaces and public spaces (93%) and banning all tobacco product advertisements (91%). Widespread recognition (75%) of poorly enforced smoke-free policies underscores the need for more effective implementation

New forms of tobacco:

Young people are driving the usage of new forms of tobacco, such as hookah and e-cigarettes, with 47% of hookah users and 58% of e-cigarettes consumers aged between 15-24. Nearly all respondents (98%) recognize smoking as a cause of serious illnesses, but only 74% know the health risks of hookah and just 26% for e-cigarettes. This is despite research indicating that an hour of hookah use releases an equivalent amount of smoke as 100–200 cigarettes and that e-cigarettes have significant health risks including chronic lung disease, asthma, and cardiovascular disease. Currently, these forms of tobacco are not included under tobacco regulations which may be promoting the idea of them being a safer option.

There has been a significant increase in the perception of young people using tobacco, with 85% of respondents reporting that they believe the number of young people in their area using tobacco products has risen over the past 2 years.

It is clear that in order to protect the health of future generations, these new forms of tobacco must be included under the existing regulations and face similar levels of taxation to deter youth smoking. This is supported by the public: over two thirds of respondents (69%) supported including hookah under existing tobacco regulations.

Key Actions:

The government must address these multifaceted challenges by implementing comprehensive tobacco control measures, including:

Reform tobacco tax policy: Currently, Nepal has the lowest tobacco tax rate in the region. Increasing tobacco tax is the most cost-effective measure to reduce tobacco consumption, but only if it increases

the price enough to reduce levels of affordability. The government must prioritize the implementation of a roadmap to achieve the World Health Organization's recommendation of a 75% tobacco tax rate.

Enforcing tobacco control policies: Strengthening the effective implementation and enforcement of existing tobacco policies is key to reduce the affordability and accessibility of tobacco products. The government should work to improve enforcement of existing tobacco control laws, including measures to ban all tobacco product advertisements and enhance smoke-free policies in public spaces. Social media is one of the key influences on young people in relation to tobacco product use, so the government must also have separate guidelines to regulate advertising and sales of tobacco products on social media.

Regulating new tobacco products: Taking proactive steps to regulate emerging tobacco products, such as hookah and e-cigarettes, to prevent their proliferation and mitigate associated health risks. There must be an age limit for selling hookah, e-cigarettes and other new forms of tobacco products and it should be strictly enforced.

Continuing public awareness campaigns: Sustaining efforts to educate the public about the health risks of tobacco use and promote cessation services and resources.

By taking decisive action on these key fronts, the government can significantly reduce tobacco use, safeguard public health, and build a healthier future for Nepal.

Section 1: Introduction

1.1 Threat from Tobacco Use

The tobacco epidemic constitutes a critical public health challenge as evidenced by alarming statistics from 2019: 1.14 billion individuals were current smokers, collectively consuming a staggering 7.41 trillion cigarette-equivalents of tobacco. The global impact of smoking is starkly evident, with smoking-related tobacco use contributing to 7.69 million deaths and 200 million disability-adjusted life-years in 2019¹. The burden of tobacco use has always been higher in low and middle-income countries, where approximately one in five individuals aged 15 years and older are engaged in tobacco use. While the predominant form of tobacco consumption is through smoking, there is also a notable prevalence of 7.7% for the use of smokeless tobacco in these regions.² Among the LMICs, Nepal stands out in South Asia with the highest proportion of tobacco-caused deaths (19.4%), outpacing India where tobacco was responsible for 13.1% of deaths in 2019. The gravity of the situation is underscored by Nepal's ranking among the top 15% of countries globally with the highest proportions of tobacco-attributable deaths, securing the 29th position out of 204 countries.³

On the disease front, tobacco use poses significant health risks across various respiratory conditions. Smokers face an elevated risk of developing lung cancer, up to 22 times more than non-smokers, making tobacco smoking the predominant cause of over 90% of lung cancer deaths with prevalent smoking habits, claiming 1.2 million lives annually.⁴ Chronic obstructive pulmonary disease (COPD) is a consequential outcome for one in five smokers, with nearly half of COPD-related deaths attributed to smoking.⁵ Tobacco use also more than doubles the risk of tuberculosis development, increasing the likelihood of recurrent episodes, and elevates mortality risk.⁶ Additionally, in individuals with asthma, tobacco smoking exacerbates symptoms, limits activity, contributes to work disability, and raises the risk of severe asthma, with approximately one in nine asthma-related deaths linked to tobacco use.⁷ According to Action on Smoking and Health, approximately 80% of lung cancer deaths, 80% of bronchitis and emphysema-related deaths, and 17% of heart disease deaths are linked to smoking. Smoking is responsible for more than a quarter of all cancer-related fatalities, affecting organs such as the lung, mouth, lip, throat, bladder, kidney, pancreas, stomach, liver, and cervix.⁸

The economic impact of tobacco use goes beyond the mere purchase of cigarettes, with far-reaching consequences on individuals, families, employers, and taxpayers. According to the World Bank, approximately 15% of total healthcare spending in high-income countries can be linked to smoking.⁹

¹GBD 2019 Tobacco Collaborators. Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and attributable disease burden in 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019. *The Lancet*. 27 May 2021. doi: 10.1016/S0140-6736(21)01169-7.

²Theilmann, M., (2022, August 30). Patterns of tobacco use in low- and middle-income countries by tobacco product and sociodemographic characteristics: nationally representative survey data from 82 countries. *BMJ*. <https://doi.org/10.1136/bmj-2021-067582>

³Nepal Development Research Institute (2022). HEALTH IMPACT OF TOBACCO IN NEPAL: A COUNTRY REPORT BASED ON THE 2019 GLOBAL BURDEN OF DISEASES STUDY 2022.

⁴Wild CP, Weiderpass E, Stewart BW. *World Cancer Report: Cancer Research for Cancer Prevention*. Lyon, France: International Agency for Research on Cancer, 2020.

⁵Institute for Health Metrics and Evaluation (IHME). Findings from the Global Burden of Disease Study 2017: GBD Compare (Online). Seattle, WA: Institute for Health Metrics and Evaluation (IHME). <https://vizhub.healthdata.org/gbd-compare> [13 October 2019]

⁶World Health Organization & International Union against Tuberculosis and Lung Disease. A WHO/The Union Monograph on TB and Tobacco Control: Joining Efforts to Control Two Related Global Epidemics. Geneva: World Health Organization, 2007.

⁷Institute for Health Metrics and Evaluation (IHME). Findings from the Global Burden of Disease Study 2017: GBD Compare (Online). <https://vizhub.healthdata.org/gbdcompare> [13 October 2019]

⁸Action on Smoking and Health. Smoking and Disease, ASH Fact Sheet. 2013. Available at: http://www.ash.org.uk/files/documents/ASH_94.pdf

⁹Parrott S., Godfrey C. ABC of smoking cessation (clinical review). *Br Med J*. 2004; 328: 947–949.

Beyond that, smoking incurs indirect costs on society, including expenses related to second-hand smoke and productivity losses for employers due to smoking-related illnesses.¹⁰ Poor households, particularly those with a smoker, are estimated to allocate about 10% of their disposable income to tobacco.¹¹

Thus, from its widespread global prevalence to the serious health risks and economic burdens it imposes, addressing tobacco use is not just a health imperative but a crucial step toward ensuring a healthier and more economically stable future for individuals and societies worldwide.

1.2 Global Action Against Tobacco

In response to the globalization of the tobacco epidemic, the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) was adopted by the World Health Assembly in 2003 and entered into force in 2005.¹² The WHO-FCTC is one of the most widely adopted United Nations (UN) Treaties, with 181 Parties as of May 2018. This international accord, negotiated collaboratively and legally binding, encompasses evidence-based measures that have demonstrated efficacy in mitigating the harms of tobacco and sets out a broad range of evidence-based measures to reduce tobacco demand (Articles 6–14) and supply (Articles 15–17).¹³

The WHO-FCTC holds special significance on the global stage, being one of just three international conventions explicitly referenced in the United Nations Sustainable Development Goals (SDGs) and their corresponding targets. Notably, Target 3.a of the SDGs specifically calls for the reinforcement of WHO FCTC implementation. By aligning with this strategy, Nepal aims to make substantial contributions towards achieving the overarching health objective of SDG 3 and target 3.4 focused on non-communicable diseases (NCDs).¹⁴

While the WHO-FCTC came into force in 2005, global tobacco control efforts have been accelerated since WHO first introduced the MPOWER package in 2008. The MPOWER package consists of a set of six key and most effective strategies for fighting the global tobacco epidemic: 1) Monitoring tobacco consumption and the effectiveness of preventive measures; 2) Protect people from tobacco smoke; 3) Offer help to quit tobacco use; 4) Warn about the dangers of tobacco; 5) Enforce bans on tobacco advertising, promotion, and sponsorship; and 6) Raise taxes on tobacco¹⁵. Financial support from the Bloomberg Philanthropies beginning in 2007¹⁶ and the Bill and Melinda Gates Foundation beginning in 2008¹⁷ have supported MPOWER-based tobacco control efforts in more than 100 LMICs.

Recognizing that collaborative efforts are indispensable to realizing these goals, SDG 17 underscores the necessity of robust global partnerships and cooperation. The WHO-FCTC is also explicitly mentioned in the 2015 Addis Ababa Action Agenda from the Third International Conference on Financing for Development.¹⁸ This agenda recognizes the impact of price and tax measures on tobacco, acknowledging their effectiveness in reducing tobacco use and associated healthcare costs, while also serving as a revenue stream for financing broader developmental objectives.

Positioned as “best buys” for the prevention and control of non-communicable diseases by WHO,

¹⁰Halpern M.T., Shikier R., Rentz A., Khan Z.M. Impact of smoking status on workplace absenteeism and productivity. *Tob Control*. 2001; 10: 233–238

¹¹World Health Organization. Geneva: WHO; 2011. Systematic review of the link between tobacco and poverty; pp. 1–10. pp. 21–34. pp. 47–142. Geneva: World Health Organization

¹²World Health Organization. WHO framework convention on tobacco control. 2003 <http://apps.who.int/iris/bitstream/10665/42811/1/9241591013.pdf?ua=1>

¹³World Health Organization. The WHO framework convention on tobacco control: an overview. Geneva: World Health Organization, 2015.

¹⁴THE 17 GOALS | Sustainable Development. (n.d.). <https://sdgs.un.org/goals>

¹⁵WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke <https://www.who.int/initiatives/mpower>

¹⁶Bloomberg Philanthropies website press releases (15 April 2013). <http://https://www.bloomberg.org/press/releases/page/9/> (accessed 26 Nov 2016)

¹⁷Gates Foundation. 2013. <http://www.gatesfoundation.org/Media-Center/PressReleases/2008/07/Michael-Bloomberg-and-Bill-Gates-Join-to-Combat-GlobalTobacco-Epidemic> (accessed 30 Aug 2013)

¹⁸Addis Ababa Action Agenda of the Third International Conference on Financing for Development https://sustainabledevelopment.un.org/content/documents/2051AAAA_Outcome.pdf

tobacco control measures offer substantial benefits relative to their modest investments. This strategy not only aligns with international commitments but also underscores the cost-effectiveness of prioritizing tobacco control as a crucial element in our collective pursuit of healthier societies worldwide.¹⁹

1.3 Tobacco Control Initiatives in Nepal

Before 1990, the primary governmental focus in Nepal was to increase tobacco production to meet national demand. Notably, the Janakpur Cigarette Factory was established in 1959, and the Tobacco Development Board was created to boost tobacco productivity²⁰.

Between 1990 and 2000, there was a notable transition towards implementing preventative and regulatory measures following the acknowledgment of the adverse effects of smoking. The National Health Policy, 1991 aimed to establish the National Health Education, Information, and Communication Centre (NHEICC) under the Ministry of Health and Population. Smoking was banned in public places in 1992, and a health tax of 1 paisa per stick was levied in 1993, doubling in the following year²¹. A considerable portion of this tax has been used for the establishment of a cancer hospital, with the remainder allocated for preventive and public awareness activities. Advertisements on electronic and print media were banned in 1998 and 2000²², respectively.

Post-2000, guided by the WHO-FCTC, Nepal transitioned to focus on reducing both the demand and supply of tobacco. Nepal signed the WHO-FCTC on 3 December 2003 and ratified it on 7 November 2006²³. Legal obligations arose to formulate and implement tobacco control plans and policies. Delays in creating separate tobacco laws led to a court order in 2007, following which the laws were finally endorsed four years after ratification.

Existing laws and policies in Nepal include the Tobacco Products (Control and Regulatory) Act, of 2010²⁴, the Tobacco Products (Control and Regularization) Regulation, 2011²⁵, a directive for printing, labelling, and packaging of tobacco products (amended in 2011)²⁶, the National Tobacco Control Strategic Plan 2013–2016²⁷, and the Multi-sectoral Action Plan for Prevention and Control of NCDs (2021–2025)²⁸.

The Tobacco Products (Control and Regulatory) Act 2010 focuses on price and non-price measures, demand reduction, and supply reduction activities. The Tobacco Products (Control and Regularization) Regulation, 2011, details provisions for designated tobacco-consuming areas, package size, warning messages, vendor obligations, inspector responsibilities, and health fund allocation. The directive for printing, labelling, and packaging of tobacco products, 2011, mandates clear and visible pictorial health warnings. The National Tobacco Control Strategic Plan, 2013–2016, aims to strengthen legislative measures, conduct surveillance, and protect people from tobacco use. The Multi-Sectoral Action Plan for Prevention and Control of NCDs, 2014–2020, targets a 30% reduction in tobacco use prevalence among those aged ≥ 15 by 2025, emphasizing enforcement and compliance with existing acts and regulations.

¹⁹Bakhtiari, A., Takian, A., Majdzadeh, R. et al. Assessment and prioritization of the WHO “best buys” and other recommended interventions for the prevention and control of non-communicable diseases in Iran. *BMC Public Health* 20, 333 (2020)

²⁰Government of Nepal. The National Anti-Tobacco Communication Campaign Strategy for Nepal. 2014

²¹Ibid

²²Mahato PK Current tobacco control policies in Nepal: Existing gaps and way forward. *J Heal Allied Sci.* 2012;2(1):70–3

²³Government of Nepal Brief Profile on Tobacco Control in Nepal. Kathmandu, Nepal, 2010.

²⁴Government of Nepal Tobacco Product (Control and Regulatory) Act, 2011 (Unofficial Translation). Nepal, 2011

²⁵Ministry of Health and Population Tobacco Products (Control and Regularization) Regulation, 2011. Kathmandu, 2012

²⁶Ministry of Health and Population Directive for Printing and Labeling of Warning Message and Picture on the Box, Packet, Wrapper, Carton, Parcel, and Packaging of Tobacco Product–2014. Kathmandu, 2014.

²⁷Government of Nepal National Tobacco Control Strategic Plan (2013–2016). Kathmandu, Nepal, 2013.

²⁸Government of Nepal Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (2014–2020). Kathmandu, Nepal, 2014.https://drive.google.com/file/d/1V90ctt9TddugF9iu_6gkZSifX4NDgcM/view

Recently, some local levels in Nepal have initiated to enforce the prohibition of tobacco products packaged in plastic wrappers. The effectiveness of these tobacco control initiatives in Nepal hinges on rigorous implementation, enforcement, and sustained efforts to ensure compliance with established laws and regulations.

Increasing tobacco tax has proven to be one of the most effective means of regulating tobacco products. In the FY 2021/22 budget, there was a significant hike in tobacco taxation, marking the highest increase in over a decade with a 25% surge in cigarette excise rates. Subsequently, in the FY 2022/23 budget, there was a further 20% rise in excise duty. However, this year saw a mere 3% increase in tobacco tax, failing to keep up with the inflation rate. It is imperative for the government to consistently raise tobacco tax annually to align with WHO recommendations.

Furthermore, the current tobacco act and regulations lack coverage of emerging tobacco products like hookah and e-cigarettes. Urgent amendments to include these products within the regulatory framework are necessary to safeguard the youth and adolescents from initiating smoking habits. After the promulgation of the Constitution in Nepal in 2015, the Tobacco Control Act 2010 requires revision to align with the newly established constitutional framework. Additionally, the revised act should prioritize the inclusion of newer tobacco products in regulation, promoting tobacco cessation programs, and protecting vulnerable populations.

1.4 Rationale and Research Objectives

The Nepal Development Research Institute (NDRI) has been actively engaged in tobacco-related research since 2018, conducting a nationwide survey in 2019 that focused on the socioeconomic and policy aspects of tobacco use. The outcomes of this survey, published in a 2020 report, played a pivotal role in influencing policy advocacy and increasing awareness of tobacco-related issues. Notably, NDRI's efforts contributed to the government's consideration of tax increments on tobacco products, resulting in significant tax hikes over the past two fiscal years. Despite some impact on cigarette prices, the consequences of these changes on both cigarettes and public perceptions remain unexplored. The urgency for a follow-up survey arises from the need to examine changes over five years, leveraging insights from both the 2019 and upcoming 2023 surveys. This analysis is critical for understanding evolving patterns in tobacco use and informing strategic plans and policies to address these issues effectively. Moreover, periodic surveys every 4-5 years are essential for adapting programs and policies to the changing dynamics of tobacco use, enabling informed decision-making by researchers and policymakers.

General Objective:

To assess the knowledge, perception, and behaviours of individuals in Nepal regarding tobacco-related health risks, policies, and the use of tobacco products.

Specific Objectives:

- ☑ To measure the prevalence and patterns of tobacco use in Nepal.
- ☑ To explore the attitudes and beliefs of individuals towards tobacco use, including emerging forms of tobacco.
- ☑ To assess tobacco-related policies and their implementation in Nepal.

Section 2: Prevalence of Tobacco Use

Key Findings

- ☑ Tobacco prevalence is substantial at 34%, urging comprehensive public health measures.
- ☑ Males show higher tobacco use (56%) than females (11%), emphasizing the need for gender-specific interventions.
- ☑ Older age groups exhibit peak prevalence at 57%, indicating age-related patterns in tobacco consumption.
- ☑ Illiterate individuals have higher prevalence (44%) than literate ones (31%), suggesting an education-tobacco link.
- ☑ Geographical variations reveal diverse smoking preferences, requiring region-specific interventions.

2.1 Tobacco Use, Smoked Tobacco, Smokeless Tobacco Use

The data reveals that 34.1 % of the total population engages in some form of tobacco use, with 10.7% only using smoking tobacco, 18.9% using just smokeless tobacco, and 4.5% engaging in both forms. This indicates a considerable prevalence of tobacco consumption, emphasizing the importance of comprehensive public health measures to address both smoked and smokeless forms.

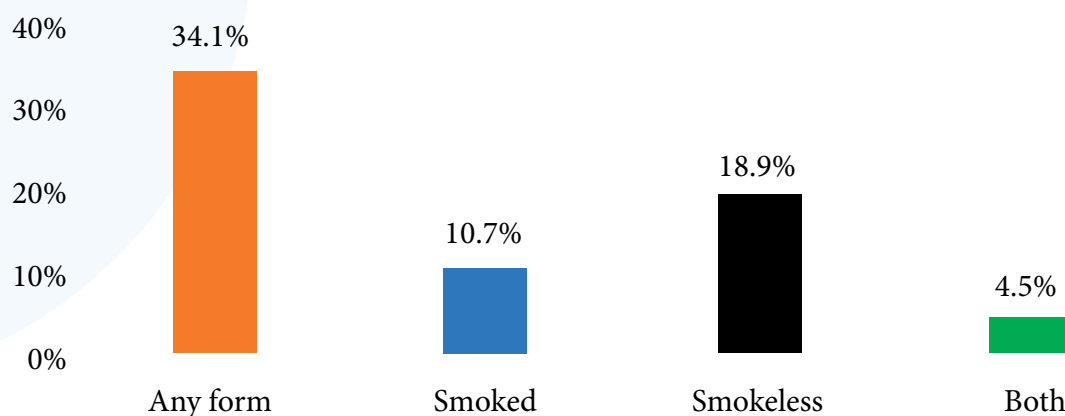


Figure 1: Percentage of tobacco users, smokers, and smokeless tobacco users

Wherever you go you can see the spit marks [from smokeless tobacco] on the walls, in hospital walls, public places, and so on. –Public Health Nurse, Madhesh Province

2.2 Sex-specific Tobacco Prevalence

Breaking down the data by gender, a significant gender disparity emerges. Among males, 55.8% use any form of tobacco, with 15.8% smoking, 32.0% using smokeless products, and 8.0% engaging in both. In contrast, females exhibit lower overall tobacco use at 11.2%, with smoked (5.3%) and smokeless (5.1%) forms being less prevalent.

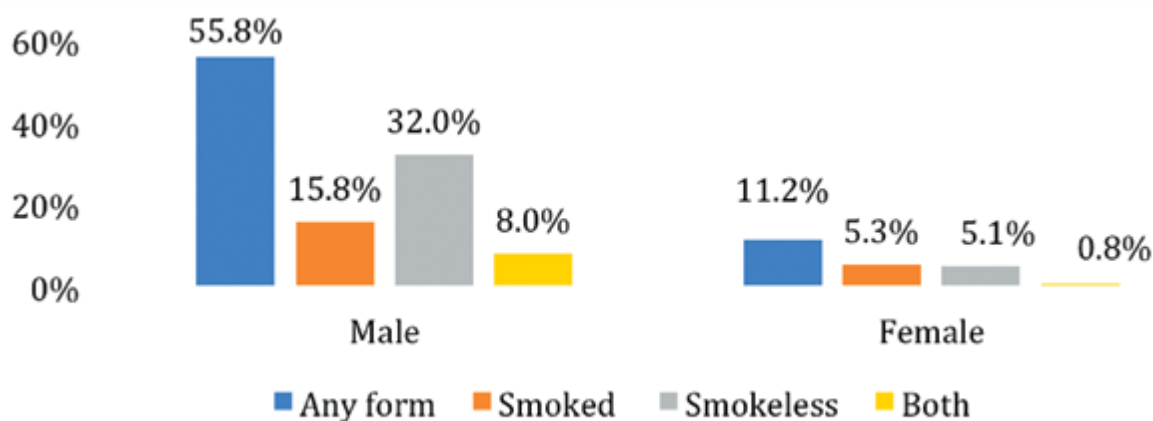


Figure 2: Percentage of tobacco users by sex

Tobacco use is more prevalent among boys. –School Teacher, Sudurpaschim Province

2.3 Age-specific Tobacco Prevalence

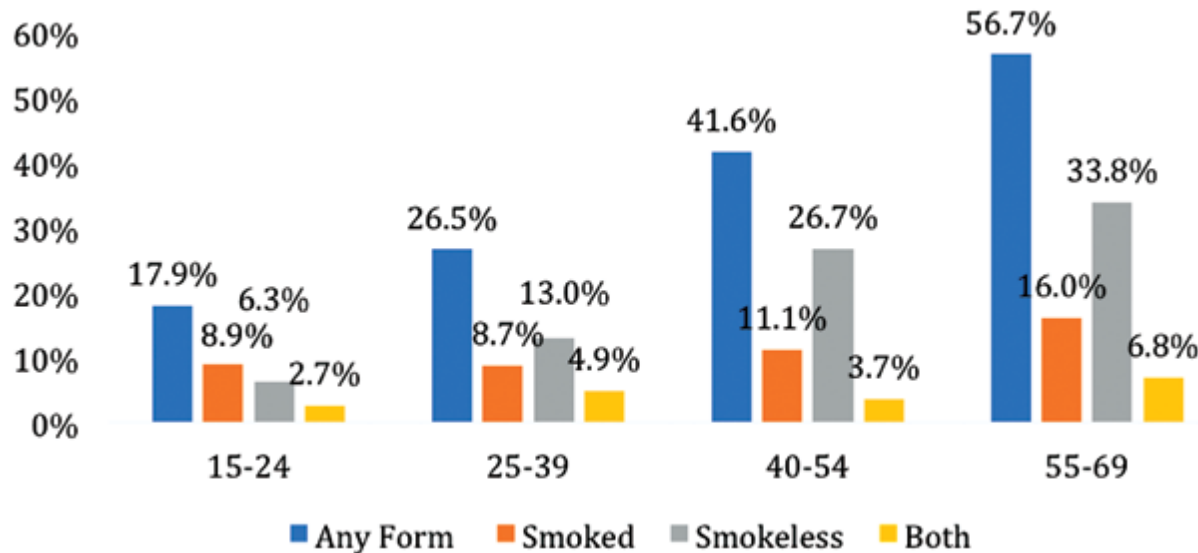


Figure 3: Percentage of tobacco users by age group

The data on age groups and tobacco prevalence reveals distinctive patterns across different segments of the population. Among individuals aged 15-24, 17.7% use any form of tobacco, with 8.9% smoking, 6.2% using smokeless products, and 2.7% engaging in both. The prevalence generally increases with age, with the highest rates observed in the 55-69 age group: 56.7% use any form of tobacco, 16.0%

smoke, 33.8% use smokeless products, and 6.8% engage in both. This suggests a correlation between age and tobacco use, with older age groups exhibiting higher prevalence.

Some students in grades 8 to 12 smoke on their way to school in groups, with initiation often occurring in grade 8. Age is not a strict determinant, as older students may influence younger ones. Notably, girls in our school are not involved in any form of tobacco use. – **Health Worker, Karnali Province**

The concerning outcome of excessive use of tobacco among young people is that smoking tobacco can be a starting point for drug abuse and drug addiction. – **Health Worker, Bagmati Province**

A recent incident at our school involved a new grade 11 student who was caught smoking by our sports teacher. The student had been admitted to the school and hostel by his mother in an effort to help him overcome his chronic smoking habit. He comes from a single-parent family, and his mother was genuinely concerned about his health. – **School Teacher, Gandaki Province**

2.4 Tobacco Prevalence Between Literate and Illiterate

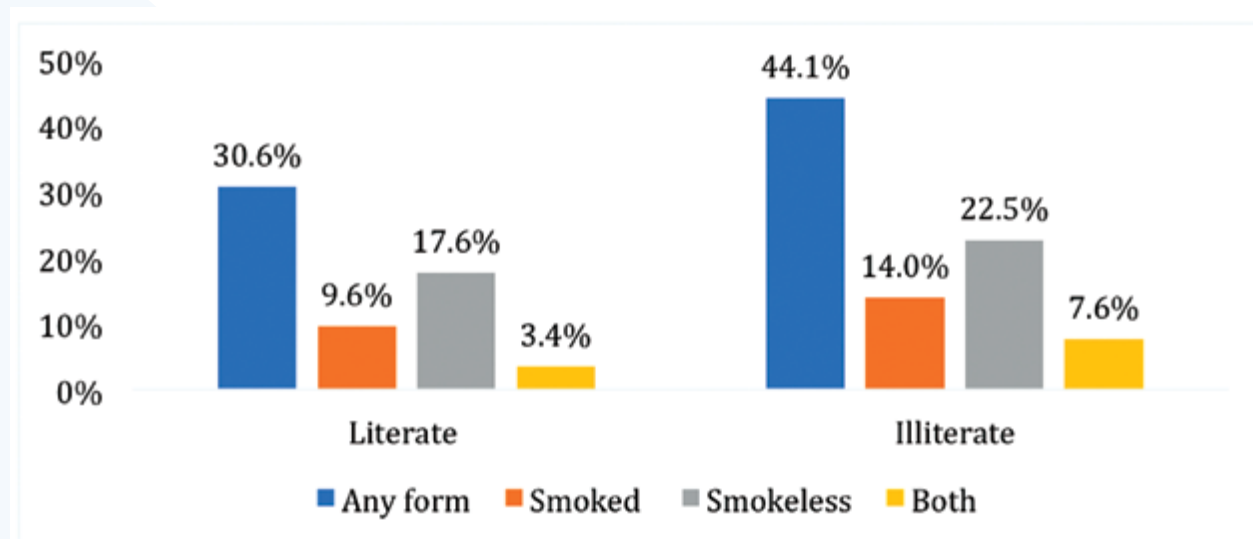


Figure 4: Percentage of tobacco users by education status

The data comparing tobacco use between literate and illiterate populations reveals distinct patterns. Among literate individuals, 30.6% use any form of tobacco, with 9.6% smoking, 17.6% using smokeless products, and 3.4% engaging in both. In contrast, the prevalence is higher among the illiterate, with 44.1% using any form of tobacco, 14.0% smoking, 22.5% using smokeless products, and 7.6% engaging in both. These figures highlight a higher prevalence of tobacco use among the illiterate population, suggesting a potential association between education levels and tobacco consumption patterns.

Even highly educated people are engaging in different kinds of substance abuse.
– **Health Director, Bagmati Province**

Some of the teachers are regular tobacco product users but not inside the premises.
– **School Teacher, Bagmati Province**

2.5 Tobacco Prevalence Across Different Regions

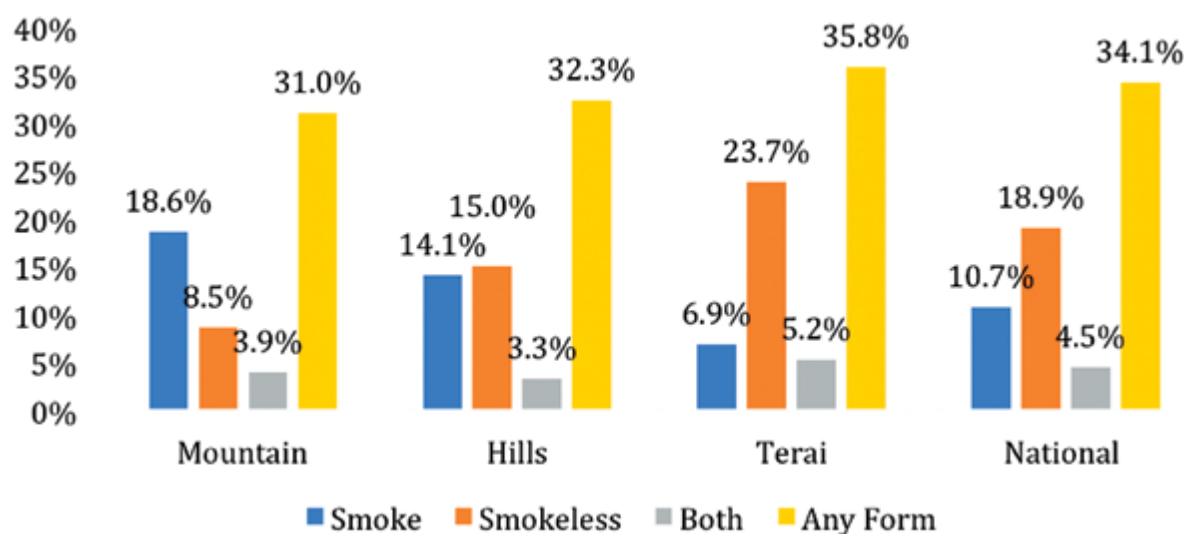


Figure 5: Percentage of tobacco users by ecological regions

The data on geographical region and tobacco preference prevalence illustrate significant variations in tobacco consumption patterns. In the Mountain region, smoking prevalence is the highest at 18.6%, while the Terai region has the lowest at 6.9%. Smokeless tobacco use is notably more prevalent in the Terai region at 23.7%, compared to the mountain (8.5%) and hill (14.1%) regions.

2.6 Tobacco Prevalence Across Provinces

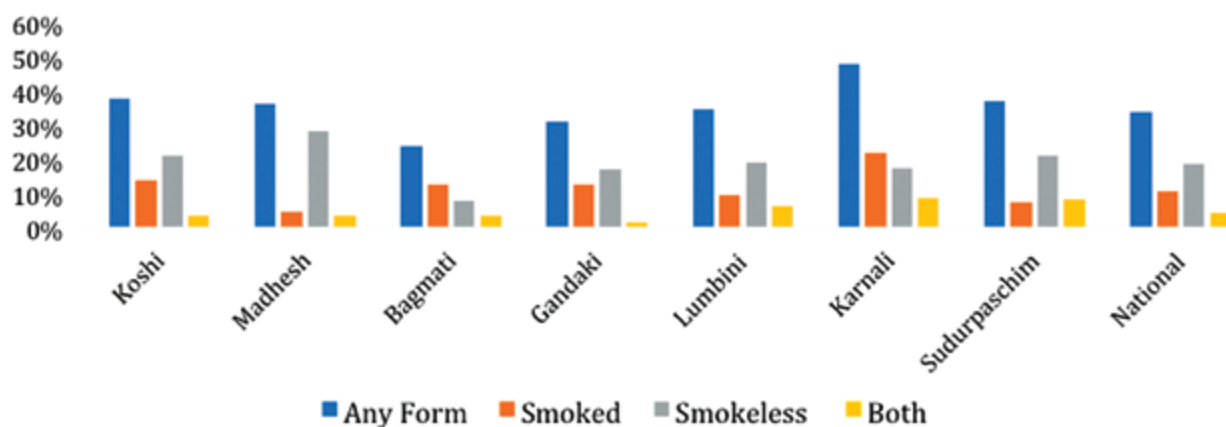


Figure 6: Percentage of tobacco users by provinces

The data on province-wise tobacco prevalence in Nepal reveals notable variations across different regions. The Karnali province has the highest tobacco prevalence at 47.8%, followed by Koshi at 38.1% and Madhesh at 36.3%. Bagmati province has a relatively lower prevalence at 24%. The national average stands at 34.1%, indicating a substantial portion of the population engages in tobacco use.

Karnali's smoking prevalence, previously the highest, has seen a decrease, likely due to increased awareness and more active municipal involvement, though the decline isn't substantial. –Health Director, Karnali Province

2.7 Tobacco Prevalence Across Wealth Quintiles

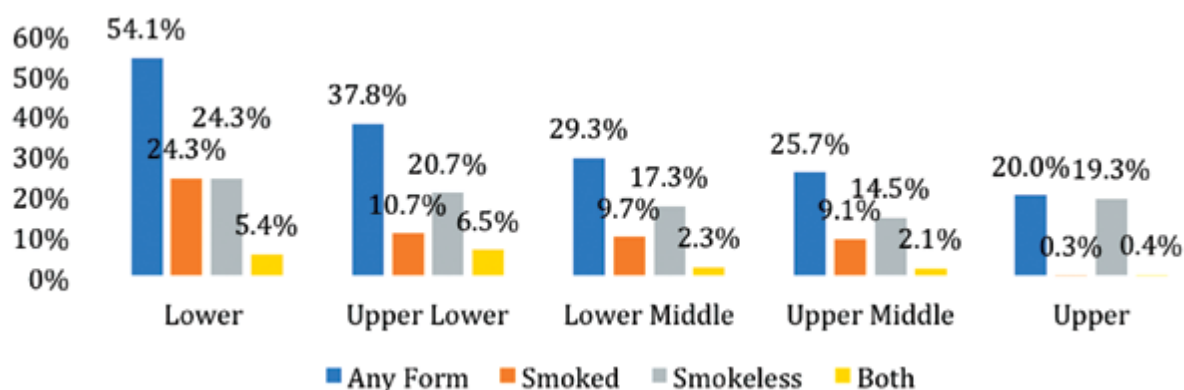


Figure 7: Percentage of tobacco users by wealth quintiles

The data on socioeconomic status and tobacco prevalence highlights distinct trends based on different economic categories. Among individuals in the lower socio-economic status, 54.1% engage in any form of tobacco use, with 24.3% smoking, 24.3% using smokeless products, and 5.4% engaging in both. As the socio-economic status rises, there is a consistent decrease in tobacco prevalence. This pattern suggests an inverse relationship between socioeconomic status and tobacco use.

Tobacco use is widespread among the economically disadvantaged population.
–Health Worker, Bagmati Province

2.8 Tobacco Prevalence Across Occupation

The data indicates varying levels of tobacco consumption across different occupations. Non-paid workers have the highest overall prevalence at 71.8%, driven by a significant use of smokeless forms (45.9%). Other notable high prevalence groups include retired individuals (52.4%), unemployed individuals (55.3%), and non-government employees (40.8%). Non-paid workers and retired individuals exhibit distinct preferences for smokeless forms, while unemployed individuals show a substantial engagement in both smoked and smokeless forms.

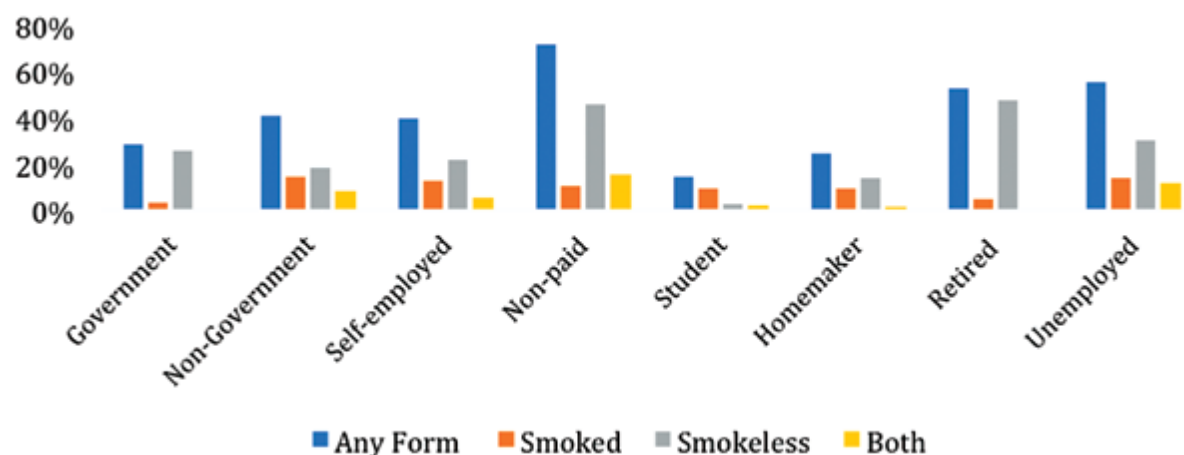


Figure 8: Percentage of tobacco users by occupation

Section 3: Economic Aspects of Tobacco Use

Key Findings

- ✓ Chewing tobacco is the most consumed form, with 67% prevalence, highlighting its significant popularity among the surveyed population.
- ✓ Cigarette smokers, accounting for 38% of tobacco consumption, have an average daily intake of approximately 6 cigarettes per day, with Khukuri being the most favoured brand at 34%.
- ✓ Filtered cigarettes are preferred by 69% of smokers, contributing to the overall preference for this type among the surveyed population.
- ✓ Cigarette consumption in Nepal was estimated at 14.7 billion sticks annually, with notable price variations based on demographic factors such as gender, age, education, and socioeconomic status.
- ✓ Brand switching among smokers is relatively low (13%), with taste/preference (6%) and price (5%) being the primary drivers for those who chose to switch.
- ✓ Chewing tobacco consumption occurs approximately 7 times a day on average, with higher prevalence among males above 40, while bidi and handmade cigarettes are smoked seven times a day on average, more frequently among males in the same age group.

3.1 Consumption Pattern of Different Tobacco Products

Out of total tobacco users, chewing tobacco emerges as the most consumed form, with 67.3% of individuals reporting its use. Cigarettes are also widely used, accounting for 38.4% of the respondents. Hookah and bidi, or handmade cigarettes, have lower consumption rates at 8.3% and 11.1%, respectively, while e-cigarettes are reported by 2.2% of the respondents. These percentages offer a snapshot of the varied preferences within the surveyed population, emphasizing the significance of chewing tobacco and cigarettes.

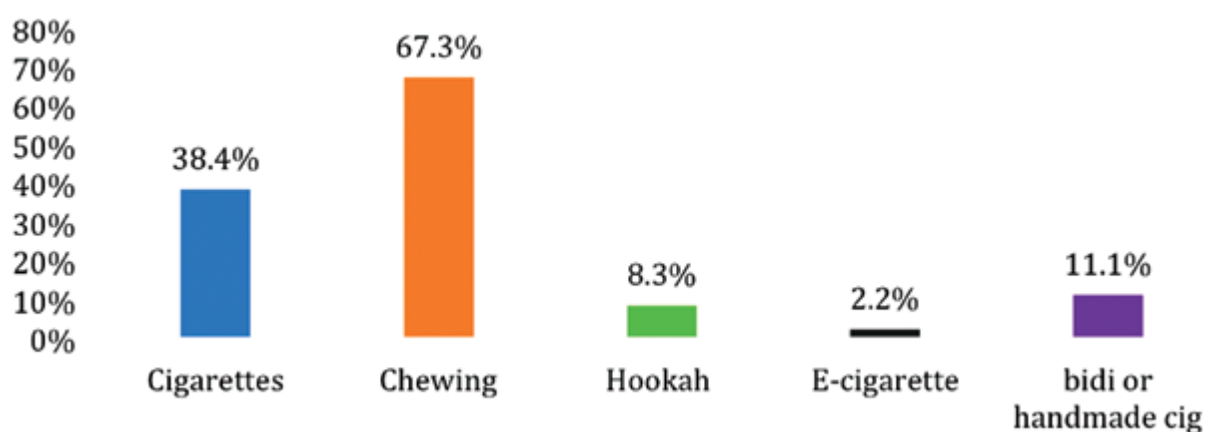


Figure 9: Consumption pattern of various tobacco products

3.1.1 Cigarettes

The study reveals that, on average, individuals smoked approximately 6 cigarettes per day. The study on smoker preferences regarding cigarette brands indicates that Khukuri cigarettes were the most favoured, at 33.6%; following closely were Shikhar cigarettes at 17.8%, and Surya cigarettes rank third with 11.5%.

Cigarette Preference

The data on the form of cigarette that smokers use indicates that the majority, 69.2%, use filtered cigarettes. Additionally, 21.6% use unfiltered cigarettes, and 9.1% use both filtered and unfiltered cigarettes. This distribution highlights a preference for filtered cigarettes among the surveyed population.

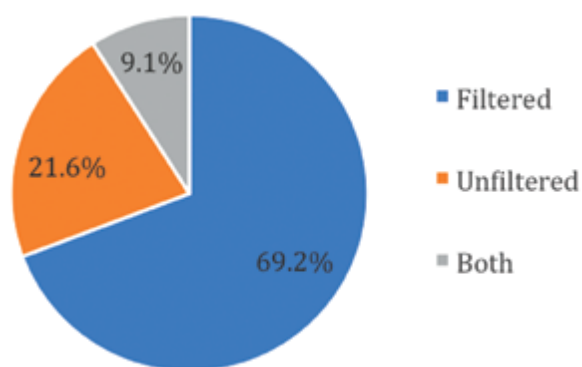


Figure 10: Cigarette preference among smokers

Cigarettes Consumption

In 2023, there were approximately 6.7 million current smokers in Nepal, and each of them smoked 6 manufactured cigarettes per day on average. Multiplying the product of these two figures by 365 days, the estimated annual consumption of cigarettes in Nepal is 14.7 billion sticks.

Cigarette Price

The mean price of a stick of manufactured cigarettes was 10.8. There were significant differences across demographic subgroups. Male smokers smoked more expensive cigarettes than female smokers, younger smokers under 40 years old smoked on average more expensive cigarettes than their older counterparts and the same was true for literate smokers who reported purchasing more expensive cigarettes. Unsurprisingly, the price paid followed the socio-economic subgroups, with higher income individuals using more expensive cigarettes than the lower groups.

Table 1: Amount paid for single-stick cigarettes by demographic characteristics

Characteristics	Average Price
Sex	
Male	11.8
Female	5.8
Age	
15-24	12.9
25-39	13.0

40-54	9.2
55-69	8.6
Education	
Illiterate	8.3
No formal schooling	10.7
Less than primary school	9.5
Primary school completed	10.9
Secondary school completed	11.7
High school completed	15.5
University completed or above	15.5
Socio-Economic Status	
Lower	7.7
Upper Lower	9.9
Lower Middle	13.0
Upper Middle	12.9

Brand Switching and its Associated Factors

In response to the inquiry about switching primary brands in the last two years, the majority (87%) have not switched, while a notable 13% have opted for a change. For those who chose to switch, the reasons for the transition are varied. "Taste/Preference" emerges as the primary driver, reported by 44.4% of respondents. "Price" closely follows, impacting 37.1% of those who switched. Availability played relatively minor role, cited by 11.1% of respondents. This data underscores the significance of subjective elements like price and taste in influencing consumers' decisions to switch brands, while availability have a comparatively smaller impact.

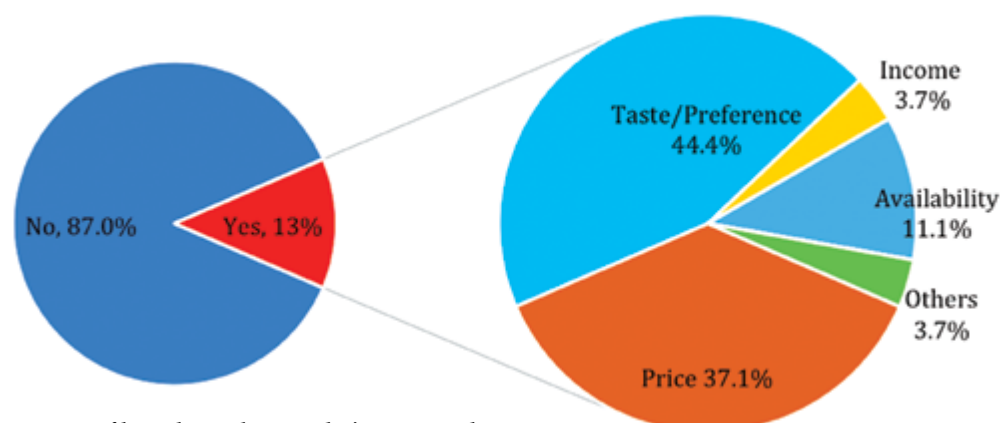


Figure 11: Percentage of brand switching and its associated reasons

3.1.2 Chewing Tobacco

On average, individuals consume chewing tobacco 7 times per day, with a higher consumption observed among males in the 40-54 age group. The average age of initiating smokeless tobacco use was reported as 22.3 years.

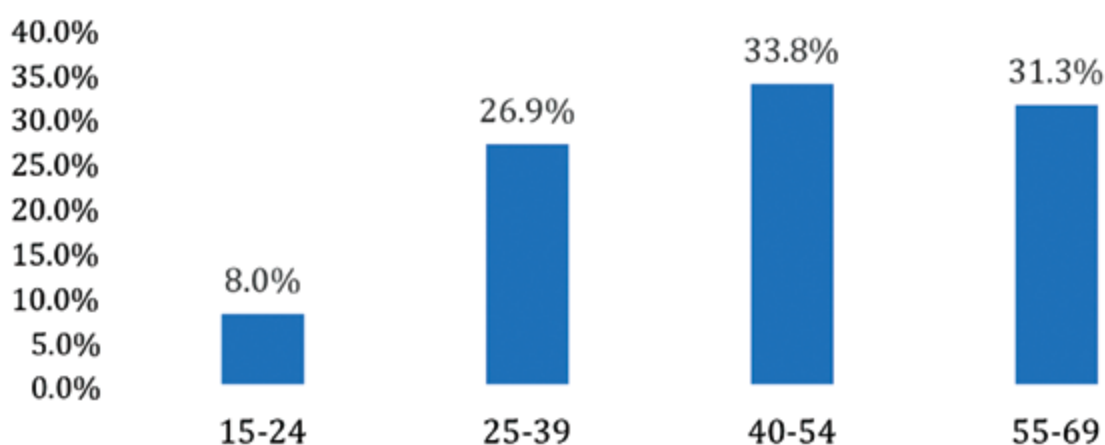


Figure 12: Percentage of smokeless tobacco users by age group

3.1.3 Bidi and Handmade Tobacco

On average, individuals smoke 7 bidi and handmade cigarettes per day, with a higher consumption observed among 55-69 age group.

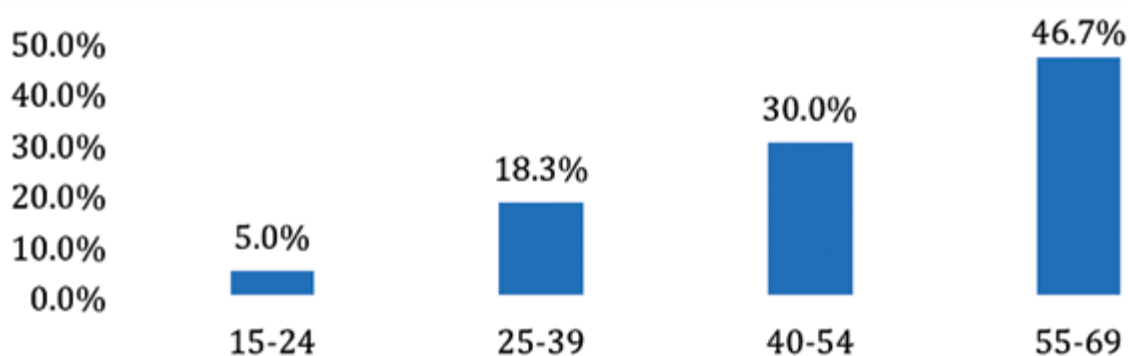


Figure 13: Percentage of bidi and handmade tobacco users by age group

3.1.4 Hookah Consumption

Among these individuals, the majority smoke occasionally (71.1%), while smaller proportions smoke on a daily (11.1%), weekly (13.3%), or monthly (4.4%) basis. The data suggests that hookah smoking is a less frequent behaviour among the surveyed population, with occasional use being the most prevalent pattern. Data also shows that hookah is more favoured by young populations. Of the total hookah users, 46.7% of users belong to the 15-24 age group and 35.6% belong to the 25-39 age group.

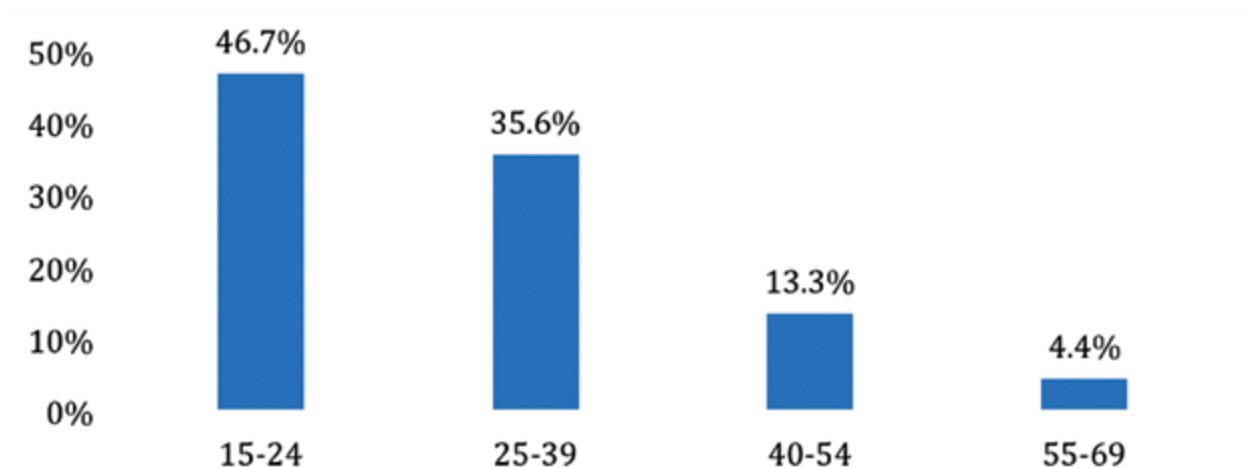


Figure 14: Percentage of hookah users by age group

3.1.5 E-cigarette

The average daily usage of electronic cigarettes or vaping devices among the respondents is 22.73 times, indicating a notable level of engagement. Notably, this behaviour appears to be significantly more popular among younger populations. 91.6% of all e-cigarette consumption is by those in the age range of 15 to 40.

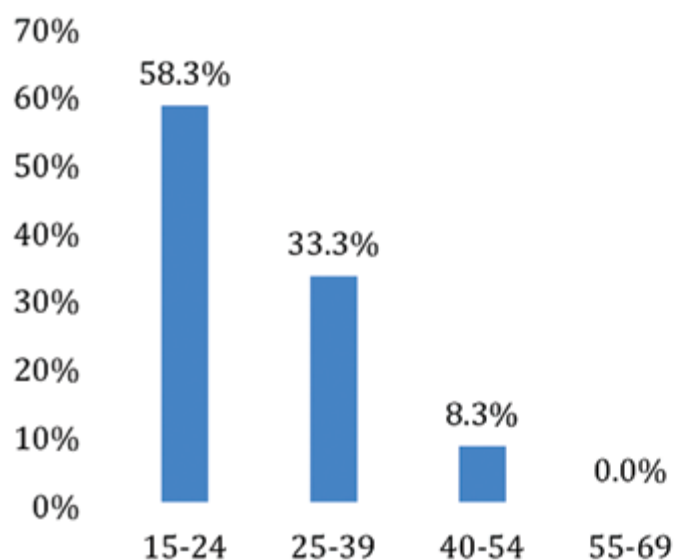


Figure 15: Percentage of e-cigarette users by age group



Photo 1: An adolescent boy using e-cigarette

Section 4: Tobacco Cessation

Key Findings

- ✓ Almost half of current smokers (47%) tried to quit in the last two years, but only 2% succeeded, revealing persistent challenges.
- ✓ Health concerns drive quitting motivation, with 90% expressing worry, while societal factors, economics, and counselling contribute to cessation decisions.
- ✓ Healthcare providers play a vital role, as 93% of respondents received advice to quit during visits, showcasing proactive engagement in addressing tobacco use.
- ✓ 43% of all respondents are aware of counselling services, indicating recognition of psychological support, while awareness of Nicotine Replacement Therapy (NRT) and medications is moderate.
- ✓ Counselling services are highly valued (54%), but perceptions of NRT and medications are less optimistic, emphasizing the need for a varied approach.
- ✓ The Quitline is acknowledged by 8%, suggesting modest awareness of telephonic assistance.
- ✓ Overall, increased awareness and individualized approaches are essential for effective smoking cessation in Nepal.

4.1 Quit Attempts among Tobacco Users

Facilitating the prompt cessation of smoking is a key strategy for minimizing the adverse effects of tobacco use. International evidence underscores that the success rate of quitting, based on the percentage of individuals who successfully stop smoking, is higher when a diverse array of programs and professional assistance is available to aid smokers in their cessation journey. Unfortunately, in Nepal, the existing smoking cessation services have been deemed insufficient and incapable of meeting the demands of smokers.^{29,30}

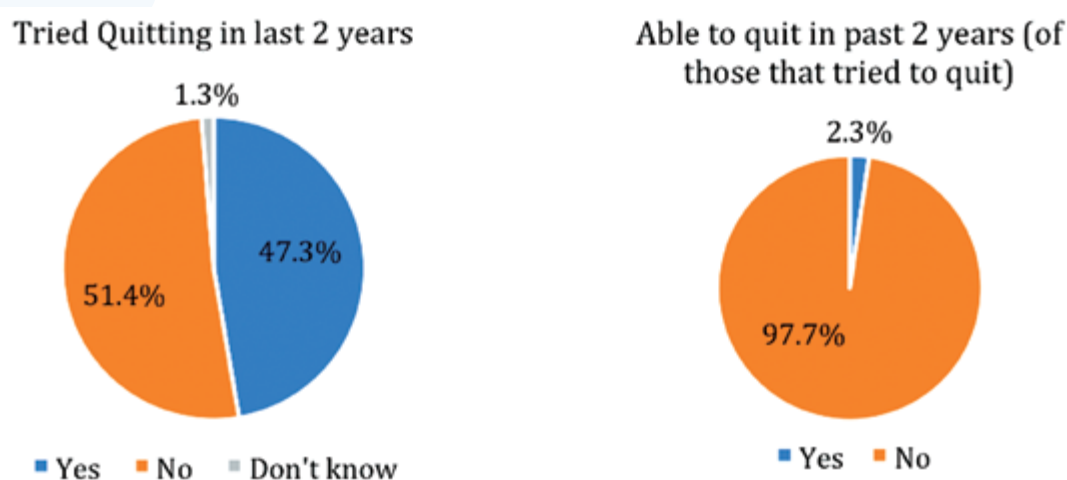


Figure 16: Percentage of smokers tried quitting tobacco and those able to quit tobacco

²⁹Khanal GN, Khatri RB. Burden, prevention, and control of tobacco consumption in Nepal: a narrative review of existing evidence. *Int Health*. 2021 Feb 24;13(2):110-121. doi: 10.1093/inthealth/ihaa055. PMID: 32914846; PMCID: PMC7902273.

³⁰Else, H., Khanal, S., Manandhar, S. et al. Understanding implementation and feasibility of tobacco cessation in routine primary care in Nepal: a mixed methods study. *Implementation Sci* 11, 104 (2015). <https://doi.org/10.1186/s13012-016-0466-7>

The data indicates that a significant proportion of smokers, approximately 47.3%, have attempted to quit smoking in the last two years. This suggests a level of commitment among a substantial portion of smokers to break free from tobacco addiction. However, the challenge of successfully quitting is evident, as only a small percentage, specifically 2.3%, of those who tried to quit report being able to be during this period. The overwhelming majority, 97.7%, express continued difficulty in achieving smoking cessation within the past two years. These findings highlight the persistent challenges individuals face in overcoming tobacco addiction, underscoring the need for continued support, resources, and interventions to enhance successful smoking cessation outcomes and improve overall public health.

4.2 Major Reasons to Think about Quitting

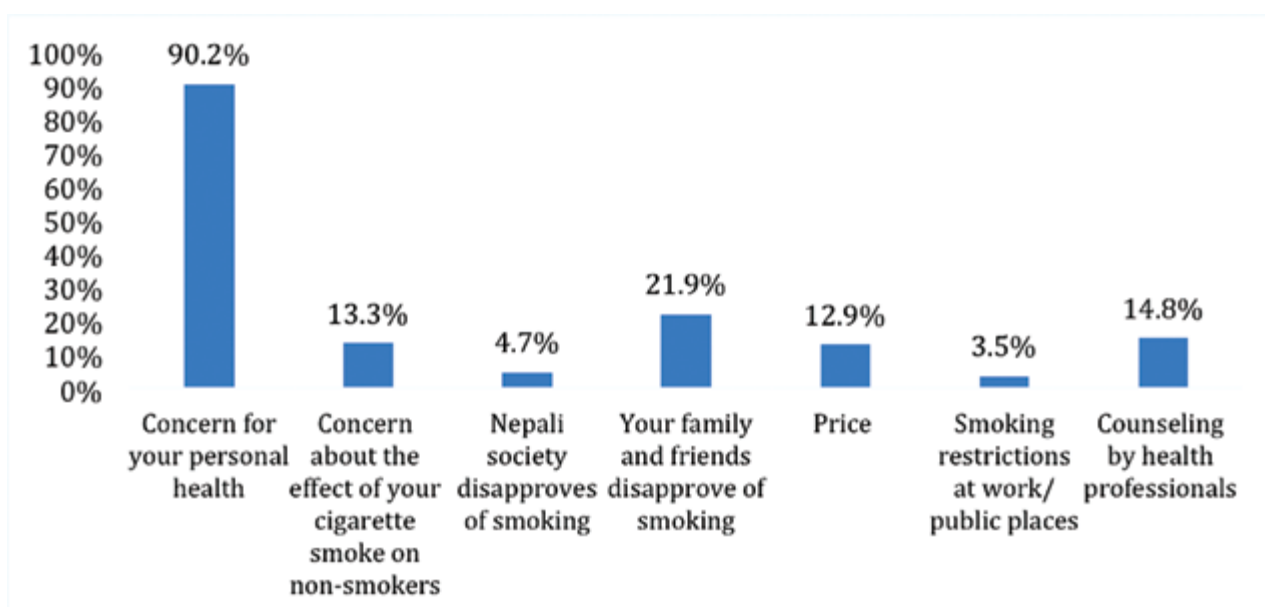


Figure 17: Major reasons to think about quitting among tobacco users

A significant number of respondents expressed concern about their health, identifying it as a primary motivation for contemplating tobacco cessation. Notably, a substantial 90.2% express concern for their health, indicating a strong awareness of the health risks associated with smoking. A smaller percentage, 13.3%, consider the impact of their cigarette smoke on non-smokers, showcasing a partial awareness of second-hand smoke effects. Additionally, 21.9% cite disapproval from family and friends as a motivating factor to quit. The societal perspective is reflected by 4.7% mentioning disapproval of smoking in Nepali society. Economic factors play a role, with 12.9% mentioning the price of cigarettes as a reason. Moreover, 14.9% highlight the impact of counselling by health professionals, indicating the positive influence of healthcare guidance. Despite the ban on smoking in open public places in Nepal, only 3.5% cited this restriction as a reason to consider quitting.

4.3 Visit to Health Care Provider by Tobacco Users and Advice on Quitting

The health care provider's information and advice on quitting tobacco play a crucial role for smokers to start thinking about cessation.

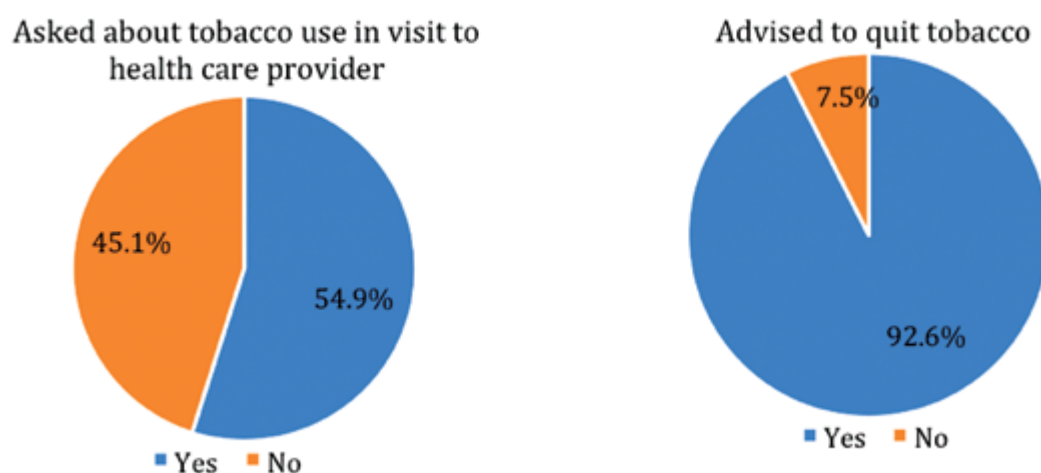


Figure 18: Percentage of tobacco users asked about tobacco use in visit to health care providers and advised to quit tobacco

The data indicates that while slightly more than half of the respondents, at 54.9%, have been asked about tobacco use during healthcare visits, there is room for improvement in consistently addressing tobacco-related health risks in routine medical consultations. Strengthening these conversations is crucial for promoting smoking cessation and enhancing overall health outcomes. On a positive note, the data also reveals a high level of engagement by health professionals, with a significant 92.6% of respondents who were asked about tobacco use in visits reporting that they have received advice to quit tobacco. Of those that were recommended to quit by a health professional, 59.1% attempted to stop smoking. This is higher than the value when looking across all smokers, which was 47.3%. This reflects a proactive and impactful role played by healthcare providers in addressing tobacco use during patient interactions. The low percentage of 7.5% not receiving such advice suggests that the majority are benefiting from the guidance of healthcare professionals in their efforts to overcome tobacco addiction. This positive trend underscores the vital role of healthcare providers play in promoting smoking cessation and contributing to public health initiatives aimed at reducing tobacco-related health risks.

4.4 Awareness and Perception towards Cessation Intervention

4.4.1 Awareness of Cessation Intervention

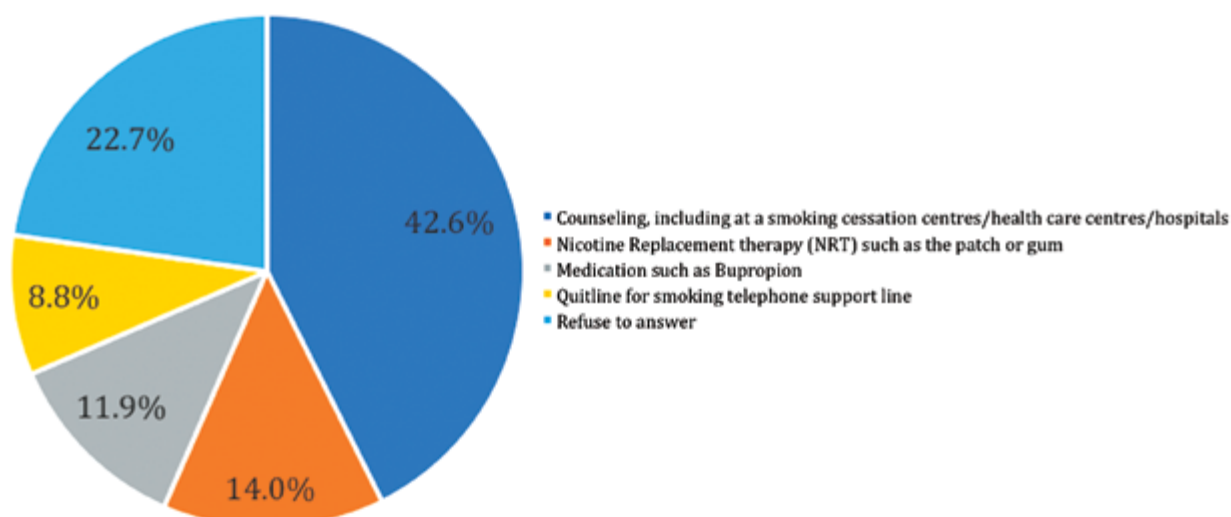


Figure 19: Awareness of cessation intervention options

The data indicates varying levels of awareness regarding different smoking cessation interventions among the respondents. A significant portion, approximately 42.6%, are aware of the availability and importance of counselling services, particularly those offered at smoking cessation centres, health care facilities, or hospitals. This suggests a notable recognition of the role of psychological support in the process of quitting smoking. Nicotine Replacement Therapy (NRT), such as patches or gum, is acknowledged by 14% of respondents, reflecting a moderate level of awareness about the availability and potential effectiveness of pharmacological interventions. This is not surprising given that the treatment is currently only being used in 2 pilot hospitals in Kathmandu.³¹ Medications like Bupropion are recognized by 11.9% of participants, indicating a reasonable level of awareness regarding pharmaceutical options for smoking cessation. The Quitline, a smoking telephone support line, is known to 8.8%, highlighting a modest but notable awareness of telephonic assistance in the quitting process. However, it's noteworthy that a considerable proportion, 22.7%, chose not to answer, suggesting a potential lack of awareness or perhaps uncertainty regarding these interventions. Overall, this data underscores the importance of raising awareness about various smoking cessation strategies to ensure individuals have access to information that can aid them in their efforts to quit smoking.

There should be intervention not just for prohibition and sales but also effective interventions of tobacco cessation programs for addicted smokers. –Senior Public Health Administrator, Madhesh Province

4.4.2 Perception on Usefulness of Cessation Intervention

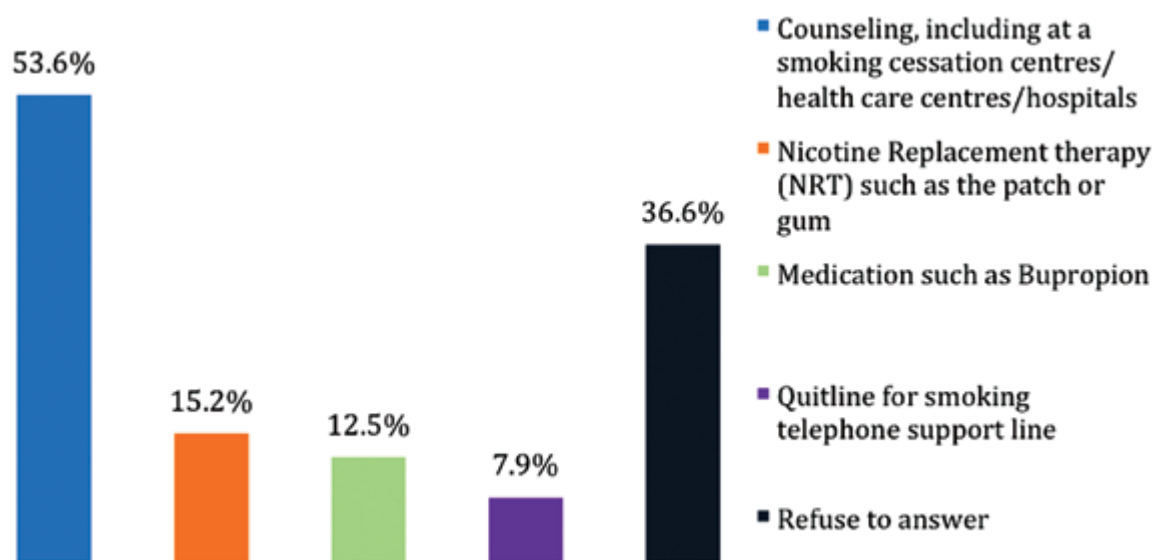


Figure 20: Perception on usefulness of cessation intervention

The figure reveals the perception on the usefulness of different smoking cessation interventions among respondents, who were able to select multiple options. A significant majority (53.6%) view counselling, especially at smoking cessation centres, health care facilities, or hospitals, as a valuable

³¹World Health Organization. 45,000 Nicotine Gums handed over. Available at: <https://www.who.int/nepal/news/detail/27-03-2023-45-000-nicotine-gums-handed-over>

approach to quitting smoking. This indicates a recognition of the importance of psychological support and guidance in the process of overcoming nicotine addiction. On the other hand, only 15.2% consider NRT, such as patches or gum, as a useful means of quitting. This may suggest a lower confidence in pharmacological interventions. Medications like Bupropion are seen as useful by 12.5% of respondents, highlighting a comparatively lower endorsement of pharmaceutical options. The Quitline, a smoking telephone support line, is acknowledged by 7.9%, revealing a modest recognition of the role telephonic assistance can play in smoking cessation. Notably, a substantial portion (36.6%) chose not to provide an opinion, suggesting a degree of uncertainty or perhaps a lack of awareness regarding these interventions. Overall, the data underscores the importance of a comprehensive and individualized approach to smoking cessation, recognizing the multifaceted nature of overcoming tobacco addiction.

The awareness and perceived usefulness of diverse tobacco cessation services were consistent among respondents. The majority regarded counselling services as the most beneficial option. The quit line services were regarded as a less useful method of tobacco cessation.

Section 5: Health Communications

Key Findings

- ☑ A significant majority (96%) of respondents are aware of health warnings, indicating successful communication efforts and emphasizing the need for continued education to maintain public awareness.
- ☑ Television and radio broadcasts are the primary sources of health-related information for 81% of respondents, highlighting the impact of mass media in disseminating health messages.
- ☑ Health professionals play a crucial role, with 46% of respondents obtaining health-related information from them, underscoring the importance of the healthcare community in educating individuals about health risks.
- ☑ Among current smokers, 95% are aware of health warnings on cigarette packages, and 63% have contemplated quitting due to these warnings, emphasizing the potential effectiveness of warning labels in influencing smoking behaviours.

5.1 Exposure to Tobacco-Related Messages

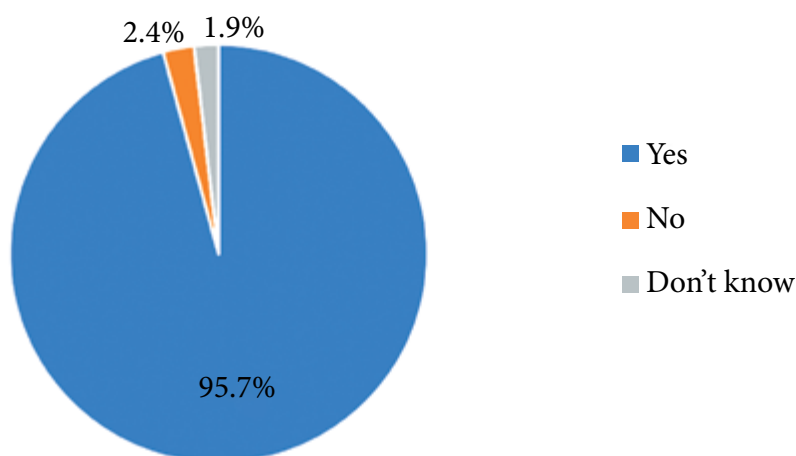


Figure 21: Exposure to tobacco related messages

The data indicates a high level of awareness among respondents regarding health warnings. A substantial majority, approximately 95.7%, reported being informed about health warnings. This suggests that a significant portion of the surveyed population is conscious of the potential health risks associated with certain behaviours or products. Only a small percentage, 2.4%, indicated a lack of information on health warnings, indicating a relatively low level of unawareness. Overall, the overwhelming majority of respondents being aware of health warnings is positive, as it implies that efforts to communicate health-related information have been largely successful. It also underscores the importance of continued education and communication strategies to maintain and enhance public awareness of health-related issues.

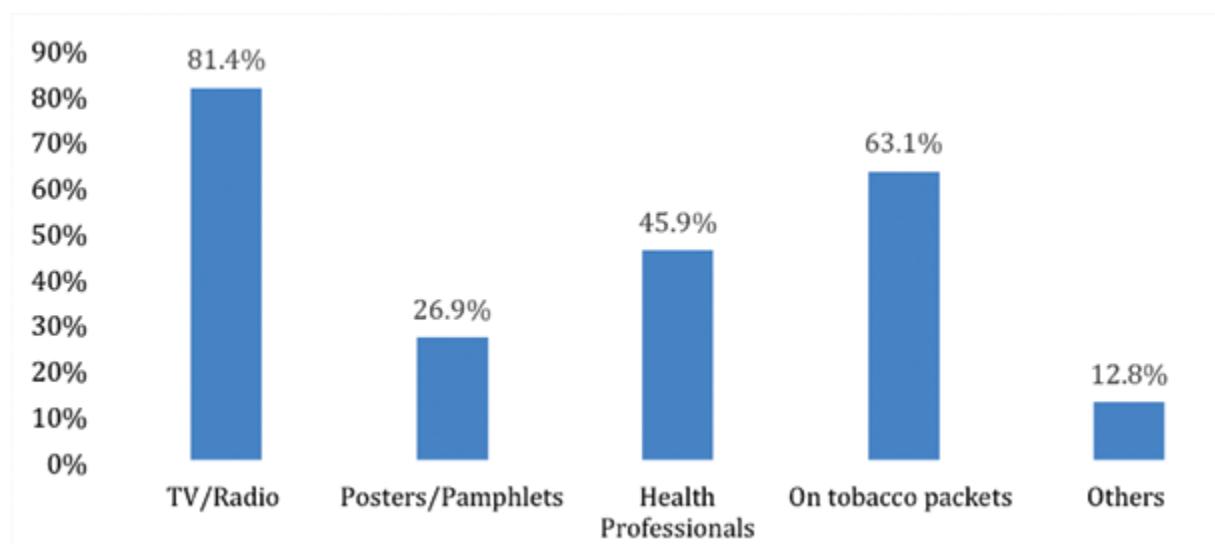


Figure 22: Sources of information of tobacco related messages

The data reveals multiple sources from which respondents acquire information, suggesting a diverse range of channels for health-related awareness. The majority, approximately 81.4%, have gained information from television and radio broadcasts, indicating the significant impact of mass media in disseminating health-related messages. Notably, information on tobacco packets serves as a source for 63.1% of respondents, highlighting the importance of direct product labelling in conveying health warnings and related information.

Health professionals, including doctors and healthcare practitioners, play a crucial role in information dissemination, with 45.9% of respondents obtaining health-related information from these sources. This underscores the importance of the healthcare community in educating individuals about health risks and promoting well-informed decisions.

Posters and pamphlets, as a source of information, are acknowledged by 26.9% of respondents, indicating the role of visual aids and printed materials in conveying health-related messages.

Overall, this data underscores the need for a multi-faceted approach to health communication, recognizing the influence of mass media, direct product labelling, healthcare professionals, and visual aids in effectively conveying health-related information to the public. It also highlights the importance of diversifying communication strategies to reach a broader audience and ensure widespread awareness.

The level of awareness regarding health impacts of tobacco in Bajhang is very low. –Health Worker, Sudurpaschim Province

The schoolbook has some information about smoking, but it's not enough. It should explain more about the problems caused by smoking and how to avoid them. Also, it needs pictures showing the effects of smoking and ways to stop it. These things should be taught earlier, around grade 7, instead of waiting until grades 9 or 10. –Health Worker, Karnali Province

Awareness campaigns, known as 'Janachetana,' are occasionally conducted within mothers' groups. These sessions primarily focus on safe motherhood, encompassing discussions on tobacco-related issues, along with topics such as nutrition, growth monitoring, vaccines, and sanitation. During these sessions, we actively communicate the adverse effects of tobacco use. –Health Director, Koshi Province

5.2 Awareness of Prohibition of Sale, Distribution, and Display

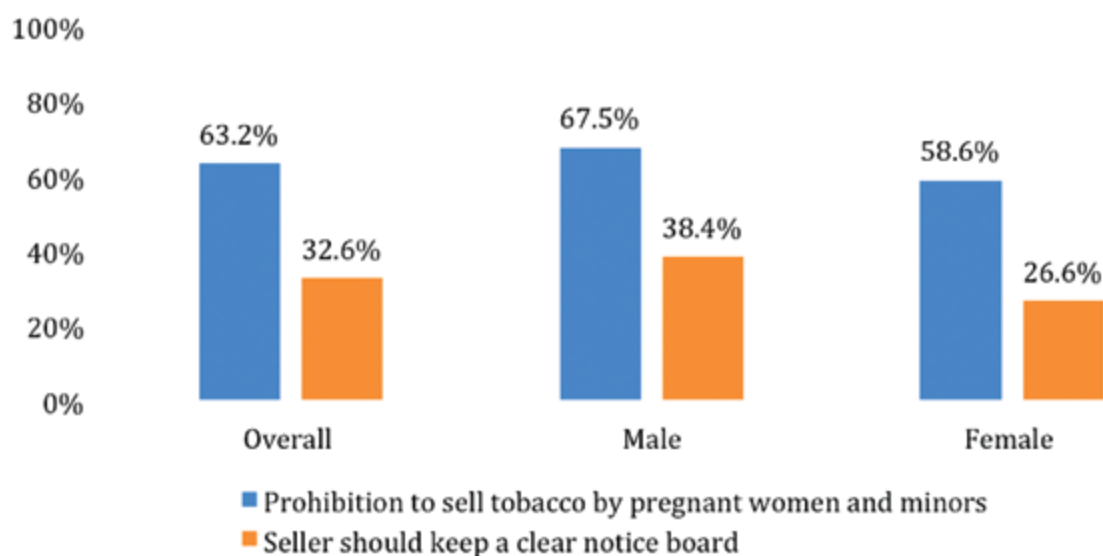


Figure 23: Awareness of prohibition of sale, distribution, and display of tobacco products

This data shows awareness around the prohibition of selling tobacco to pregnant women and minors, as well as the awareness that sellers should maintain a clear notice board about this prohibition.

The data suggests that a majority of both male and female respondents know of the prohibition on selling tobacco to pregnant women and minors. However, there's a noticeable difference between male and female respondents, with a higher percentage of males being aware of both the prohibition and the idea of displaying a notice board.

These findings imply a general awareness and support for measures aimed at protecting vulnerable populations, such as pregnant women and minors, from the harms of tobacco use.

5.3 Awareness of Health Warnings about Tobacco

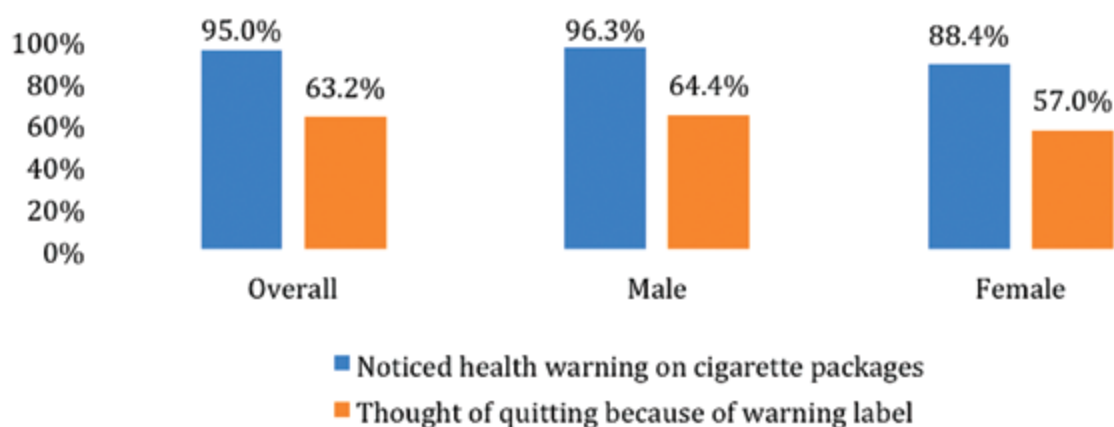


Figure 24: Percentage of current smokers who noticed warning label on cigarette packages and who thought of quitting because of warning label

The data reveals a notable awareness of health warnings on cigarette packages among current smokers, with an impressive 95% of the overall current smokers acknowledging these labels. Both male and female smokers demonstrate a high level of recognition, with 96.7% of males and 88.4% of females having noticed the health warnings. Furthermore, a substantial portion of current smokers, 63.2%, express that they have contemplated quitting smoking due to the presence of these warning labels. The gender breakdown indicates a slightly higher impact on male smokers, with 64.4% considering quitting compared to 57.0% of female smokers. These findings underscore the potential effectiveness of health warnings in influencing individuals to re-evaluate their smoking habits and consider the associated health risks, thereby highlighting the significance of ongoing efforts to use warning labels as a tool for public health awareness and behaviour change.

Section 6: Knowledge, Attitude and Perceptions

Key Findings

- ✓ Nearly all respondents (98%) recognize smoking as a cause of serious illnesses, emphasizing the success of continued health awareness efforts.
- ✓ Smokeless tobacco awareness is high, with 96% acknowledging its potential to cause serious illnesses and 96% associating it with oral cancer.
- ✓ Significant awareness gaps exist for hookah and e-cigarettes, with only 74% associating hookah with serious illness and just 27% for e-cigarettes.
- ✓ A majority (74%) are aware of second-hand smoke's health risks, indicating the importance of ongoing public health initiatives.
- ✓ Diverse perceptions exist on the harm of various tobacco products, with 43% viewing water pipes as less harmful than cigarettes.
- ✓ Societal attitudes strongly discourage tobacco use, with 76% agreeing that important people in their lives believe they should not use tobacco.

6.1 Beliefs about the Health Effects of Smoking

Smoking is a leading cause of lung cancer, heart disease, and respiratory issues such as chronic bronchitis. Additionally, tobacco smoke can lead to oral health problems like gum disease and oral cancer. Nicotine addiction further complicates matters, making it difficult for individuals to quit despite the associated health risks. Moreover, exposure to second hand smoke poses dangers to non-smokers, particularly children, increasing their risk of respiratory infections and other health complications.

The data illustrates a robust awareness among respondents about the health risks associated with smoking, with an overwhelming 97.6% recognizing smoking as a cause of serious illnesses. Additionally, a substantial 97.0% link smoking to the development of lung cancer, affirming the widely acknowledged connection. Notably, around half of the respondents, or 49.0%, associate smoking with the risk of stroke, while 60.4% recognize its link to heart attacks, indicating a significant but varied awareness of cardiovascular implications. However, there appears to be a relatively lower awareness of the connection to Type 2 diabetes, only 26.6% of respondents link it to smoking. These findings underscore the need for continued public health efforts to enhance awareness, particularly in areas where knowledge gaps exist, in order to empower individuals with comprehensive information about the diverse health risks posed by smoking.

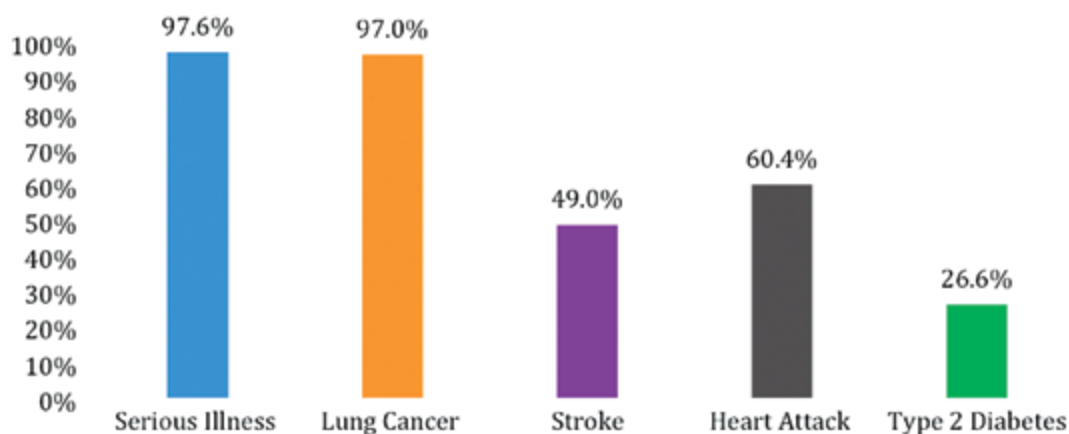


Figure 25: Percentage of respondents who believe smoking causes certain diseases

We can conclude that the prevalence of TB and other respiratory diseases is high in smokers. –Health Worker, Lumbini Province

Monthly, we observe 2 to 3 positive cases of pulmonary tuberculosis. When we take the history of these patients, we have found out that they were regular smokers. –Health Worker, Bagmati Province

6.2 Beliefs about the Health Effects of Smokeless Tobacco

Smokeless tobacco poses serious health risks. It contains nicotine and carcinogens, increasing the risk of oral, oesophageal, and pancreatic cancers. Its use can lead to gum disease, tooth loss, and heart problems. Spitting tobacco juice also raises the risk of oral infections.

The data suggests a high level of awareness among respondents regarding the health risks associated with smokeless tobacco use. A significant majority (96%) believe that smokeless tobacco can cause serious illnesses. This indicates a comprehensive understanding of the potential harm posed by the consumption of smokeless tobacco products.

Furthermore, a substantial 96.1% of respondents associate smokeless tobacco with the development of oral cancer. This strong awareness underscores the well-established link between the use of smokeless tobacco and the increased risk of oral cancer, emphasizing the success of public health campaigns to educate individuals about the specific health hazards associated with this form of tobacco consumption.

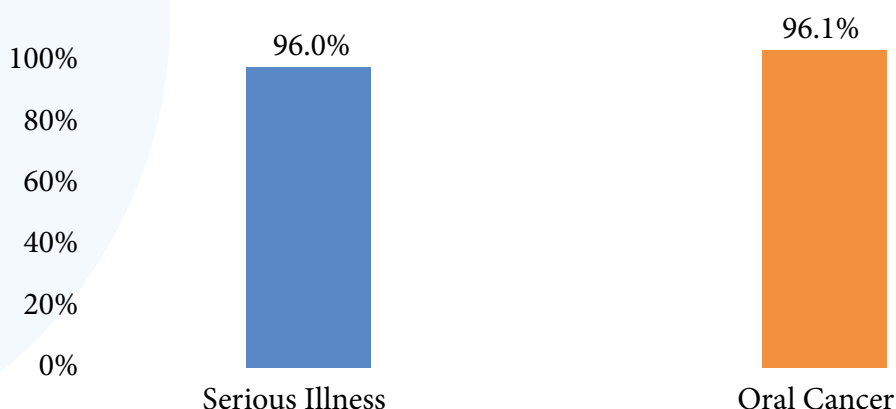


Figure 26: Percentage of respondents who believe smokeless tobacco causes diseases

6.3 Beliefs about the Health Effects of Hookah and E-cigarette Use

Both hookah and e-cigarettes pose potential health risks to users. Hookah smoking involves the inhalation of charcoal-heated tobacco through a water pipe, leading to exposure to harmful chemicals and toxins. Despite popular misconceptions, hookah smoke contains many of the same toxic compounds found in cigarette smoke, including carbon monoxide and heavy metals, which can contribute to respiratory issues, cardiovascular diseases, and cancer. Additionally, sharing a hookah pipe can increase the risk of infections such as tuberculosis or herpes. On the other hand, e-cigarettes deliver nicotine and other chemicals in the form of vapor, which may seem less harmful

than traditional smoking but still pose significant health concerns. Nicotine is highly addictive and can harm brain development in adolescents, while the flavourings and additives used in e-liquids have been associated with respiratory problems.

The data reveals a notable awareness among respondents about the health risks associated with hookah use, with 74.4% expressing the belief that it causes serious illness. In contrast, a far lower percentage of respondents, 26.9%, believe that e-cigarettes cause serious illness. These health concerns underscore the importance of tobacco regulation and raising awareness to mitigate the detrimental effects of tobacco use on public health.

This suggests a higher level of concern and awareness regarding the health risks associated with hookah compared to e-cigarettes. The findings underscore the importance of targeted public health campaigns to educate individuals about the specific health hazards associated with different forms of tobacco and nicotine consumption, enabling informed decision-making regarding their use.

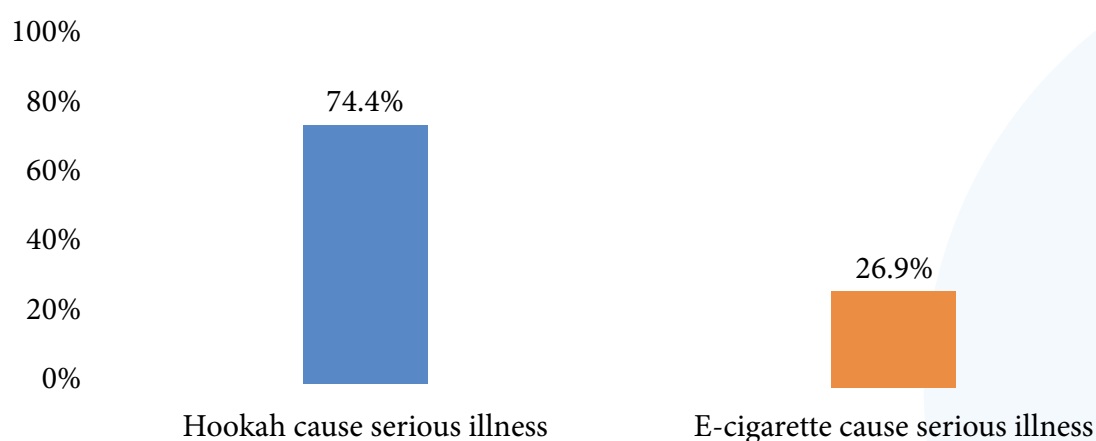


Figure 27: Percentage of respondents who belief hookah and e-cigarette causes serious illness

6.4 Knowledge of Second-hand Smoke

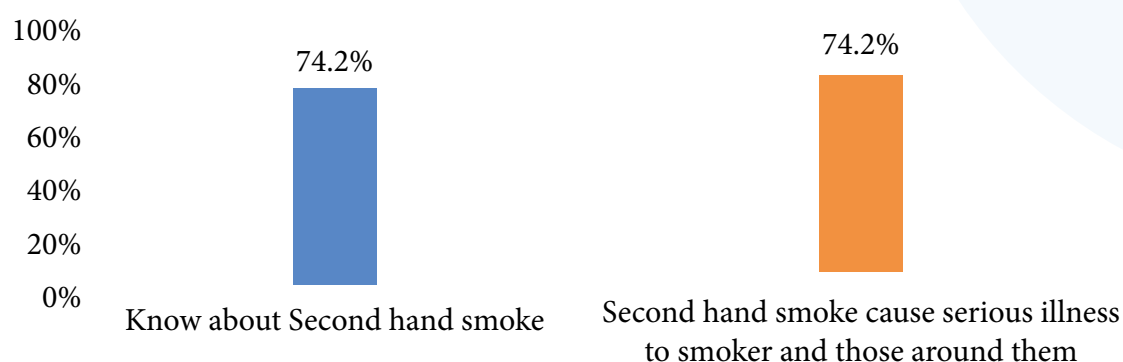


Figure 28: Percentage of respondents who know about second hand smoke and it cause serious illness

Exposure to second-hand smoke, also known as passive smoking, can have detrimental effects on health. Breathing in the smoke exhaled by smokers or emitted from burning tobacco products introduces harmful chemicals into the body. Second-hand smoke contains over 7,000 chemicals,

including at least 250 that are known to be toxic and about 70 that can cause cancer. This exposure increases the risk of respiratory infections, asthma, and other respiratory conditions, particularly in children and non-smoking adults. Additionally, second-hand smoke exposure has been linked to cardiovascular diseases, such as heart attacks and strokes, due to its effects on blood vessels and the cardiovascular system. Pregnant women exposed to second-hand smoke are also at risk of adverse pregnancy outcomes, including low birth weight and sudden infant death syndrome (SIDS).

The data indicates a considerable awareness of second-hand smoke, with 74.2% of respondents acknowledging its existence. Moreover, an identical percentage of respondents, 74.2%, believe that second hand smoke can cause serious illness not only to the smoker but also to those in proximity. This alignment in percentages suggests a consistent understanding among the surveyed individuals regarding the potential health risks posed by exposure to second hand smoke. However, the fact that one in four respondents did not know about the risks of second-hand smoking underscores the need for ongoing public health initiatives to reinforce awareness about the dangers of second-hand smoke and its impact on both smokers and those in their vicinity.

6.5 Perception of Harm of Tobacco Use

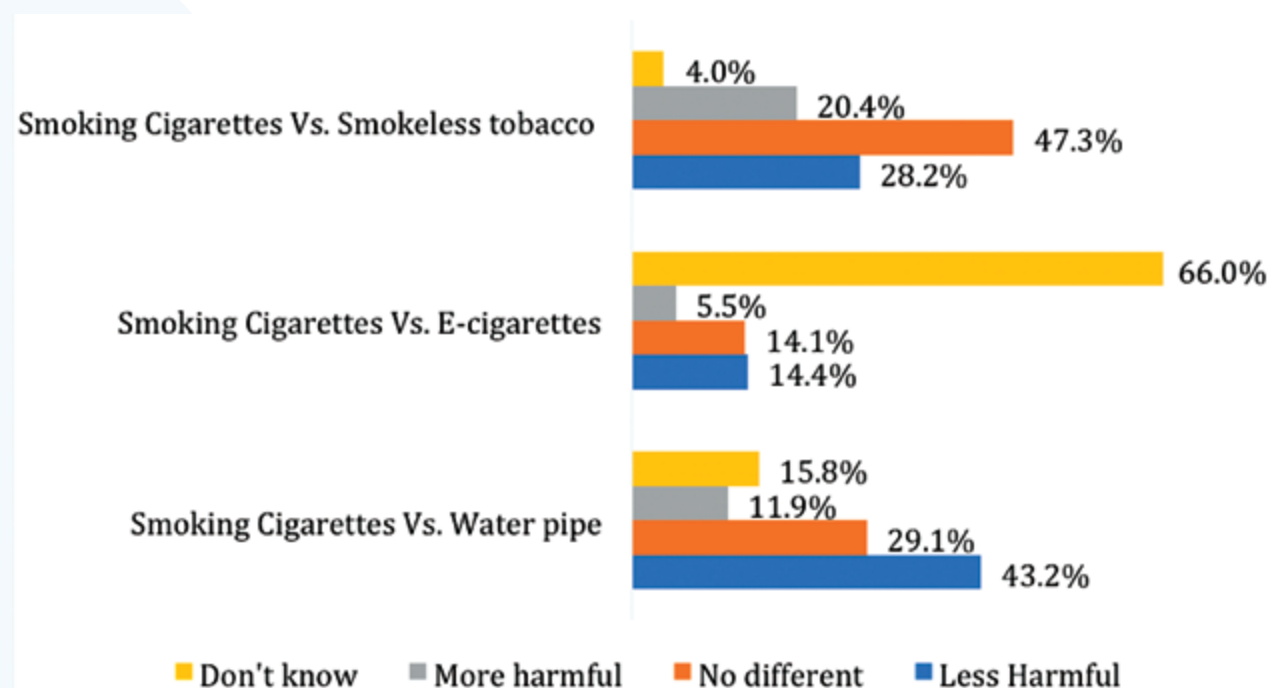


Figure 29: Perception regarding the tobacco use

Comparing perceptions of harm, a significant portion of respondents view water pipes as less harmful than smoking cigarettes, with 43.2% expressing this belief. However, a considerable percentage, 29.1%, sees no significant difference in harm between the two. For the comparison of smoking cigarettes to e-cigarettes, the majority, 66.0%, is uncertain about the relative harm, while 14.4% believe e-cigarettes are less harmful. In the comparison between smoking cigarettes and smokeless tobacco, 47.3% considers smokeless tobacco more harmful, while 28.2% see it as less harmful. Overall, these findings highlight diverse perceptions regarding the comparative harm of different tobacco products, underscoring the importance of targeted education to enhance public understanding of the health risks associated with various forms of tobacco use.

6.6 Attitudes/Perceptions/Beliefs around Tobacco Use

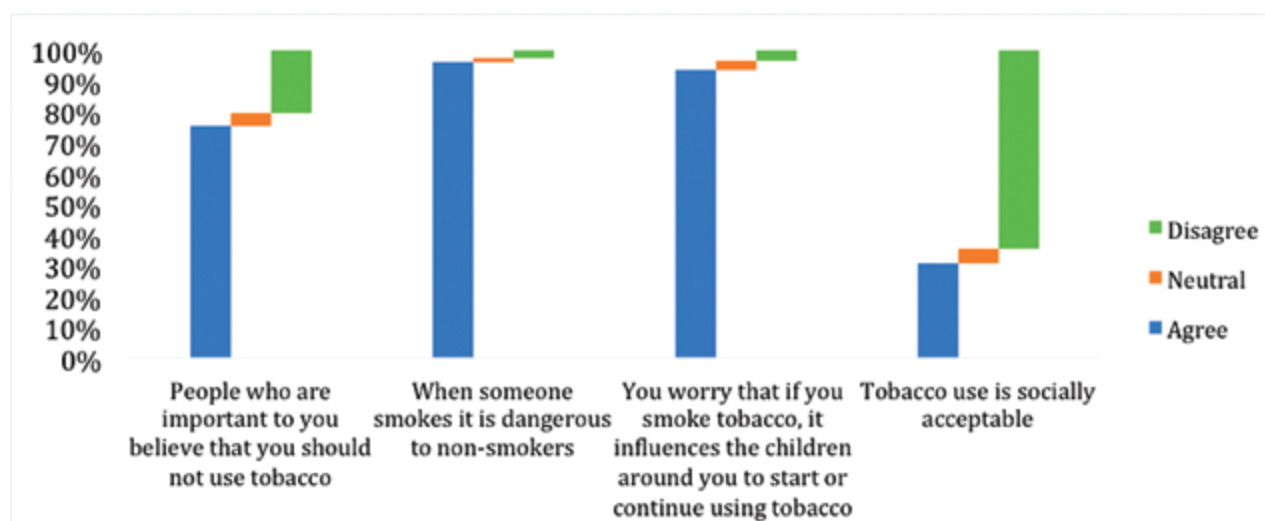


Figure 30: Attitudes towards tobacco use

The data reflects strong agreement with anti-tobacco sentiments among the respondents. A substantial 75.5% agree that people important to them believe they should not use tobacco, indicating significant social influence against tobacco use within their circles. Moreover, an overwhelming 96.0% agree that smoking is dangerous to non-smokers, suggesting a widespread understanding of the harmful effects of second-hand smoke. Additionally, a significant 93.8% express concern that their tobacco use could influence children to start or continue using tobacco, highlighting a heightened awareness of the potential impact on younger individuals.

In contrast, only 30.8% agree that in general tobacco use is socially acceptable, while a majority, 64.5%, disagrees with this notion. This suggests that there is a disjoint between people's view of smoking, due to them rejecting the social acceptability of tobacco use, and their actions. Cognitive dissonances such as these, where a person's actions and values do not align, are commonly seen in relation to smoking. Another key instance is when individuals continue to smoke, despite knowing the harm it will cause to them.

Overall, the data indicates a strong societal aversion to tobacco use, with individuals valuing the opinions of those close to them, recognizing the dangers of second-hand smoke, and expressing concerns about the influence of tobacco on children. However there still remains a disconnect between people's views and their actions.

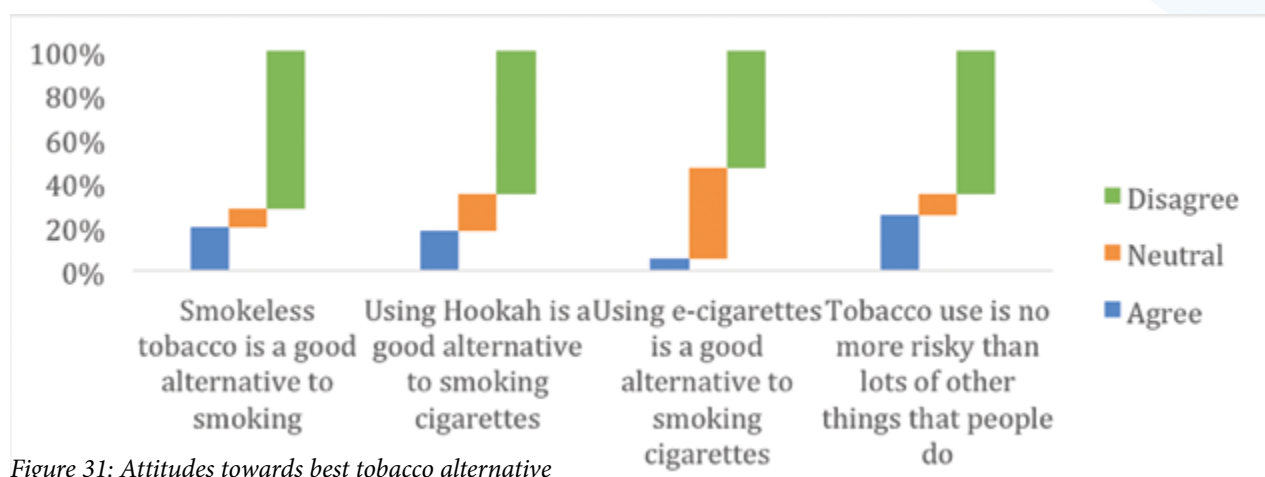


Figure 31: Attitudes towards best tobacco alternative

The data suggests that a significant portion of respondents do not view certain tobacco alternatives as favourable or equivalent in terms of risk. Only 20.0% agree that smokeless tobacco is a good alternative to smoking, with a majority (71.8%) expressing disagreement. Similarly, for hookah use as an alternative to smoking cigarettes, 65.4% disagree, while only 18.1% agree. In the case of e-cigarettes as a smoking alternative, only 5.7% agree, while 53.3% disagree.

Moreover, a quarter of respondents (25.3%) believe that tobacco use is no riskier than many other activities, while the majority (65.0%) disagrees with this perspective. These findings collectively indicate a general scepticism toward the perceived safety or equivalency of alternative tobacco products and a recognition that tobacco use carries inherent risks. The data emphasizes the importance of targeted education and communication efforts to address misconceptions and promote a more accurate understanding of the health risks associated with various forms of tobacco consumption.

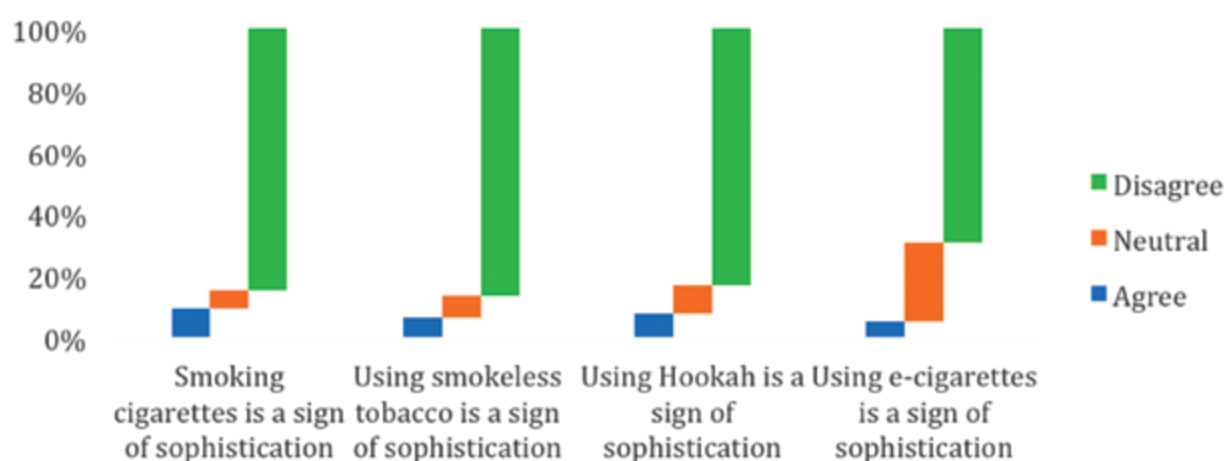


Figure 32: Attitudes towards sophistication of tobacco use

There is a growing prevalence of depression and negativity among tobacco users due to societal stigma associated with their habit. – School Teacher, Karnali Province

The data indicates a strong trend where respondents largely disagree with the notion that tobacco use in its various forms is a sign of sophistication. Only 9.4% agree that smoking cigarettes is a sign of sophistication, with a substantial 84.6% express disagreement. Similarly, for smokeless tobacco, hookah, and e-cigarettes, the percentages of those who agree that these are signs of sophistication are even lower, ranging from 5.2% to 7.5%, while most respondents disagree.

This suggests that a significant proportion of individuals do not associate the use of different tobacco products with sophistication. Instead, there is a prevailing perception that tobacco use, regardless of the form, does not convey an image of sophistication. These findings highlight a potential shift in societal attitudes away from romanticizing or glamorizing tobacco use, signalling a more critical and informed perspective on the associated health risks.

Section 7: Tobacco Taxation

Key Findings

- ✓ 39% of respondents believe the government is most responsible for reducing tobacco use, indicating a clear need for strong policies and interventions.
- ✓ 70% of the public support increased taxes on tobacco products.
- ✓ Support is also strong amongst smokers, with 56% in favour of tobacco taxes rising; 55% also expressing their intent to reduce or stop their consumption if prices were to double.
- ✓ There is evidence to suggest that the public is prepared not just for tax rises but significant increases with 68% respondents supporting alignment with India and 63% agreement with matching the WHO recommendations.
- ✓ 9 in every 10 respondents support a law prohibiting smoking in indoor workplaces and public spaces (93%) and a law prohibiting all tobacco product advertisements (91%).
- ✓ There is widespread recognition (75%) that smoke-free policies in Nepal are poorly enforced, suggesting a need for more effective implementation.
- ✓ A significant portion of respondents (69%) supports including hookah under existing tobacco regulations, emphasizing the need for regulatory adjustments.

7.1 Responsibility for Reducing Tobacco Use

The data reveals diverse opinions on the primary responsibility for reducing society's overall level of tobacco use. Many respondents, 39.6%, believe that individuals and their families bear the most responsibility, emphasizing personal agency in combating tobacco consumption. On the other hand, 39.4% attribute this role to the government, indicating a call for policy interventions and regulations. Notably, a significant portion (19%) point the finger at tobacco companies, holding them accountable for their products and marketing practices. The media and civil society organizations garnered minimal support, each at 0.9%. This distribution of opinions suggests a multifaceted approach is needed, involving both individual actions and government policies.

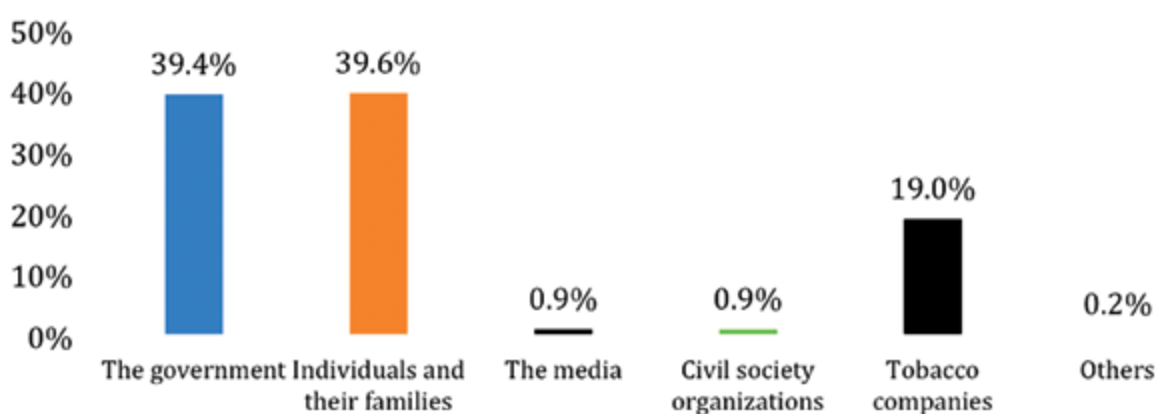


Figure 33: Responsible authority for reducing tobacco use

In the campaigning of declaring the sub-metropolitan city into a child-friendly sub-metropolitan city, we regulate the sales of tobacco-related products to children below the age of 18 years old. –Health Worker, Bagmati Province

"The issue of tobacco needs to be prioritized in the policy and programs of all three tiers of government. The specialized programs of inclusion of counselling, promotive health services, and intervention models should be included.

There needs to be a revitalization of the legal instruments to the health service providers and consultation about the evidence backing up these instruments so that the initiatives can be well managed." -Senior Public Health Administrator, Madhesh Province

Similarly, to Open Defecation free campaign and full immunization coverage area, tobacco-free area declaration should also be one priority. –Health Director, Sudurpaschim Province

A goal-oriented approach of decreasing the population-wide usage of tobacco for example if there are 20 users among 100 populations, a strategic approach to decrease it to 2 users among 100 populations and thus a tobacco-free initiative must be started. –Senior Public Health Administrator, Madhesh Province

7.2 Perception on the Price Change of Cigarettes

The data reveals a consensus across all groups surveyed regarding the rise in cigarette prices over the past two years. Most respondents, both non-users and users of tobacco, believe that there has been a significant increase. Notably, the perception is most pronounced among cigarette users (86.5%), followed by 76.9% of tobacco users and 66% of the general public. A minimal percentage of tobacco users and non-users say there has been no change.

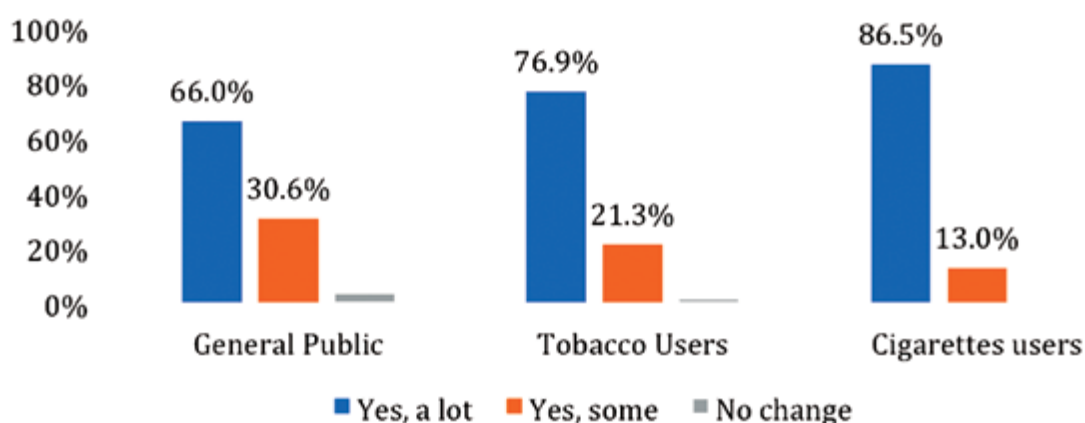


Figure 34: Perception on cigarette price change among general public and tobacco users

7.3 Support for Tax Increase on Tobacco Products

7.3.1 Public Opinion on Tobacco Tax Increase

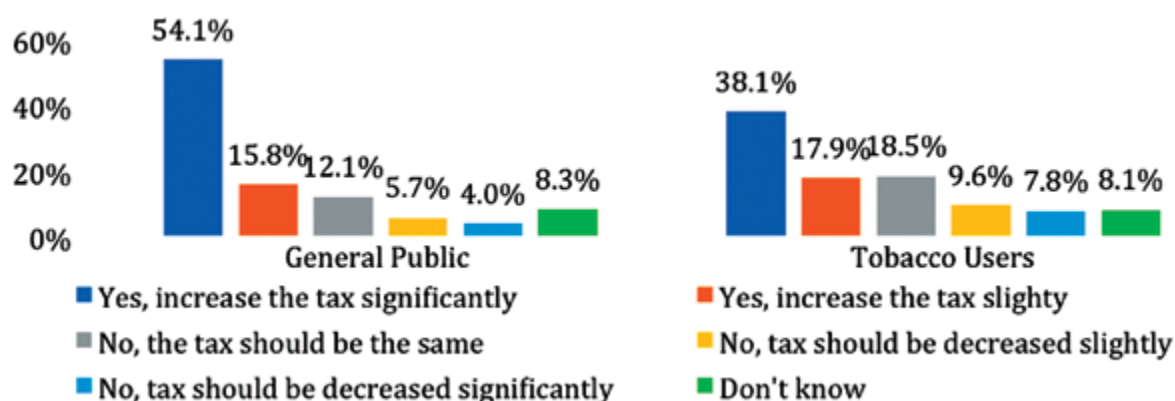


Figure 35: Opinion of public regarding tax increase on tobacco products

The data suggests that a majority of the public (54.1%) supports a significant increase in taxes on tobacco products to reduce tobacco use. Additionally, 15.8% of the public favours a slight increase in taxes. Among tobacco users, a majority (55.1%) express support for an increase in taxes, with 38.1% advocating for a significant increase and 17.9% supporting a slight increase. Overall, the data portrays a diverse range of perspectives on the role of taxation in curbing tobacco use, with a notable portion of the tobacco users advocating for higher taxes.

The tax revenue, amounting to approximately six Arbas, generated from tobacco products should be allocated towards the implementation of tobacco cessation programs, social security funds, and the control of NCDs. The oversight of this budget should be transferred to the health sector rather than the Ministry of Finance to enhance its impact on public health –Senior Public Health Administrator, Madhesh Province

7.3.2 Opinion of Tobacco Users vs. Non-Users on Tobacco Tax Increase

A significant portion of both tobacco users and non-users favours higher taxes on tobacco products, with a higher percentage among non-users supporting a significant increase. Among tobacco users, 38.1% believe that taxes should be increased significantly, while 17.9% support a slight increase. On the other hand, among non-users, a higher percentage (62.3%) advocate for a significant increase in taxes, and 14.7% support a slight increase.

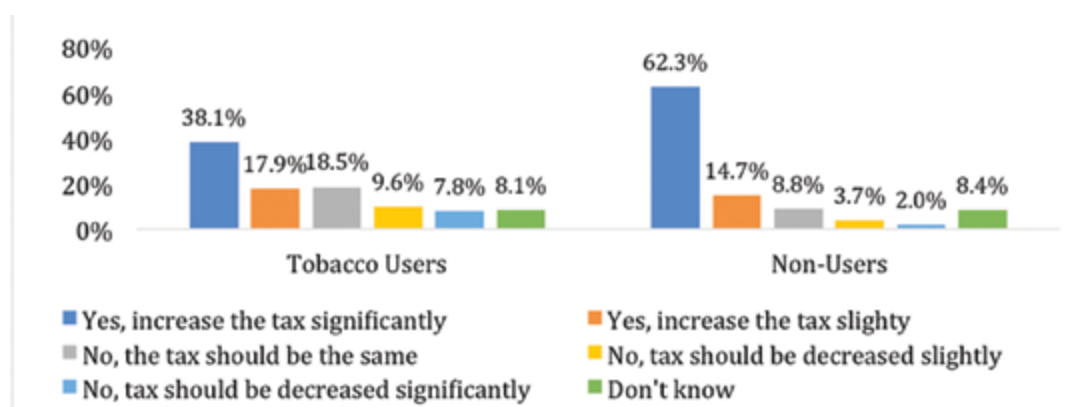


Figure 36: Opinion of tobacco users vs non-users regarding tax increase on tobacco products

7.3.3 Opinions across Age Groups on Tobacco Tax Increase

When analysed by age group, opinions regarding the government's imposition of higher taxes on tobacco products to reduce tobacco use reveals interesting patterns. The youngest respondents (15-24) show the highest support for a significant increase in taxes, with 62.8% favouring this approach. As age increases, the support for a significant tax increase decreases, especially among the 55-69 age group, where only 39.2% express this preference. This widespread support across age groups underscores the consensus on the effectiveness of taxation in reducing tobacco use.

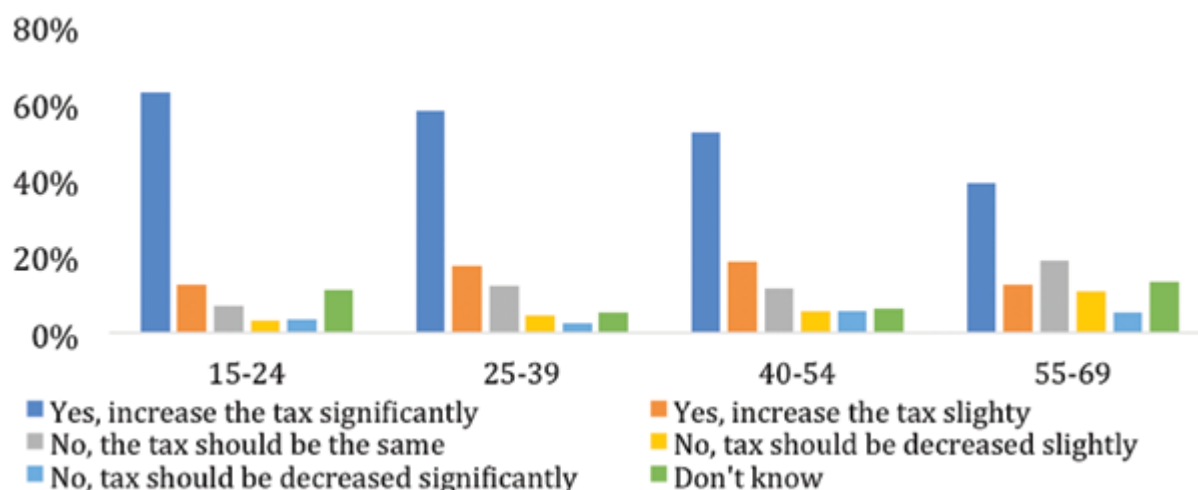


Figure 37: Opinions of different age groups regarding tax increase on tobacco products

7.3.4 Opinion of Males and Females on Tobacco Tax Increase

In examining responses to the question about higher taxes on tobacco products, it is evident that both genders largely support increased taxation. Among males, 51.1% advocate for a significant tax increase, while females express slightly higher support at 57.2%. Additionally, females show slightly less support for a slight tax increase (13.9%) compared to males (17.65%). Both genders exhibit similar trends in favour of maintaining the current tax rate, with 13.6% of males and 10.5% of females supporting this stance. In terms of reducing taxes, more males (6.6%) favour a slight decrease compared to females (4.8%), and a higher percentage of males (5.15%) also support a significant decrease compared to females (2.7%). Notably, a larger proportion of females (10.9%) express uncertainty ("Don't know") compared to males (5.9%). Overall, both genders generally favour higher taxes on tobacco, but nuanced differences exist in the degree of support for specific tax adjustments.

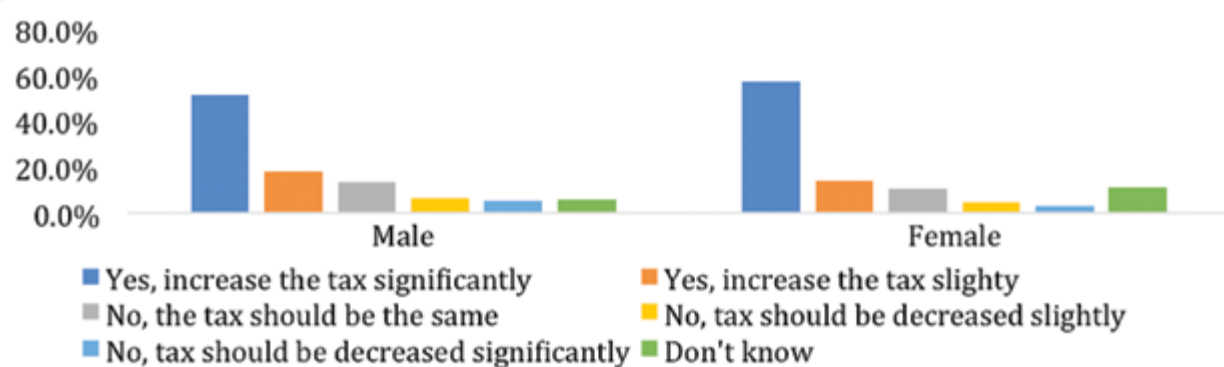


Figure 38: Opinion of males and females regarding tax increase on tobacco products

7.3.5 Tobacco Users' Response if Tobacco Price Doubled

Table 2: Tobacco users' response if tobacco price doubled

Description	Percentage
Stop consuming	11.8%
Reduce	43.3%
Continue the same	38.8%
Switch to other substitutes	2.8%
Don't know	3.3%

Approximately 11.8% of tobacco users say they would quit if the price doubled, 43.3% would reduce consumption, and 38.8% would continue as usual. Only 2.8% say they would switch to substitutes, while 3.3% are uncertain. This shows that around half of the users would either quit or reduce consumption

7.3.6 Support for Tax to Align India's Level and WHO Recommendations

The data indicates strong support for aligning the tobacco tax levels in Nepal with those in India, with 67.7% of respondents in favour of equalization and only 16.8% expressing opposition. Additionally, 15.6% remain uncertain on the matter.

Table 3: Support for tax increase to meet India's level and WHO recommendations

Description	To meet India's Level	To meet WHO's Level
Favour	67.7%	63.1%
Oppose	16.8%	18.0%
Don't know	15.6%	18.9%

Similarly, a significant portion of respondents, comprising 63.1%, express a preference for aligning Nepal's tobacco tax with the WHO's recommendation of 75%. In contrast, 18% oppose this alignment, and 18.9% are uncertain about the proposition. These findings suggest a prevailing sentiment among the surveyed population in favour of higher tobacco taxes, in line with either regional practices or global health recommendations.

7.4 Current Tobacco Regulations

7.4.1 Perspectives on Enforcing Smoke-Free Policies in Nepal

This data illustrates perceptions regarding the implementation of smoke-free policies in Nepal. A striking 75.4% of respondents believe that these policies are poorly enforced, suggesting a widespread perception of inadequacy in their implementation. Only 5.0% feel that the policies are well enforced, and 9.6% consider them somewhat enforced. This indicates a significant gap between the existing policies and their effective execution. Moreover, 10.0% expressed uncertainty about the enforcement status.

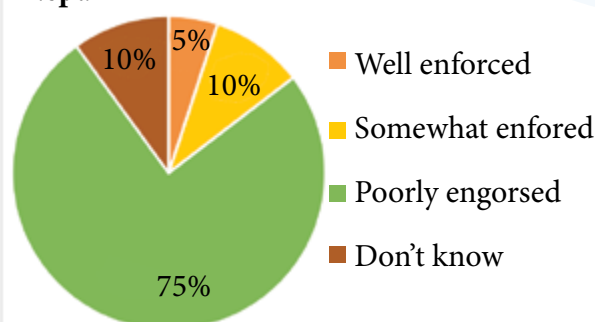


Figure 39: Perspectives on the Implementation of Smoke-Free Policies in Nepal

The tobacco control policy lacks full implementation, leading to widespread tobacco consumption in public places and packaging, exacerbated by the absence of adequate human resources for monitoring and regulation, alongside stakeholder non-compliance due to the absence of regulations. –Health Director, Karnali Province

Interviews conducted for this survey highlight unavailability of resources at local level as a key factor in the low implementation rate.

The only budget that the municipality has is for awareness programs, and that too is available in some municipalities only. There is a budget for the Tobacco Day celebration. A lump sum budget is given to celebrate various important days. The health section of the municipality has the authority to use the budget under that heading accordingly. –Senior Public Health Administrator, Madhesh Province

The major problem is that of budgetary constraints. Without a budget, we can't formulate activities and can't implement them. The priorities of the federal and provincial governments are different. –Health Director, Sudurpaschim Province

There hasn't been a specific budget allocated specifically for tobacco control like that. –Health Director, Lumbini Province

7.4.2 Public Perspectives Towards Rules and Regulations

The data reveals 93.8% of people have not observed smokers being fined for smoking in a public place. This data suggests that the enforcement of fines for smoking in public places is not widely observed or enforced. The vast majority of people surveyed have not witnessed smokers being fined for this behaviour.

Additionally, there is a high level of awareness (63.2%) regarding the prohibition of pregnant women and minors from selling tobacco. However, as mentioned earlier in this report, there is a lower knowledge (32.6%) on the necessity for tobacco sellers to display clear notices restricting sales to pregnant women and minors. Also, as shown earlier, the data indicates the widespread exposure (90.5%) to health warnings on cigarette packages, with a substantial portion (68.9%) reporting that these warnings prompted thoughts about quitting or avoiding starting smoking.

Regarding smoking at home, a minority (21.9%) permit smoking in every room. Concerning indoor smoking in the past 30 days, a significant majority (70.9%) observed it in areas where people work or study.



Photo 2: A minor selling tobacco products



Photo 3: Tobacco products displayed for sell

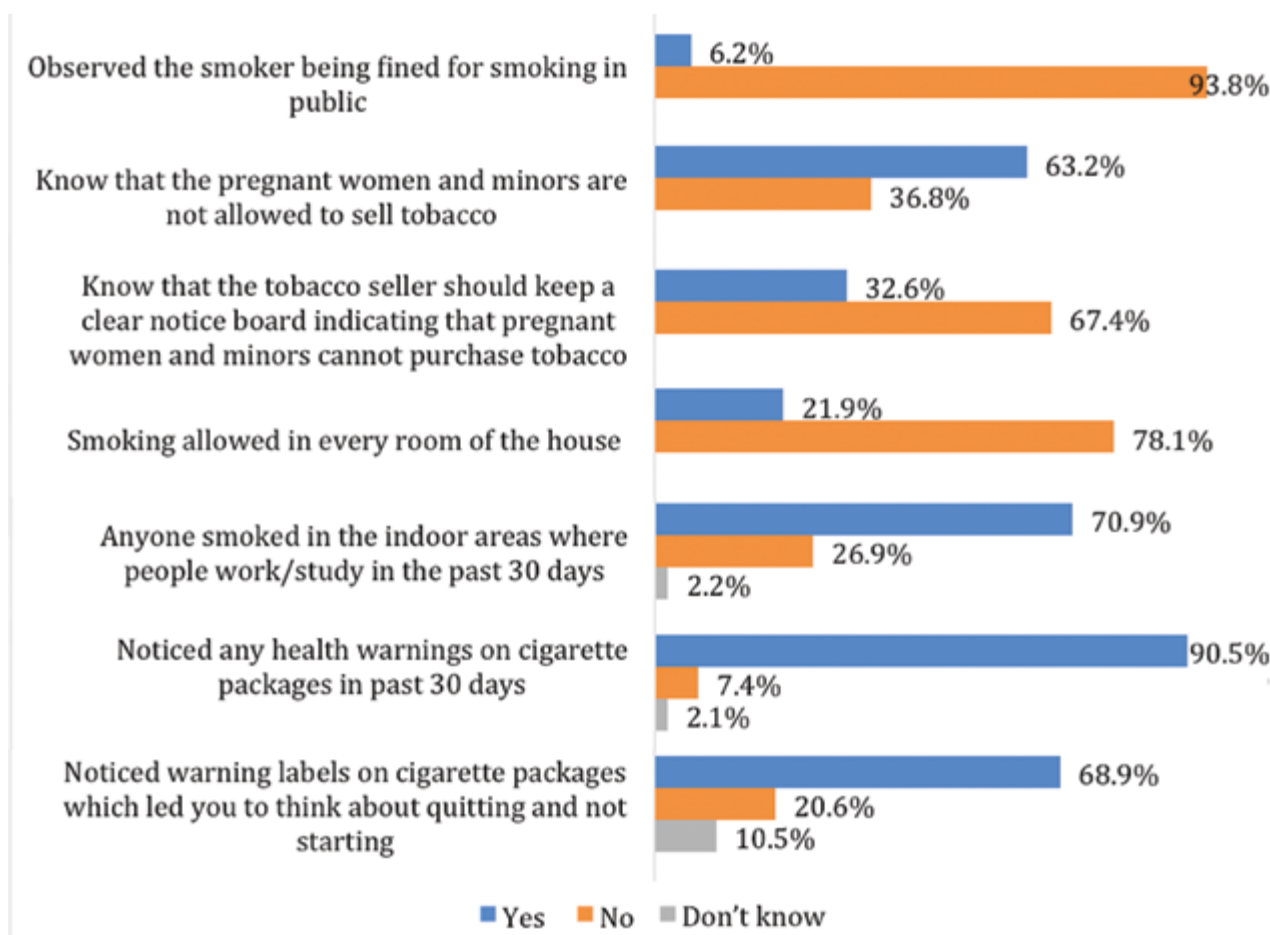


Figure 40: Public perspectives towards rules and regulations

7.5 Expansions to Tobacco Regulations

7.5.1 Inclusion of Hookah Under Current Tobacco Regulations

The existing tobacco act and regulations fail to address the emergence of novel tobacco products such as hookah and e-cigarettes. The data presents opinions on whether hookah should be included under current tobacco regulations. Among respondents, 69.4% are in support of the inclusion of hookah in existing tobacco regulations, emphasizing the product's tobacco content. In contrast, 9.6% oppose this inclusion. The remaining 21.0% express uncertainty on the matter shows less awareness regarding hookah containing tobacco and it should be included under the tobacco regulations. However, a substantial portion of the surveyed population recognizes the need for regulatory adjustments, aligning hookah with other tobacco products.

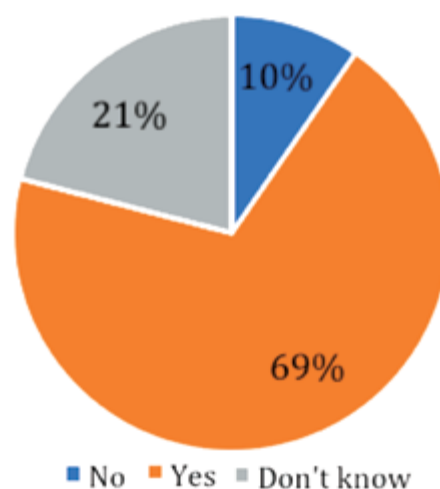


Figure 41: Perspective on legislation to prohibit all advertisements for tobacco products

7.5.2 Support to Prohibit Smoking in Workplaces and Public Spaces

The data indicates strong support for a law that would prohibit smoking in all indoor workplaces and public places, including restaurants. A significant majority of respondents, 92.8%, express a favourable stance on such a regulation, underscoring a widespread desire for smoke-free environments. Conversely, only a small fraction, 2.5%, opposes such a law, suggesting limited resistance to the proposed smoking restrictions. Additionally, 4.8% of respondents are uncertain about their stance.

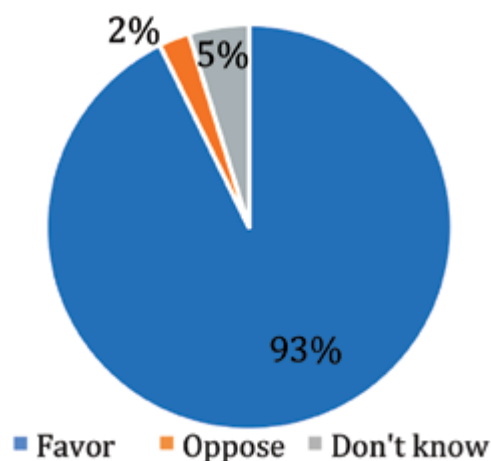


Figure 42: Perspective on legislation to prohibit smoking in Indoor workplaces and public spaces

We constantly communicate in our morning assembly about the provisions of a fine of Rs 1000 if anybody consumes tobacco inside the school premise. –School Teacher, Sudurpaschim Province

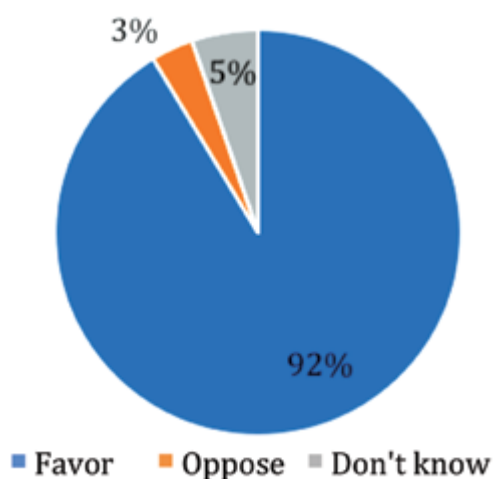


Figure 43: Perspective on legislation to prohibit all advertisements for tobacco products

7.5.3 Support to Prohibit Tobacco Advertisements

The data reveals a clear consensus among the respondents, with 91.4% expressing support for a law prohibiting all tobacco product advertisements. This overwhelming majority indicates a strong public sentiment favouring restrictions on tobacco advertising. Conversely, only a small fraction, 3.3%, opposed such a law, while 5.3% remained undecided. The data underscores a significant level of public endorsement for stricter measures against tobacco advertising.

7.6 Concerns about Tobacco Use

7.6.1 Concern about Tobacco Use among Young People

A large number of people in Nepal are very concerned about tobacco use among young people, with 66.6% expressing high levels of concern. Another 29% are somewhat concerned, indicating widespread recognition of the issue. Just 4.4% show no concern at all, suggesting a need for further awareness efforts.

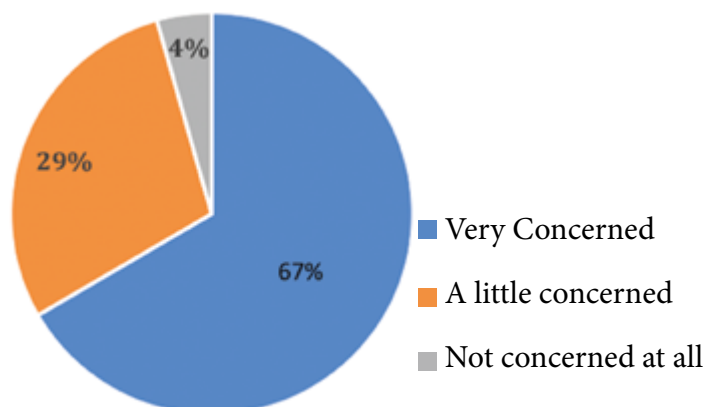


Figure 44: Concern about Tobacco Use among Young People

7.6.2 Concerns about the Change in Tobacco Use in their Area

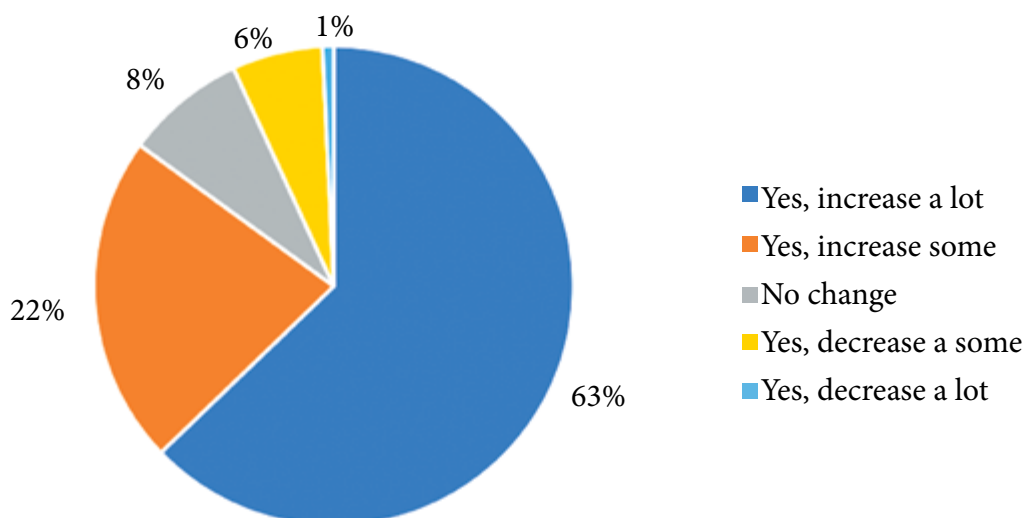


Figure 45: Concerns about the change in tobacco use in their area

A majority of respondents believe that tobacco use among young people has increased significantly, with 62.8% indicating a substantial increase. Additionally, 22.1% perceive a slight increase. Only a small percentage think there has been no change (8.1%) or a decrease (6.1% for a slight decrease, and 1% for a significant decrease). This data highlights a widespread perception of a concerning trend in tobacco use among young people.

7.6.3 Concern about the Health Impacts of Tobacco Use

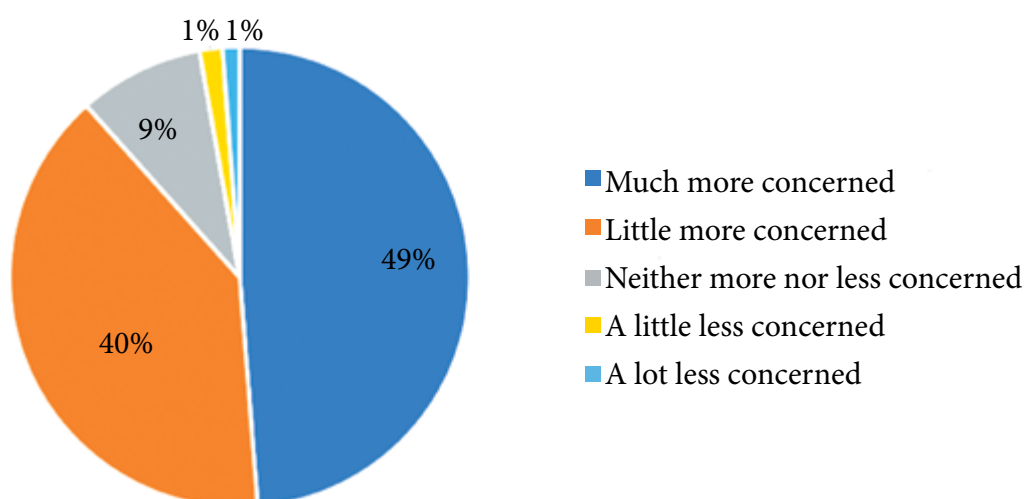


Figure 46: Concern about the health impacts of tobacco use

A majority of respondents (48.7%) are much more concerned about the health impacts of tobacco use compared to their parents' generation. Additionally, 39.6% are a little more concerned. A small percentage are either neutral (8.8%) or less concerned (1.6% a little less concerned, and 1.2% a lot less concerned). This indicates a significant increase in concern regarding the health effects of tobacco use among younger generations compared to their parents.

Section 8: Discussion

8.1 Tobacco Use and Affordability

Between 2020 and 2024, overall tobacco use increased slightly from a total prevalence of 32% in 2020 to 34% in 2024, though these were not statistically different to one another³². This was true across all forms of tobacco use. The prevalence of smoking tobacco remained relatively stable, decreasing slightly from 15.6% in 2020 to 15.2% in 2024. Smokeless tobacco uses also saw a slight decrease in prevalence from 20.1% in 2020 to 18.9% in 2024. Among those who reported using smoking tobacco, the proportion who smoked cigarettes increased from 84.9% in 2020 to 86.3% in 2024.

Given that Nepal has seen two years of significant tax changes to cigarettes, what could the reason be for a flat lining of tobacco consumption, particularly on cigarettes? Research conducted by NDRI has found that affordability could be the key factor. Using Tobacconomics definition of affordability, calculated as the percentage of GDP per capita needed to buy 2000 cigarettes of the most sold brand, affordability in Nepal has remained generally constant over the past 4 years³³. The methodology used for our calculations are included in the annex.

Under this definition, the higher the number calculated, the less affordable cigarettes are. As seen in table 4, affordability of cigarettes has remained largely flat over the past 4 years. This is because despite the rise in price, primarily driven by increased taxation, the economy has been growing at an even higher level.

This highlights the importance of the work already done by the government. Without the positive steps on tobacco taxation over the past 3 years, the affordability of cigarettes may have rapidly increased, which could have led to an even higher numbers of smokers.

This analysis shows that, in order to have impacts on consumption patterns, cigarette taxes need increase prices higher than increases in income. If not, cigarettes remain at the same level of affordability. This shows how vital it is for the Government to continue to take strong action on tobacco taxation. Despite the sizeable rises in recent years, Nepal still has the lowest rate of excise duty on cigarettes in the region. The government should continue with the positive actions it took in the 2078/79 and 2079/80 and utilise the 2081/82 budget to implement another meaningful rise in taxation on tobacco products.

Table 4: Affordability analysis

	Cigarette price x 20-NRP	Cigarette price x 20-US\$	GDP per Capita-US\$	Affordability
2020	280	2.32	1166.6	19.9%
2021	290	2.45	1276.8	19.2%
2022	350	2.74	1398.8	19.6%
2023	377	2.85	1399.0	20.4%

³²This was calculated at the 95% confidence interval

³³<https://www.tobacconomics.org/files/research/738/tobacco-scorecard-report-2nd-ed-eng-v5.0-final-1.pdf>

When focusing on the specifics of tobacco use, there were several slight changes between the two. However, it is important to highlight that none of these changes were statistically significant, implying that overall trends remained largely constant between the two surveys.

When looking at the details, there was a small decline in tobacco use among females, dropping from 13.6% to 11.2%. Conversely, among males, tobacco use saw a slight increase from 51.0% to 55.8%. Similarly, there was a minor decrease in smokeless tobacco use among both genders over the same period, with females decreasing from 6.2% to 5.1% and males from 34.8% to 32.0%.

Smoking prevalence varied across age groups, with higher rates among older age groups (16%). While there was a slight increase in smoking prevalence among the 18-24 age group (5.2 to 9.9%), there was a decrease among the older age groups (20.6% to 16.0%) from 2020 to 2024. Smokeless tobacco uses also varied across age groups, with higher rates among older age groups. Notably, there was an increase in smokeless tobacco use among the 40-54 (20.7 to 26.7%) and 55-69 (25.3 to 33.8%) age groups from 2020 to 2024. There's a slight increase in the prevalence of using both forms of tobacco across all age groups by 2024, with the highest prevalence still observed in the 55-69 (6.8%) age group.

The mean age of initiating tobacco use increased slightly from 18.7 years in 2020 to 18.9 years in 2024. The average cigarette consumption among smokers decreased from 7 cigarettes in 2020 to 6 cigarettes per day in 2024. In 2020, both females and males had an average cigarette consumption of 7.0 cigarettes per day. However, by 2024, there was a slight decrease in average cigarette consumption. Females reported consuming an average of 5.2 cigarettes per day, while males reported consuming 6.1 cigarettes per day on average.

However, when looking at the estimated total number of cigarettes consumed, the amount has risen considerably, Nepal had approximately 4.8 million current smokers in 2019, each consuming an average of 7 manufactured cigarettes per day. This resulted in an estimated annual consumption of 12.3 billion cigarettes. In 2023, the estimated annual consumption of cigarettes is 14.7 billion sticks, based on approximately 6.7 million current smokers, smoking an average of 6 manufactured cigarettes per day.

Table 5: Comparison with nationally representative population-based surveys in Nepal

Survey Name	Survey Year	Age (years)	Overall Tobacco use	Tobacco use		Smoked Tobacco		Smokeless use	
				Male	Female	Male	Female	Male	Female
NSEPT, NDRI	2024	15-69	34.1	55.8	11.2	15.8	5.3	32	5.1
NDHS	2022	15-49		49.6	7.4	28	5	35	3
NSEPT NDRI	2020	18+	31.8	51	13.6	23.1	8.5	34.8	6.2
STEPS Survey	2019	15-69	28.9	48.3	11.6	28	7.5	33.3	4.9
NDHS	2016	15-49				27.2	5.8	40.1	3.3

8.2 Other Research Areas

Despite a high level of consistency between the results, there were a number of specific topics that did see statistically significant changes between the two surveys.

Areas with marked changes included:

- ☑ The percentage of individuals who believe that the implementation of current tobacco control laws is poor increased significantly from 60.6% in 2020 to 75.0% in 2024. This suggests a growing dissatisfaction with the enforcement of existing regulations over the surveyed period.
- ☑ The percentage of individuals who reported seeing health warnings on tobacco products also increased substantially from 69.8% in 2020 to 90.5% in 2024. This indicates a significant improvement in the visibility and effectiveness of health warnings on tobacco products over the surveyed period.
- ☑ The percentage of individuals who believe tobacco use among young people in their area has risen increased notably from 69.4% in 2020 to 85.0% in 2024. This indicates a growing perception of an increase in tobacco use among the youth within local communities. A significant percentage of both females and males believed that youth tobacco uses in their area had risen, with higher percentages in 2024 compared to 2020. Alongside this, the percentage of individuals expressing concern (very or a little) about the levels of tobacco use among young people in Nepal remained high, increasing slightly from 94.0% in 2020 to 95.6% in 2024. This suggests a persistent and widespread concern regarding tobacco use among the younger population. Both genders expressed high levels of concern about youth tobacco use, with over 90% expressing concern in both years.
- ☑ The percentage of individuals agreeing (strongly or somewhat) that tobacco use is no riskier than other things decreased significantly from 60.2% in 2020 to 25.3% in 2024. This suggests a substantial shift in perception towards recognizing the risks associated with tobacco use. In 2020, a majority of both females and males believed that tobacco use is no riskier than many other things people do. However, by 2024, there was a notable decrease in this belief, particularly among females.
- ☑ The data shows a substantial increase in the percentage of tobacco users who attempted to quit from 26.6% in 2020 to 47.3% in 2024. Despite this increase in attempts, the success rate of quitting decreased from 5.8% in 2020 to 2.3% in 2024. This suggests that while more individuals are making efforts to quit tobacco use, the success rate of these attempts has declined over the surveyed period.

Section 9: Policy Implications and Conclusions

9.1 Policy Implications

This study's findings underscore the urgent need for decisive action to combat tobacco use, particularly concerning newer forms of tobacco and its impact on young people. Failure to address these issues could result in severe health consequences for the population. The key policy implications derived from this study are the necessity to decrease the affordability of tobacco products, develop comprehensive tobacco control measures that specifically target the proliferation of new tobacco products and prioritize efforts to prevent tobacco uptake among youth.

Such measures should include:

Urgent Tobacco Tax Reform: Given the persistent high prevalence of tobacco use, it is imperative for the government to prioritize the implementation of substantial tobacco tax increases. Evidence from global best practices suggests that significant tax hikes are one of the most effective and cost-efficient strategies for reducing tobacco consumption. From the survey findings, there is a significant portion of the population, including smokers, who are in favour of such measures. Therefore, aligning tobacco taxes with WHO recommendations and international standards should be a priority in the upcoming budget.

Enhance Policy Enforcement: The growing dissatisfaction with the enforcement of existing tobacco control laws underscores the urgent need for improved implementation and enforcement mechanisms. The government should focus on strengthening enforcement efforts to ensure compliance with smoke-free policies in indoor workplaces and public spaces, as well as regulations on tobacco product advertising. This may involve increasing resources allocated to enforcement agencies, enhancing monitoring systems, and imposing stricter penalties for non-compliance.

Education and Awareness Campaigns: Despite high awareness of health warnings, sustained efforts are necessary to maintain and increase public awareness of the health risks associated with tobacco use. Continued education and awareness campaigns should focus on informing the public about the dangers of tobacco consumption, the benefits of cessation, and the importance of supportive policies. These campaigns should utilize diverse communication channels and culturally appropriate messaging to reach a wide audience.

Comprehensive Tobacco Control Measures: The multifaceted nature of the tobacco problem in Nepal requires a comprehensive approach to tobacco control. In addition to taxation and enforcement measures, regulatory adjustments should be made to include emerging tobacco products such as hookah and e-cigarettes, under existing regulations. Furthermore, aligning Nepal's tobacco tax policies with international standards, as well as regulating new tobacco products, is crucial to effectively reduce tobacco consumption and protect public health.

Support for Cessation Efforts: While there has been an increase in the percentage of tobacco users attempting to quit, the success rate of these attempts has declined. Therefore, there is a need to strengthen support for cessation efforts, including the provision of accessible and affordable cessation

services, counselling, and pharmacological interventions. Additionally, addressing the perceived influence of price on quitting decisions and incorporating price-sensitive strategies into cessation programs may help improve success rates.

Government Leadership and Accountability: Recognizing the government's role in reducing tobacco use, it is essential for policymakers to demonstrate strong leadership and accountability in tobacco control efforts. This includes prioritizing tobacco control on the policy agenda, allocating adequate resources to tobacco control programs, and regularly monitoring and evaluating the effectiveness of implemented measures. By taking decisive action and demonstrating commitment to tobacco control, the government can contribute significantly to improving public health outcomes and building a healthier future for Nepal.

9.2 Conclusions

The culmination of this extensive study offers a comprehensive understanding of the multifaceted challenges surrounding tobacco use in Nepal, revealing nuanced insights into its prevalence, trends, and associated attitudes and behaviours. Despite concerted efforts and progress made in tobacco control initiatives, the persistently high rates of tobacco use, coupled with emerging trends such as the uptake of newer tobacco products and disparities across demographic groups, necessitate urgent and targeted policy interventions.

The study's findings underscore the urgent need for a multifaceted approach to tobacco control, addressing not only traditional forms of tobacco consumption but also newer products like hookah and e-cigarettes, which are gaining popularity among certain segments of the population.

Particularly alarming is the high use of new tobacco products among younger age groups, and the lack of awareness of the potential health risks they pose, suggesting a need for targeted interventions to address the unique challenges faced by this demographic and protect the health of future generations. Notable gender disparities in tobacco use prevalence also underscore the importance of gender-sensitive approaches to tobacco control, recognizing the distinct social, cultural, and economic factors that influence tobacco use among males and females.

Furthermore, the study sheds light on the perceptions, attitudes, and behaviours surrounding tobacco use, revealing both areas of concern and opportunities for intervention. While there is widespread awareness of the health risks associated with tobacco use, misconceptions persist, highlighting the need for continued education and awareness campaigns to reinforce the dangers of tobacco consumption.

In light of these findings, the policy implications are clear: urgent action is needed to strengthen tobacco control efforts in Nepal. This includes implementing evidence-based policies such as tax reforms, enhanced enforcement of tobacco control laws, and targeted interventions tailored to address the evolving landscape of tobacco use. Moreover, robust public awareness campaigns and educational initiatives are essential to shift societal norms and attitudes surrounding tobacco use and foster a culture of tobacco-free living.

By heeding the insights provided by this study and prioritizing tobacco control as a public health imperative, policymakers can make significant strides towards reducing the burden of tobacco-related diseases, improving public health outcomes, and creating a healthier future for all Nepalese citizens. The time for action is now, and by working together, we can achieve meaningful progress in combating tobacco use and safeguarding the well-being of our communities for generations to come.

Annexes

Annex 1: Methodology

1.1 Study Area

The study population for this research comprises individuals aged between 15 and 69 years residing in 18 selected districts across the diverse geographical regions of Nepal. These districts are strategically chosen to ensure representation from 5 mountain districts, 7 hills districts, and 6 Terai districts, covering all 7 provinces of the country. The age range was set from 15 to 69 years to capture a broad spectrum of the population and obtain a comprehensive understanding of key indicators related to the study objectives. The study aims to provide statistically representative data at both the ecological region and national levels, encompassing men and women across urban and rural municipalities and provincial divisions.

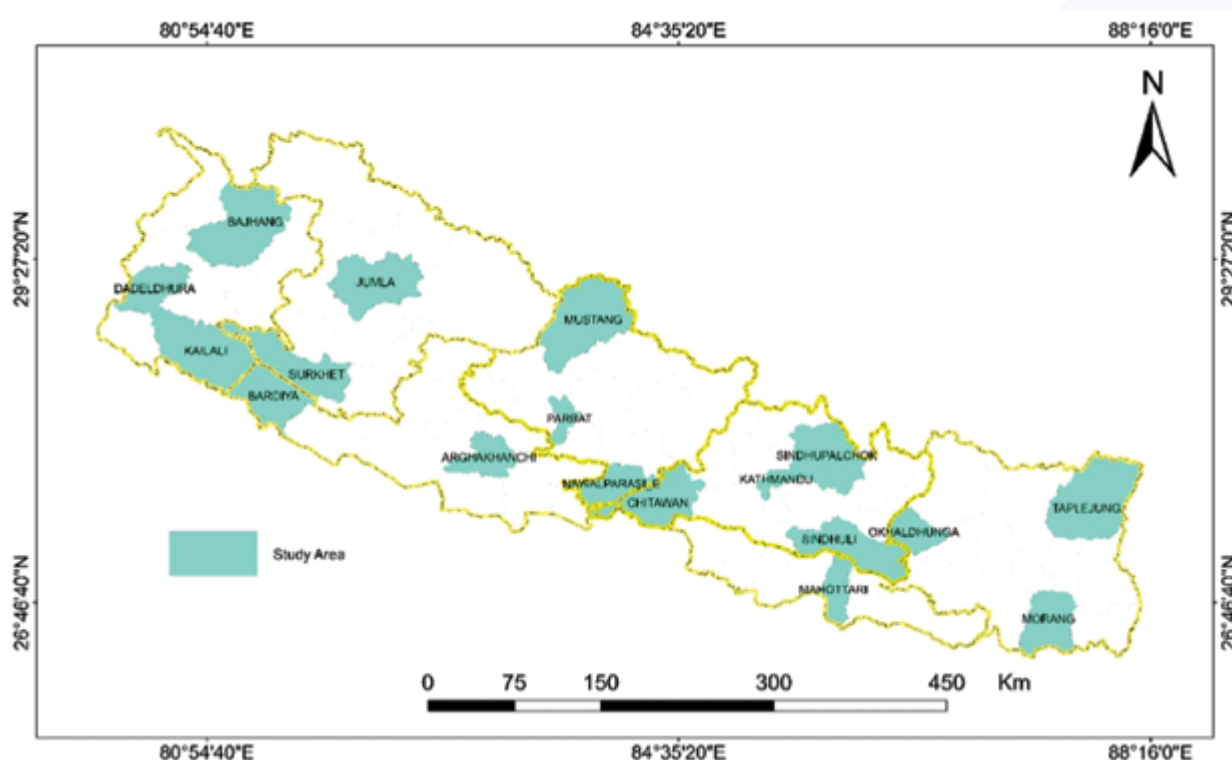


Figure 47: Map of Nepal illustrating the study area

1.2 Sampling Design

The research employed a concurrent mixed-method design with a cross-sectional approach. The sampling design involved a multi-stage cluster sampling technique, incorporating elements of probability proportional to size (PPS) and systematic random sampling. The 77 districts from all provinces were initially categorized into mountain, hills, and Terai districts. In the first stage, 18 clusters were selected in each province, and within each cluster, 18 districts were randomly chosen.

In the second stage, a local level (metropolitan area, municipality, or rural municipality) was randomly selected from each district. Subsequently, in the third stage, a ward was randomly chosen from each local level selected. The sample size was then distributed among the selected wards based on population proportion, ensuring representation across various ecological regions and provinces.

The sample size calculation followed the Arkin and Colton formulae (1963): $(n) = z^2 p(1-p)/d^2$. The minimum sample size, initially calculated with a prevalence of tobacco use at 32%, was 335. This was adjusted for a design effect of 1.5 and non-response (5%), resulting in a final calculated sample size of 1587 ($=335/0.95 \times 1.5 = 529$ per domain, multiplied by 3 for ecological regions).

The sampling technique, therefore, integrated multi-stage cluster sampling with a mix of probability proportional to size (PPS) and systematic random sampling. This comprehensive approach ensured the inclusion of diverse ecological and provincial perspectives in the study, while the calculated sample size provided the statistical power necessary to generate robust estimates for key indicators.

1.3 Survey Tools

For the quantitative survey, the data collection technique was Computer-Assisted Personal Interviewing (CAPI). Structured questionnaires were used as the primary tool for the household survey. These questionnaires are carefully designed to elicit information relevant to the study objectives, covering aspects such as tobacco use prevalence and other key indicators. For the qualitative survey, Key Informant Interviews were conducted using guiding questions and interview guides. These interviews aimed to provide a deeper understanding of contextual factors, social dynamics, and community perspectives related to the study.

1.4 Data Collection Process

The data collection process involved trained enumerators conducting household surveys using CAPI techniques. Each sampled household had one adult participant within the defined age range. The structured questionnaires were administered, ensuring consistency and accuracy in data collection. In parallel, Key Informant Interviews (3 interviews in each province) were conducted with selected individuals (provincial health directors, health professionals, and schoolteachers) to gather qualitative insights.

1.5 Ethical Consideration

Ethical considerations in this study encompass a robust process for obtaining informed consent from all participants. The informed consent procedure was designed to ensure that participants fully comprehend the nature and implications of their involvement in the research.

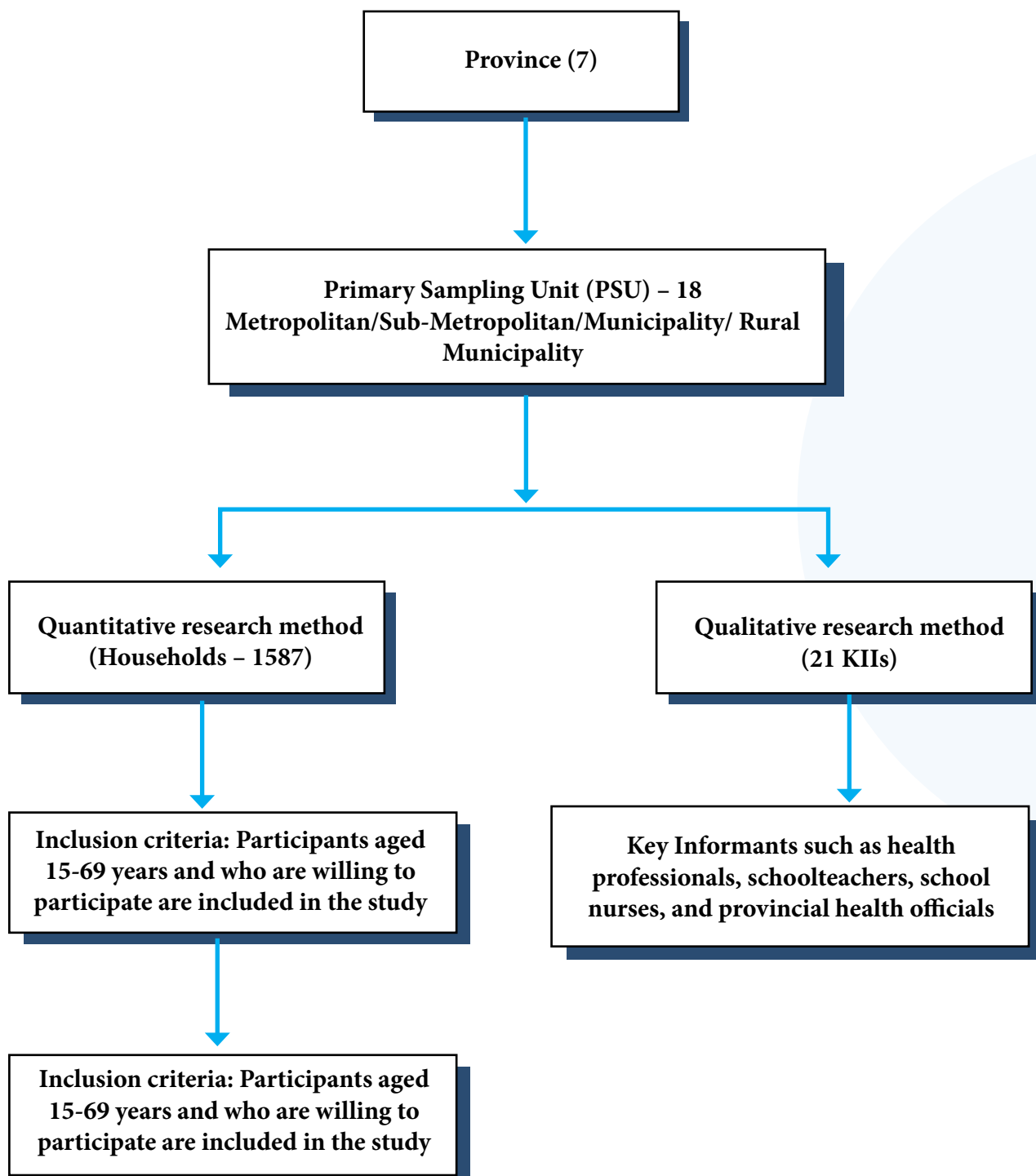
Informed consent was obtained through a comprehensive process wherein participants received detailed information about the study. This information included the study's purpose, procedures, potential risks, and benefits. Trained Enumerators played a crucial role in this process, explaining the study in a clear and understandable manner to the participants. Enumerators were equipped to address any questions or concerns raised by the participants, fostering a transparent and open communication channel.

Participants were required to sign a written consent form as an indication of their voluntary agreement to participate in the study. This emphasizes the importance of voluntary participation, and participants were assured that their decision to either participate or withdraw from the study will not result in any negative consequences. The principle of confidentiality was strictly adhered to,

ensuring that participants' personal information remained private and was not disclosed without their explicit consent.

This ethical framework underscores the commitment to respecting the autonomy and rights of study participants. The research protocol, including the informed consent process, has undergone rigorous review and approval by the ethical review board of the Nepal Health Research Council to ensure alignment with established ethical standards and guidelines.

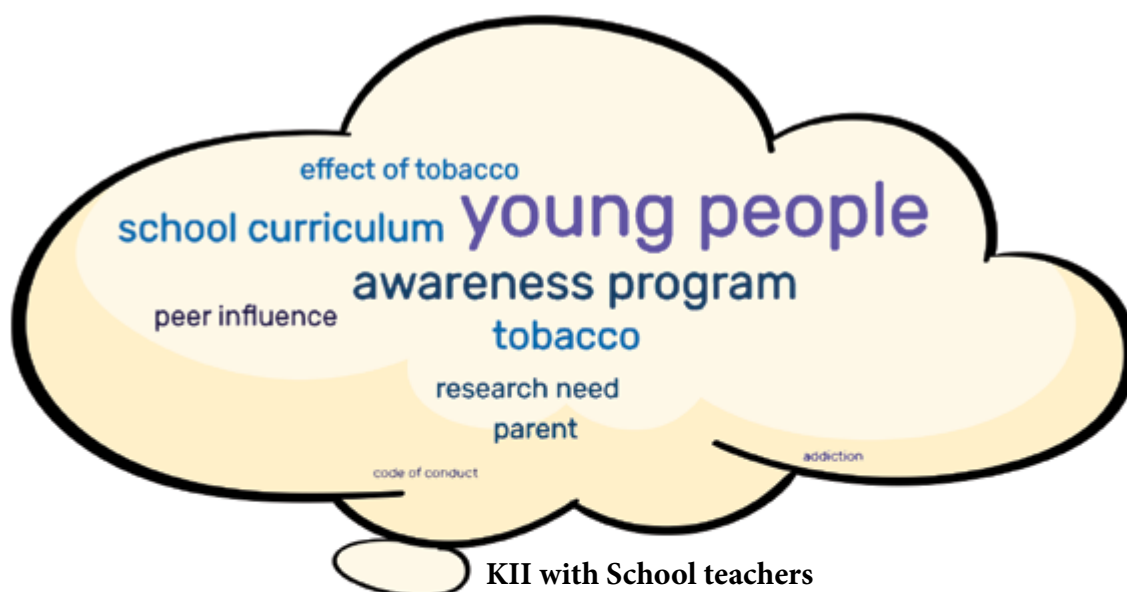
Annex 2: Flow Diagram of Sampling Methods



Annex 3: Socio-Demographic Information of Survey Respondents

Characteristics	Frequency (N=1587)	Percentage (%)
Age		
15-24	336	21.2%
25-39	554	34.9%
40-54	404	25.5%
55-69	293	18.5%
Sex		
Male	816	51.4%
Female	771	48.6%
Geographical Region		
Mountain	258	16.3%
Hills	427	26.9%
Terai	902	56.8%
Province		
Koshi	270	17.0%
Madhesh	333	21.0%
Bagmati	333	21.0%
Gandaki	134	8.4%
Lumbini	279	17.6%
Karnali	92	5.8%
Sudurpaschim	146	9.2%
Education		
Illiterate	408	25.7%
No formal schooling	73	4.6%
Less than primary school	150	9.4%
Primary school completed	274	17.3%
Secondary school completed	364	22.9%
High school completed	231	14.6%
College/University completed	87	5.5%
Occupation		
Government employee	35	2.21%
Non-government employee	49	3.09%
Self-employed	526	33.14%
Non-paid	85	5.36%
Student	183	11.53%
Homemaker	565	35.60%
Retired	21	1.32%
Unemployed (able to work)	123	7.75%

Annex 4: Theme Cloud



Annex 5: Methodology for Affordability analysis

The analysis conducted by NDRI to assess the level of affordability of cigarettes was conducted under the Tobacconomics definition of affordability. This is calculated as the percentage of GDP per capita needed to buy 2000 cigarettes of the most sold brand.

1. The price of 20 cigarettes of the most sold brand in NPR and US\$ for 2020 and 2022 was taken from the WHO Global Health Observatory – Most sold brand of cigarettes: National taxes and retail price for a pack of 20 cigarettes (Tobacco control: Raise taxes)³⁴
2. The price of 20 cigarettes of the most sold brand in NPR for 2021 was estimated using the 2020 WHO data and multiplying by the inflation rate of tobacco products given by the Central Bureau of Statistics. The same approach was conducted for the 2023 estimate, using the 2022 WHO data.
3. The price of 20 cigarettes of the most sold brand in NPR for 2021 and 2023 were adjusted into US\$ using the annual average exchange rate for the relevant years found on Exchange-Rates.org³⁵.
4. Values for the GDP per capita in US\$ were taken from the Ministry of Finance's Economic Survey 2079/80³⁶.
5. The affordability rating was then calculated using the formula:

$$\frac{(\text{Price of 20 cigarettes in US\$}) \times 100}{\text{GDP per capita (US\$)}}$$

	Cigarette price x 20, NPR	Annual average inflation rate for tobacco products, %	Average annual exchange rate, NPR to US\$	Cigarette price x 20, US\$	GDP per Capita, US\$	Affordability
2020	280	3.60		2.32	1166.6	19.9%
2021	290	6.32	0.008461	2.45	1276.8	19.2%
2022	350	7.74		2.74	1398.8	19.6%
2023	377	6.47	0.007568	2.85	1399.0	20.4%

³⁴ <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-tobacco-control-raise-taxes-national-taxes-pack-of-20>

³⁵ <https://www.exchange-rates.org/converter/npr-usd>

³⁶ Government of Nepal, Ministry of Finance. Economic Survey 2022/23

Annex 6: Questionnaire

Background Information	
Province	
Geographical Region	
District	
Municipality/Rural Municipality	
Ward No.	

Questionnaires				
S.N.	Questions	Coding Categories		Skip
Socio-demographic Information				
1	Age (in completed years)	(years)		
2	Sex of the respondent	Male	1	
		Female	2	
3	What is your current marital status?	Never Married	1	
		Married	2	
		Widow	3	
		Divorced	4	
		Separated	5	
4	What is your education status?	Literate	1	
		Illiterate	2	
5	What is the highest level of education you have completed?	No formal schooling	1	
		Less than primary school	2	
		Primary school completed	3	
		Secondary school completed	4	
		High school completed	5	
		College/University completed	6	
		Postgraduate degree	7	
6	Which of the following best describes your main work status over the past 12 months?	Government employee	1	
		Non-government employee	2	
		Self-employed	3	
		Non-paid	4	
		Student	5	
		Homemaker	6	
		Retired	7	
		Unemployed (able to work)	8	
		Unemployed (unable to work)	9	

7	What is your caste/ethnicity?	Hill Brahmin	1	
		Hill Chhetri	2	
		Terai Brahmin/Chhetri	3	
		Other Terai Caste	4	
		Hill Dalit	5	
		Terai Dalit	6	
		Newar	7	
		Hill Janajati	8	
		Terai Janajati	9	
		Muslim	10	
		Others (specify).....	11	
8	Which religion do you follow?	Hindu	1	
		Buddhism	2	
		Islam	3	
		Kirat	4	
		Christianity	5	
		Others (Specify)	6	
Socio-Economic Status: Modified Kuppuswamy’s Scale				
9	Education of the head of the family	Professional degree	7	
		Graduate	6	
		Intermediate/Diploma	5	
		High school	4	
		Middle School	3	
		Primary School or Literate	2	
		Illiterate	1	
10	Occupation of the head of the family	Professional	10	
		Semi-professional	6	
		Clerical/shop/farm	5	
		Skilled worker	4	
		Semi-skilled worker	3	
		Unskilled worker	2	
		Unemployed	1	
11	Family income per month (in NPR)	≥ 97451	12	
		48751-97450	10	
		36551-48750	6	
		24351-36550	4	
		14551-24350	3	
		4851- 14550	2	
		≤ 4850	1	
12	Total Score (1+2+3)	.....		

Tobacco in the Context of others issues				
13	I am going to read a list of five problems that some people say Nepal is facing. Which do you think is the most important?	Unemployment	1	
		High levels of air pollution	2	
		Levels of corruption	3	
		Natural disasters	4	
		High use of tobacco	5	
14	I am going to read a list of five forms of behavior that some people say is bad for someone's health. Which do you think is most damaging to someone's health?	Drinking alcohol	1	
		Excessive consumption of salt and sugar	2	
		Tobacco use	3	
		Physical inactivity	4	
		Poor sanitation and hygiene	5	
Behavioral Questionnaires				
15	In your life, have you ever used smoked (cigarette, bidi, hukkah, tambakhu) or smokeless tobacco (khaini, surti, gutkha, paan) in any form?	Yes	1	
		No	2	
		Refuse to answer		
16	Do you currently use smoked (cigarette, bidi, hukkah, tambakhu) or smokeless tobacco (khaini, surti, gutkha, paan) in any form?	Yes	1	
		No	2	
		Refuse to answer		
17	Do you currently smoke tobacco products daily?	Yes	1	
		No	2	
18	How old were you when you first started smoking tobacco products?	Age (years)		
19	What motivated you to start smoking? [Tick all that apply]	It is cheap	1	
		My friends use it	2	
		My family use it	3	
		To kill time	4	
		To look cool	5	
		To relax/ ease tension	6	
		Other	7	
20	Which form of tobacco product did you use the first time?	Smoked	1	
		Smokeless	2	
		Can't remember	3	
		Smoked	1	
21	Which form of tobacco do you currently smoke?	Smoked	1	
		Smokeless	2	
		Smoked and Smokeless both	3	
22	Do you smoke cigarettes?	Yes	1	
		No	2	

23	Which form of cigarette do you use?	Filtered	1	
		Unfiltered	2	
		Both	3	
24	On average, how many cigarette sticks do you smoke each day?	Day		
25	On average, how many cigarette sticks do you smoke in a week?	Week		
26	Which cigarette brand do you use primarily?	Shikhar	1	
		Surya	2	
		Khukuri	3	
		Captain	4	
		Pilot	5	
		Winston	6	
		Bijuli	7	
		Goldflake	8	
		International brand (Marlboro, Black)	9	
		Others (Specify).....	10	
27	What is the price per stick?	.....		
28	In the past 2 years, has there been a change in your cigarette consumption?	Increase	1	
		About the Same	2	
		Decrease	3	
29	Have you switched your primary brand during the last 2 years?	Yes	1	
		No	2	
30	If Yes, what was the major reason for switching?	Price	1	
		Taste preference (light/regular)	2	
		Income (increase/decrease)	3	
		Availability	4	
		Others (Specify).....	5	
31	Do you smoke bidi or hand-made cigarettes?	Yes	1	
		No	2	
32	How many bidis or hand-made cigarettes, do you smoke per day?	.....		
33	How much do you spend per week on bidis or hand-made cigarettes?	.....		
34	Have you switched to smoking bidis from cigarettes in the past 2 years?	Yes	1	
		No	2	
35	Do you smoke hookah?	Yes	1	
		No	2	
36	Where do you smoke hookah primarily?	Home	1	
		Restaurant	2	
		Both	3	

37	How often do you smoke hookah?	Daily	1	
		Weekly	2	
		Monthly	3	
		Occasionally	4	
38	How much do you spend per hookah session?	.....		
39	Do you currently use any smokeless tobacco products such as snuff, chewing tobacco, betel?	Yes	1	
		No	2	
40	At what age did you start using smokeless tobacco?	.....		
41	How many times do you use smokeless tobacco products, per day?	.....		
42	How much do you spend on smokeless tobacco in a week?	.....		
43	Have you ever heard of electronic cigarettes or vaping devices before today?	Yes	1	
		No	2	
44	Do you currently use electronic cigarettes or any other vaping device?	Yes	1	
		No	2	
45	At what age did you start using electronic cigarettes or any other vaping device?	.....		
46	How many times do you use electronic cigarettes or any other vaping device, per day?	.....		
47	How much do you spend on electronic cigarettes or any other vaping device in a week?	.....		
Quitting Related				
48	Have you visited a doctor or other health care provider in the past 12 months?	Yes	1	
		No	2	
		Don't know/Can't Remember		
49	During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?	Yes	1	
		No	2	
		Don't know/Can't Remember		
50	During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?	Yes		
		No		
		Don't know/Can't Remember		
51	Have you tried quitting smoking tobacco in the last 2 years?	Yes	1	
		No	2	
		Don't know/Can't Remember		

52	Were you able to quit smoking in the past 2 years?	Yes	1	
		No	2	
		Don't know/Can't Remember		
53	What were the major reasons that led you to think about quitting smoked tobacco? [Tick all that apply]	Concern for your personal health	1	
		Concern about the effect of your cigarette smoke on non-smokers	2	
		Nepali society disapproves of smoking	3	
		Your family and friends disapprove of smoking	4	
		Price	5	
		Smoking restrictions at work / public places	6	
		Counseling by health professionals	7	
54	For current smokers: Why weren't you able to give up?	I was feeling stressed	1	
		Lack of support from family and friends	2	
		Lack of support to quit from health professionals/others	3	
		It was too easy to get tobacco product	4	
		Tobacco products became more affordable	5	
		Lack of information/idea about quitting	6	
		Others	7	
55	For respondents who have quit: When did you quit?	In the last 6 months	1	
		In the last 12 months	2	
		In the last 24 months	3	
		In the last 5 years	4	
		Over 5 years	5	
		Don't remember	6	
56	For respondents who have quit: How easy or difficult did you find it to quit?	Very easy	1	
		Somewhat easy	2	
		Somewhat difficult	3	
		Very difficult	4	
57	Are you aware of the following interventions, which can help people stop tobacco use? [Tick all that apply]	Counselling, including at a smoking cessation centres/ health care centres/hospitals	1	
		Nicotine replacement therapy (NRT), such as the patch or gum	2	

		Medications such as Bupropion	3	
		Quitline for smoking telephone support line	4	
		Refuse to answer	5	
58	Do you think that any of the following interventions would have been/would be helpful in helping you quit tobacco use? [Tick all that apply]	Counselling, including at a smoking cessation centres/ health care centres/hospitals	1	
		Nicotine replacement therapy (NRT), such as the patch or gum	2	
		Medications such as Bupropion	3	
		Quitline for smoking telephone support line	4	
		Don't know/ Refuse to answer	5	
Knowledge, Awareness, and Health Impact				
59	Do you have any of the following health illnesses? [Tick all that apply]	Cough	1	
		Shortness of breath	2	
		Throat/ mouth irritation	3	
		Chest pains	4	
		Lung disease	5	
		Anxiety	6	
		Cancer	7	
		Heart related problems	8	
		Tuberculosis	9	
		Refuse to answer	10	
60	Do you know what secondhand smoke is?	Yes	1	
		No	2	
61	Based on what you know or believe, does secondhand smoke cause serious illness to the smoker and those around them?	Yes	1	
		No	2	
		Don't know	3	
62	Based on what you know or believe, does smoking tobacco cause serious illness?	Yes	1	
		No	2	
		Don't know	3	
63	Based on what you know or believe, does smoking tobacco cause lung cancer?	Yes	1	
		No	2	
		Don't know	3	
64	Based on what you know or believe, does smoking tobacco cause stroke (blood clots in the brain that may cause paralysis)?	Yes	1	
		No	2	
		Don't know	3	
65	Based on what you know or believe, does smoking tobacco cause a heart attack?	Yes	1	
		No	2	
		Don't know	3	

66	Based on what you know or believe, does smoking tobacco cause type 2 diabetes?	Yes	1	
		No	2	
		Don't know	3	
67	Based on what you know or believe, does using smokeless tobacco cause serious illness?	Yes	1	
		No	2	
		Don't know	3	
68	Based on what you know or believe, does smokeless tobacco cause oral cancer?	Yes	1	
		No	2	
		Don't know	3	
69	Based on what you know or believe, does using Hookah or water pipe cause serious illness?	Yes	1	
		No	2	
		Don't know	3	
70	Based on what you know or believe, does using e-cigarettes or vaping cause serious illness?	Yes	1	
		No	2	
		Don't know	3	
71	Compared to smoking cigarettes, do you think smoking water pipe with tobacco is less harmful, no different, or more harmful?	Less harmful	1	
		No different	2	
		More harmful	3	
		Don't know	4	
72	Compared to smoking cigarettes, do you think smoking electronic cigarettes is less harmful, no different, or more harmful?	Less harmful	1	
		No different	2	
		More harmful	3	
		Don't know	4	
73	Compared to smoking cigarettes, do you think smokeless tobacco is less harmful, no different, or more harmful?	Less harmful	1	
		No different	2	
		More harmful	3	
		Don't know	4	
74	Have you ever been given information on health warnings about the dangers of tobacco use?	Yes	1	
		No	2	
		Don't know/Can't Remember		
75	From where do you get information on health warnings about the dangers of tobacco use? (Multiple responses)	TV or radio	1	
		Posters	2	
		Posters in health services/hospitals	3	
		On tobacco packets	4	
		Other	5	
Policy Related				
76	Compared to the earlier period, have you seen a rise in the price of cigarettes in the market over the last two years?	Yes, a lot	1	
		Yes, some	2	
		No change	3	

77	If the price of cigarettes (or other tobacco products) were to double, how would your tobacco consumption change?	Continue consuming the same amount	1	
		Reduce tobacco intake a lot	2	
		Reduce tobacco intake a little	3	
		Stop consuming	4	
		Switch to other substitutes	5	
		Don't know	6	
78	If your income increased, would you consume more cigarettes (or other tobacco products)?	Yes	1	
		No	2	
		Don't know	3	
79	Do you think the government should impose higher taxes/ higher prices on tobacco products to reduce tobacco use?	Yes, increase the tax significantly	1	
		Yes, increase the tax slightly	2	
		No, the tax should be the same	3	
		No, tax should be decreased slightly	4	
		No, tax should be decreased significantly	5	
		Don't know	6	
80	The current level of the tobacco tax in Nepal is 39%, and the current level of the tobacco tax in India is 53%. Would you favor or oppose the level of tobacco taxation in Nepal being equal to the level of India?	Favor	1	
		Oppose	2	
		Don't know	3	
81	The current level of the tobacco tax in Nepal is 39%, and the WHO recommends tobacco tax be 75%. Would you favor or oppose the level of tobacco taxation in Nepal being equal to the WHO recommendations?	Favor	1	
		Oppose	2	
		Don't know	3	
82	The current regulation doesn't consider hookah as a tobacco product, however, it does contain tobacco. Do you think it should be included under the current tobacco regulation?	Yes	1	
		No	2	
		Don't know	3	
83	Would you favor or oppose a law that would prohibit smoking in all indoor workplaces and public places such as restaurants?	Favor	1	
		Oppose	2	
		Don't know	3	
84	Would you favor or oppose a law prohibiting all advertisements for tobacco products?	Favor	1	
		Oppose	2	
		Don't know	3	

85	How well do you think smoke free policy is being implemented in Nepal?	Well enforced	1	
		Somewhat enforced	2	
		Poorly enforced	3	
		Don't know	4	
86	Have you observed the smoker being fined for smoking in public?	Yes	1	
		No	2	
87	Do you know that pregnant women and minors (<18) cannot sell tobacco?	Yes	1	
		No	2	
88	Do you know that the tobacco seller should keep a clear notice board indicating that pregnant women and minors (<18) cannot purchase tobacco?	Yes	1	
		No	2	
89	Inside your home, is smoking allowed in every room?	Yes	1	
		No	2	
		Don't know	3	
90	During the past 30 days, did anyone smoke in the indoor areas where you work/study?	Yes	1	
		No	2	
		Don't know/ can't remember	3	
91	In the last 30 days, did you notice any health warnings on cigarette packages?	Yes	1	
		No	2	
		Don't know/ can't remember	3	
92	In the last 30 days, have warning labels on cigarette packages led you to think about quitting?	Yes	1	
		No	2	
		Don't know/ can't remember	3	
Attitudes/Perceptions/Beliefs about Tobacco Products				
93	People who are important to you believe that you should not use tobacco.	Agree	1	
		Neither Agree nor Disagree	2	
		Disagree	3	
94	When someone smokes it is dangerous to non-smokers.	Agree	1	
		Neither Agree nor Disagree	2	
		Disagree	3	
95	You worry that if you smoke cigarettes, it influences the children around you to start or continue smoking.	Agree	1	
		Neither Agree nor Disagree	2	
		Disagree	3	
I am now going to read you some statements and would like to indicate how much you agree with the statement.				
96	Tobacco use is socially acceptable	Agree	1	
		Neither Agree nor Disagree	2	
		Disagree	3	
97	Smokeless tobacco is a good alternative to smoking	Agree	1	
		Neither Agree nor Disagree	2	
		Disagree	3	

98	Using hookah is a good alternative to smoking cigarettes.	Agree	1	
		Neither Agree nor Disagree	2	
		Disagree	3	
99	Using e-cigarettes is a good alternative to smoking cigarettes.	Agree	1	
		Neither Agree nor Disagree	2	
		Disagree	3	
100	Smoking cigarettes is a sign of sophistication.	Agree	1	
		Neither Agree nor Disagree	2	
		Disagree	3	
101	Using smokeless tobacco is a sign of sophistication.	Agree	1	
		Neither Agree nor Disagree	2	
		Disagree	3	
102	Using hookah is a sign of sophistication.	Agree	1	
		Neither Agree nor Disagree	2	
		Disagree	3	
103	Using e-cigarettes is a sign of sophistication.	Agree	1	
		Neither Agree nor Disagree	2	
		Disagree	3	
104	Tobacco use is no more risky than lots of other things that people do.	Agree	1	
		Neither Agree nor Disagree	2	
		Disagree	3	
Concern about Tobacco				
105	How concerned are you about the levels of tobacco use among young people in Nepal?	Very concerned	1	
		A little concerned	2	
		Not concerned at all	3	
106	How do you think tobacco use among young people in your area has changed?	Yes, increase a lot	1	
		Yes, increase some	2	
		No change	3	
		Yes, decrease some	4	
		Yes, decrease a lot	5	
107	Compared to your parent's generation, how concerned are you about the health impacts of tobacco use?	Much more concerned	1	
		Little more concerned	2	
		Neither more nor less concerned	3	
		A little less concerned	4	
		A lot less concerned	5	
108	Who do you think has the most responsibility to reduce society's overall level of tobacco use?	The government	1	
		Individuals and their families	2	
		The media	3	
		Civil society organizations	4	
		Tobacco companies	5	
		Other	6	

Reference for KuppuSwammy Scale	
Education	
Professional Degree	M.A., M.Sc., Ph.D., M.Ed. M.B.B.S., B.E., B.Arch.
Graduate	B.A., B.Sc., B.Ed.
Intermediate/Diploma	Class XII pass, Class XII with a vocational diploma
High school	Class X pass, Class XI pass (didn't complete Class XII)
Middle School	Class VIII pass, Class IX Pass
Primary School or Literate	Any level of literacy below Class VIII (that is, did not get a Class VIII pass certificate)
Illiterate	Person who can only read but not write with understanding in a language.
Occupation	
Professional	Doctors, Advocates, Engineers, Architects, Directors, Managers, senior administrators, Readers and Professors, newspaper editors, college Principals, Architects, Bank managers
Semi-professional	High school teachers, College lecturers, junior administrators, junior medical practitioners
Clerical/ shop/ farm	Clerk, accountant, typist, elementary school teacher, farm owner, shopkeeper, salesman, insurance agent, news journalist.
Skilled worker	Driver, telephone operator, mason, carpenter, mechanic
Semi-skilled worker	Factory laborer, car cleaner, petty shopkeeper
Unskilled worker	Domestic servant, peon, watchman
Unemployed	Self-explanatory



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