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

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NDRI

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Executive Summary

Introduction

Tobacco has become a major global public health problem, killing more than eight million people a year. It remains one of the world's leading cause of preventable premature deaths.[1] In Nepal, on average 2 people die every hour due to the tobacco related diseases.[2] The Covid-19 pandemic increases the urgency to reduce tobacco prevalence. Emerging evidence suggests that smokers are more vulnerable to covid-19. This signals an urge to reduce tobacco prevalence.

This report details the results of the first nationwide survey which is focused on Tobacco use and its policy aspects. It helps to fill a major gap in knowledge. A lack of understanding of tobacco related behaviours and attitudes, and how tobacco control policies are working, has made it harder for government to develop effective policy responses. NDRI conducted a national level survey titled ***"National Survey on Socio-Economic and Policy Aspects of Tobacco Use in Nepal (NSEPT)"*** in late December 2019 and early January 2020, to better understand the current context of tobacco use in Nepal . It was a population-based household survey of adults aged 18+ years in 2800 households. A multi-stage sampling with mix of probability proportional to size and systematic random sampling was used to produce representative data. This paper presents the headline findings from the survey, and supporting evidence from focus groups and key informant interviews.

Key messages

The survey shows that people are highly aware of the harms caused by tobacco. (Over 95% are aware that tobacco causes lung cancer and is very harmful to health). They are very concerned about tobacco use (most report being more worried than their parents' generation). Their views of tobacco are overwhelmingly negative. They don't think tobacco use is sophisticated; their family and friends don't want them to use it. (Almost nine in ten respondents agreed with these statements.)

A sizeable minority (more than 25%) of users are experiencing tobacco-linked health problems. They also know that their tobacco use is dangerous to those around them, and influences children to start. Yet, they are still using tobacco in high numbers (overall prevalence is 31.7%). More than half of men (51%) either smoke or use smokeless tobacco, and a majority of respondents (over 60%) think that tobacco use is increasing in their local area.

Among certain groups, such as male labourers and illiterates, over two thirds are tobacco users. There is a strong social gradient – those who are poor and uneducated are using (and suffering the impacts) in much greater numbers. Illiterate men are over three times more likely to use tobacco than those with a Bachelor's degree. Overall, women use tobacco much less than men (13.8% vs 51%). But this varies widely, with prevalence rates of 25.9% of women in the Mountains, and 44.2% of over 60s, despite widespread agreement (86.6%) that female tobacco use is socially unacceptable.

Most worryingly, young people are starting to use tobacco from their early teens, creating a new generation of tobacco users. Our qualitative research suggests that existing data is probably substantially underestimating the prevalence rate, as young people hide their tobacco use. It suggests that they are using tobacco in high numbers despite being highly aware of the health risks. Most people (71.5%) think that youth tobacco use is increasing -with young people most likely to say tobacco use is going up. Almost all respondents (94%) were concerned about young people's tobacco use.

1 National Cancer Institute (2016) in collaboration with WHO, "The Economics of Tobacco and Tobacco Control"

2 http://www.ncrs.org.np/page/42/programme/preventive_activities/tobacco_control_programme

Why is there this mismatch between attitudes and behaviours? Firstly, tobacco is highly addictive. Around a quarter of respondents had tried to give up over the past year. But three quarters said they had failed because of their level of addiction. Teenagers in our focus groups reported being too addicted to stop, after just a couple of months of use.

Whilst attitudes are largely anti-tobacco, there are wide variations. In the mountain regions, and particular provinces, such as Gandaki, tobacco use is more socially acceptable, including among women. Attitudes are less negative among current tobacco users and those with lower levels of education, with substantial minorities expressing more favorable views. 27.3% of female mountain residents think that smoked tobacco is socially acceptable for women. In Sudurpaschim over a third (37%) downplayed the health risks, agreeing that 'you have got to die of something so why not enjoy yourself and use tobacco'.

Peers and family exert a strong influence. Young people are being influenced to start smoking by their friends (100% of under 25s) and through the example set by parents and other adults. While prevalence rates remain high, this cycle of influence continues.

Tobacco remains affordable, even to those in the lowest income quintiles. The percentage of expenditure on tobacco out of total household expenditure is 7.5%, and for highest quintile it is 2.9% showing affordability of lowest income quintiles towards tobacco. Young people have more disposable cash than previous generations and report buying tobacco with pocket money.

Government smoke free policies are perceived to be poorly enforced and understood (only 4% think policies are well-enforced). Whilst heath awareness campaigns appear to have reached most of the respondents (nine in ten reported having seen health awareness materials), restrictions on selling to minors appear to be largely ignored, with young people reporting that they can buy tobacco freely without any problems.

There was strong support for the government to raise taxes on tobacco. Over three quarters of respondents agreed – including 97% in Sudarpaschim, the province with the highest prevalence. Half of tobacco users said that they would either reduce their intake or quit completely if the price of tobacco doubled.

Conclusions and next steps

This survey provides important insights into the use of tobacco, and the attitude and behavours behind its continued popularity. It helps to highlight the need to increase the political attention and priority given to tobacco control. NDRI will use the findings from this research to raise the salience of tobacco control in Nepal, and to inform the development of more effective tobacco control policies.

This research has highlighted specific demographic and social groups who are more likely to use tobacco. Specific consideration should be given to how to target tobacco control policies towards: males, mountain regions, older women; low-income groups, and; those with lower levels of education. More attention should also be given to preventing young people from taking up the tobacco habit and becoming the new generation of tobacco users.

World Health Organization and international evidence suggests that reducing the affordability of tobacco through taxation policy is the single most effective measure to reduce tobacco use, prevent future illness and save lives, and yet Nepal has one of the lowest rates of tobacco tax in Asia. The percentage of tobacco user is highest in poorest wealth quintile – over 40%. This group is more likely to respond positively to price increases. NDRI's paper on taxes ***"Policy brief on Tobacco Taxation"*** sets out proposals for increasing and simplifying tobacco taxes, in order to drive down consumption, and at the same time, increase revenues. The economic impacts of Covid-19, make the opportunity to increase revenues from tobacco tax, particularly attractive at this time.

NDRI will also take forward further work to look at the health and associated financial impacts of tobacco, including the catastrophic financial impacts that tobacco-related illness can have on users and their families.

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Abbreviations and Acronyms

AHW	Auxiliary Health Worker
CAO	Chief Administrative Officer
CFGD	Community Focus Group Discussion
CMA	Community Medical Assistant
COPD	Coronary Obstructive Pulmonary Disease
FCHV	Female Community Health Volunteer
FCTC	Framework Convention on Tobacco Control
FGD	Focus Group Discussion
HoD	Head of Department
KII	Key Informant Interview
MoHP	Ministry of Health and Population
MoSD	Ministry of Social Development
NHEICC	National Health Education Information and Communication Center
PHCC	Primary Health Care Center
TB	Tuberculosis
WHO	World Health Organization

SECTION 1 | CONTEXT: TOBACCO USE AND ITS IMPACT

Tobacco use is one of the biggest public health threats in the world. It causes non-communicable disease like cardiovascular disease, cancer and lung disease[3] and remains one of the world's leading cause of preventable premature deaths.[4]

Globally it kills more than eight million people a year. Most tobacco-related deaths occur in low and middle-income countries.[5] In Nepal two people die every hour due to tobacco-related diseases.[6] Every year 27,100 Nepalese die because of a tobacco-related disease, 90% of them due to lung cancer.

The effect of tobacco is not just limited to those who use it. Second-hand smoking has been proven to cause lung cancer in non-smoking people. And the costs to Nepal are not just limited to health. According to the Tobacco Atlas, the direct and indirect costs related to tobacco, amount to around 23,000 million Nepali Rupees (0.86% of GDP) every year.[7]

The Covid-19 pandemic has made reducing tobacco use even more urgent. The global pandemic has added fuel to the fire as it affects tobacco users severely. Several studies have shown that smokers with impaired lung function are prone to infection by coronavirus. A systematic review has shown that smoking is most likely associated with the negative progression and adverse outcomes of Covid-19.[8] The World Health Organization (WHO) have signaled the significance of quitting smoking during the pandemic in public health awareness campaigns.

More than a decade before the Covid-19 pandemic, Nepal committed to saving the lives of the Nepali people from the tobacco epidemic. Nepal ratified the WHO Framework Convention on Tobacco Control (FCTC) on 7th November 2006.[9] In line with the FCTC, the Government of Nepal passed the "Tobacco Products (Control and Regulatory) Act (2011)" to make legal provisions to reduce, control and regulate the import, production, sales and distribution and consumption of tobacco products.[10] It then drafted the National Tobacco Control Strategic Plan (2013-2016).[11]

In 2008, the WHO introduced six policy measures, known as MPOWER, to help countries make interventions to reduce tobacco use.[12] Out of the 6 MPOWER measures, Nepal has implemented some interventions for some of the measures. For instance, legally traded tobacco products in Nepal have over 75% of their packaging consisting of a health warning in pictorial form (this is 'W' in MPOWER).[13] There is also a ban on advertisement and

3 World Health Organization (2019), "WHO Report on the Global Tobacco Epidemic"

4 National Cancer Institute (2016) in colLabouration with WHO, "The Economics of Tobacco and Tobacco Control"

5 https://www.who.int/health-topics/tobacco

6 http://www.ncrs.org.np/page/42/programme/preventive_activities/tobacco_control_programme

7 https://tobaccoatlas.org/country/nepal/

8 Vardavas C. I., Nikitara K. COVID-19 and smoking: A systematic review of the evidence. Tobacco Induced Diseases. 2020;18(March):20. doi:10.18332/tid/119324.

9 https://www.who.int/fctc/reporting/party_reports/nepal_2012_annex2_tobacco_profile.pdf?ua=1

10 http://www.lawcommission.gov.np/en/archives/category/documents/prevailing-law/statutes-acts/tobacco-products-control-and-regulatory-act-2068-2011

11 https://www.nepalindata.com/media/resources/items/20/bNational-Tobacco-Control-Strategic-Plan-2013-2016-Final-11-March-2013.pdf

12 World Health Organization (2008), "WHO Report on the Global Tobacco Epidemic, The MPOWER package"

13 https://www.tobaccocontrollaws.org/legislation/factsheet/pl/nepal

promotion of tobacco products - the 'E' in MPOWER -[14] which has been effectively implemented. Prohibition to smoke and consume tobacco products in public places, on public transport and in workplaces, prohibition of sale of tobacco to and by minors and pregnant women (This is 'P' in MPOWER) has been implemented.[15] Yet tobacco control remains somewhat of a second order issue in Nepal and, as our survey shows, the pace of enforcement of the existing regulations and policies is fairly weak.

Considering the scale of the problem related to tobacco and inadequate implementation of tobacco policy, there is a need to understand the existing situation of tobacco use in Nepal. Without understanding tobacco-related behaviors, people's knowledge and perception towards tobacco use, and how tobacco control policies are working, it becomes harder for government to develop effective policy responses.

To fill this gap in knowledge the Nepal Development Research Institute (NDRI), a think tank research institute working on contemporary policy challenges in Nepal, started an initiative called the Tobacco Control Program in April 2019.

This program, funded by Cancer Research UK (CRUK), aims to raise the salience of tobacco issues and to strengthen tobacco control policies. NDRI has been working closely with Nepal Health Education Information and Communication Center (NHEICC) who are the national focal point for tobacco control and are under the Ministry of Health and Population.

To help policy makers make informed decisions to reduce tobacco use in Nepal the NDRI, with the approval of the Nepal Health Research Council, conducted a nationwide survey on tobacco. The National Survey on Socio-Economic and Policy Aspects of Tobacco Use in Nepal (NSEPT) was carried out all over Nepal in late December 2019 and early January 2020.

It was a population-based survey of adults aged over 18 years in 2800 households. A multi-stage sampling with mix of probability proportional to size and systematic random sampling was used to produce representative data. The survey covered 49 districts in seven provinces of Nepal including all the geographical regions with 70 primary sample units (PSUs) equally distributed in rural and urban areas.

With the purpose of identifying the knowledge, perception, attitude and practice of group of people regarding tobacco use, a total of 37 focus group discussions (FGDs) were carried out. FGDs were conducted with teenage students from grade 8 to 12 (28 FGDs), community people (7 FGDs), and tobacco farmers (2 FGDs). The particular focus on students was because the teenage years are an especially important age in regards to tobacco use.

130 Key Informant Interviews (KIIs) were carried out to discover the knowledge, attitude, and perception of people from female community health volunteers to tobacco traders and those in relevant government organizations, schools, hospitals, primary health care centres, health posts and custom centres.

The NSEPT aimed to provide insight into tobacco use and the implementation status of the government's tobacco control policy. Overall, the survey included questions related to following topics:

- Tobacco use and habit (prevalence)
- Health
- Attitude and perception
- Policy implementation and taxation

14 https://www.tobaccocontrollaws.org/legislation/factsheet/aps/nepal

15 http://www.lawcommission.gov.np/en/archives/category/documents/prevailing-law/statutes-acts/tobacco-products-control-and-regulatory-act-2068-2011Thi

The survey was also used to create in-depth profiles on two key groups.

Youth (13 to 40 years old)
People are teenagers when they generally start using tobacco. Once started, they find it difficult to stop due to addiction. In order to reduce tobacco use, it is crucial to stop young people from starting. This profile looks into their behaviour and attitude in more detail, bringing together the survey data of people aged 18 to 40 with findings from the focus groups among teen students aged 13 to18.

Mountain regions:
Respondents from the Mountain region differed in their use of tobacco and in their attitudes, from the majority of respondents living in the Terai and Hill regions. This profile looks into their behaviour and attitude in more detail, bringing together the survey data with findings from the focus groups and key informant interviews.

This paper presents the headline findings from NSEPT survey 2019 and 2020. It will be followed by more detailed analysis later in the year.

Annex 1 gives more detail about the methodology of the survey.

Annex 2 gives demographic profile of the survey respondents.

SECTION 2 | TOBACCO USE AND HABIT

Key findings:

- More than half of men use tobacco – over four times the rate for women (13.7%). Almost one in three (31.8%) adults use tobacco overall, but there is wide variation in rates.
- Tobacco prevalence increases sharply with age. More women over 60 use tobacco, than men under 30.
- Prevalence is higher among those with lower levels of education and income, and those in manual jobs. Certain groups have extremely high prevalence: two thirds of male labourers and men who are illiterate use tobacco. Men who are illiterate are over three times more likely to use tobacco than those with a bachelor's degree.
- There is a lot of variation between provinces. Rates of tobacco use in Sudurpaschim province are more than double those in Province 1.
- More people use smokeless tobacco than smoked tobacco. Respondents in their thirties are twice as likely to use smokeless tobacco than to smoke. But people living in the Mountain regions are more likely to smoke.
- Around 1 in 10 smokers are heavy smokers with Janajati smokers most likely to smoke more than 20 a day.
- Around a quarter of tobacco users had tried to quit over the past year – but three quarters had failed to do so because of the level of their addiction.

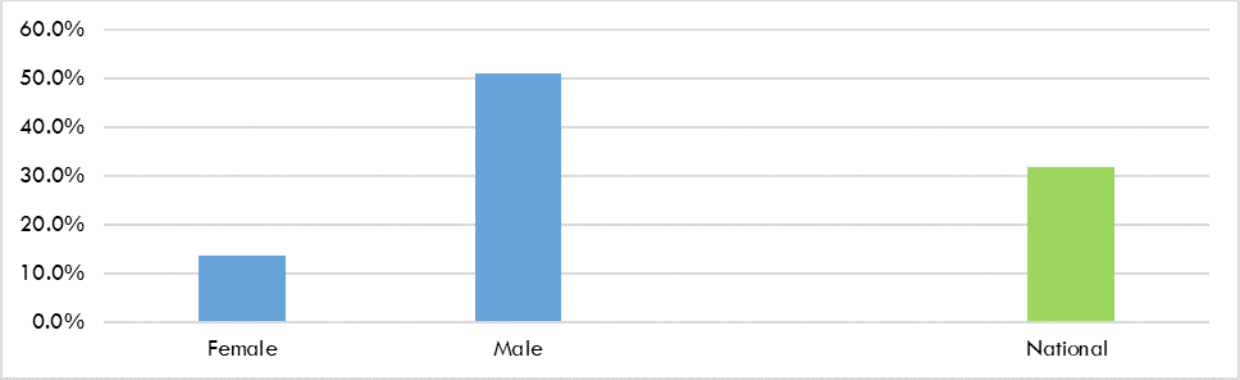
2.1 Prevalence of tobacco use:

The survey found the overall prevalence of tobacco use, in any form, in Nepal is 31.8% among people aged over 18 years. The STEPS[16] survey 2019 found prevalence at 28.7% among people aged 15 to 69 years while the tobacco use prevalence from NHRC survey[17] found prevalence to be 36.8% among people more than 20 years old.

This section looks at how gender, age, region, province, urban or rural, occupation, ethnicity, religion, education level, income and expenditure affects tobacco use.

Gender:
Composition of survey respondents' gender: Male = 48.5%, Female = 51.5%

Chart 1: Tobacco use is higher among men than women



16 World Health Organization (WHO), STEP wise approach to chronic disease risk factor surveillance (STEPS), 2019
17 Nepal Health Research Council (NHRC), Population Based Prevalence of Selected Non-Communicable Disease in Nepal, 2019

Tobacco use is around four times higher in men (51%) than women (13.7%). Due to the patriarchal society tobacco use has always been considered a more socially acceptable behavior for men compared to women.

In most of the focus group discussions (FGDs) carried out during the survey, most of those who admitted that they are current tobacco users were male. For instance, a male tobacco user from Province 4 admits he has been smoking since he was 12 years old even though he was aware of health impacts of tobacco. In the same community FGD at Tikathali, Province 3, two female community health volunteers, one 46 and one 39, said their husbands used tobacco. A 17-year-old male student and 60-year-old male in the same discussion admitted they were tobacco users indicating social acceptability of tobacco use among men. But in that very focus group all the participants denied that it's socially acceptable for women to smoke. In a community FGD in Province 6, a male participant felt women who are found to be smokers are perceived to have a bad moral character by society.

"Women do not have right to use cigarette or surti openly.'

- A male participant in a CFGD, Province 6.

"It is not acceptable in society for women to use smoke or smokeless tobacco."

- A female community health volunteer (FCHV) and a health assistant from Province 2.

"People do not react if they find boys using tobacco but in the case of girls people generally feel negative and they are uncivilized and not well cultured."

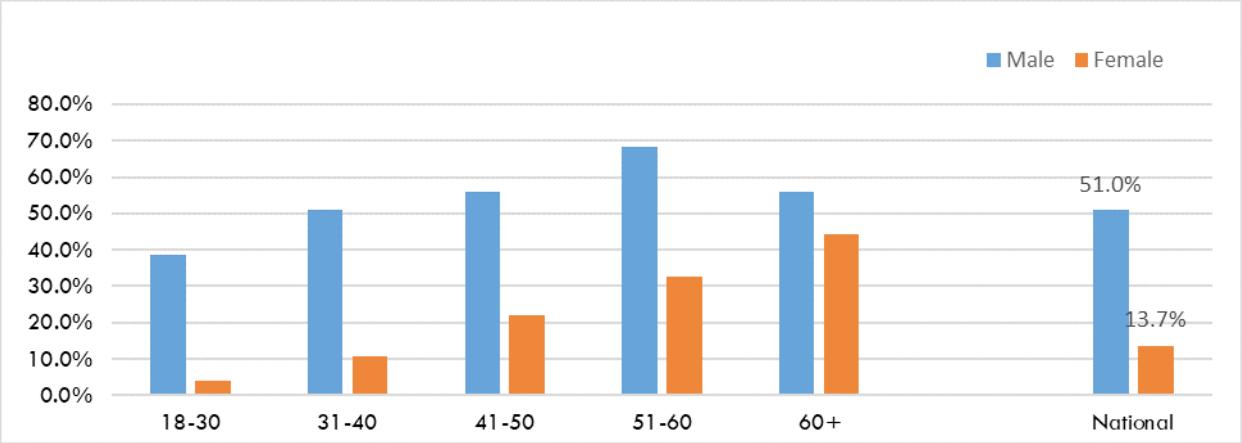
- One male and one female student form Grade 8 studying in Secondary School, Rainas Municipality, Lamjung, Province 4.

These sorts of perceptions might discourage use of tobacco among females resulting low prevalence among women compared to men.

Masculinity, the nature of showing off to friends, being easily affected by those around them, are other reasons there is high prevalence of tobacco use among men. In most of the teenage FGDs, tobacco use was high among male teenagers. None of the girls admitted to using tobacco except a few who had tried to taste it. For most of the male tobacco users the motivation behind starting the use of tobacco were peer pressure and their friends circle.

Age and Gender:

Chart 2: Tobacco use increases with age in both genders



The prevalence of tobacco use goes up the older people get. Among people who 18 to 30 it is 17.8% (38.5% of men and 4.1% of women). Among people who are 31 to 40 it's goes up to 29.7% (51.1% of men and 10.7% of women. For people aged 41 to 50 it increases to 39.2% (55.9% of men and 22.0% of women), and rise again to 55.2% for people aged 51 to 60 (68.2% of men and 32.8% of women), and 60+ age is 51.7% (55.9% of men and 44.2% of women). It only drops among people over 60.

Region wise:

The prevalence of tobacco use is highest in Mountain at 43%. In Hill it's at 29.5%, and Terai 32.5%. Prevalence is high, over 50%, for males in Terai and Mountain. The prevalence rate for women in Mountain regions is particularly high at 30.8%. In Terai and Hill female tobacco use is in line with the national average.

The use of tobacco products especially chewing tobacco by men in Terai region is taken as socially acceptable behavior while use by females is not, which is the reason the female tobacco use is lowest amongst the region.

Prevalence among females is highest in the Mountain region where tobacco use is more acceptable for women.

Key informant interviews (KII) offered evidence of this.

"In this locality similar number of men and women consume tobacco."
- FCHV in KII of Tripurasundari, Dolpa, Karnali province.

"Yes, I have seen pregnant women consuming tobacco."
- A senior Auxiliary Health Worker, Primary Health Care of Tripurasundari, Dolpa.

In another KII, a health teacher of a secondary school in Province 4 mentioned that two to three people from every household use tobacco.

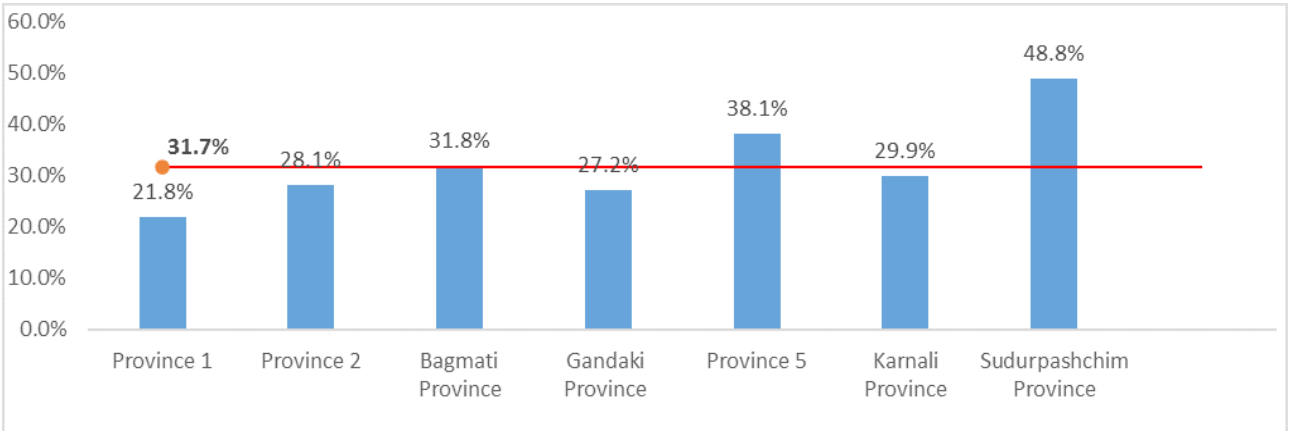
"Use of tobacco is not a big deal in the locality, it is socially and culturally acceptable for women to smoke here".
- A health teacher, secondary school, Province 4.

A student who took part in a FGD confirmed this.

"Senior citizen women in the society consumes tobacco product openly as compared to the junior citizen"
- 17-year-old student, grade 9 secondary school, Badimalika, Bajura, Sudurpashchim province.

Provinces:

Chart 3: Prevalence is highest in far-western provinces than eastern



The prevalence of tobacco use is higher in the western part of Nepal than the east. Prevalence in Province 5 and Sudurpaschim are well above the national average while the lowest prevalence is in Province 1 at 21.8%. There is more than a 20% difference between the highest and lowest prevalence among provinces.

The Sudurpaschim province lies in the far western part of Nepal, which is comparatively less developed than eastern provinces and most districts are remote. The remoteness of districts, poverty, lack of awareness and the traditional practice of using tobacco, especially hukah and cigarette to escape from cold, contribute to why prevalence is highest here. Those districts also border India giving them easy access to tobacco products, especially chewing tobacco.

"Due to cold, many old people, children and community people consume tobacco product."

- A health teacher, Badimalika, Bajura, Sudurpaschim province.

"Bajura is a remote area and developmental work is less here. Some local of the community sells the milk and wood in the market for the income generation. But later, the income from the sales is spent on tobacco use. Also, family members are affected more due indirect smoking from the tobacco user."

- A health teacher, Badimalika, Bajura, Sudurpaschim province.

"Our society is growing, and to my knowledge, the community people view tobacco use as a culture where the ancestor had used tambaku and hukkah and lived above 90 years. In their opinion, tobacco use is socially acceptable."

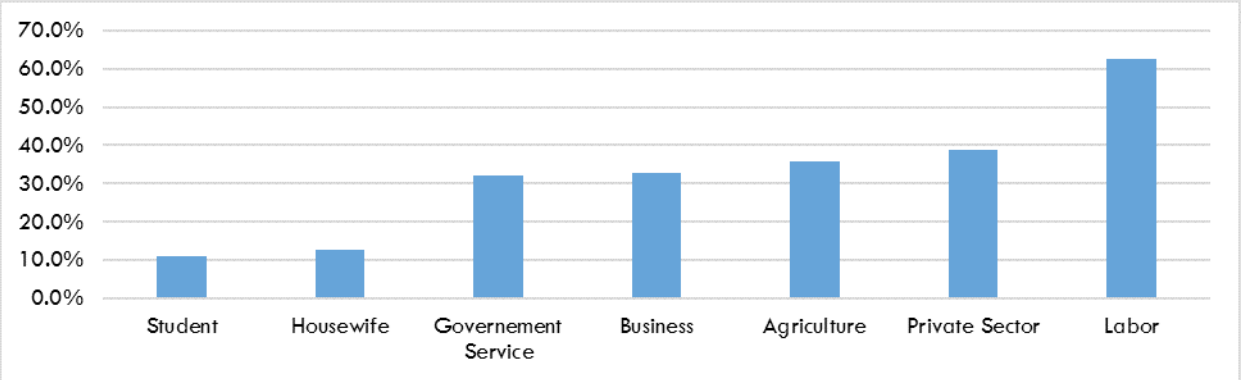
- A health teacher, Ghodaghodi 1, Kailali, Sudurpashchim province.

Rural vs urban:

People in urban areas are slightly more likely to use tobacco than in rural areas. Prevalence among rural people is 29.7% while for urban people it is 33.5%.

Occupation:

Chart 4: Tobacco use is highest among people engaged in labour as major occupation



Prevalence among labourers is 62.6%, followed by people working in the private sector at 38.7%. The lowest prevalence is among students at 10.9%. People engaged in labour receive daily wages and their employment is not permanent but short term. They might work in the brick industry, in construction or waged farm works. A majority of people engaged in labour tend to be less educated, are exposed to some financial hardship and experience financial and family tension. This might contribute to why these populations have the highest prevalence rate.

The low tobacco prevalence among students may partly be down to a self-reporting error. Most of the respondents were parents of the students who may be unaware of the issues.

A past tobacco user, now in his late 20's, from Dang in community FGD in Province 5 shows that students do hide tobacco use from their parents. He said that he used to hide smoke from his parents while walking to school. A current student also explained he would not admit to smoking.

"Churot Khayo Vane Chhala Katchhu vannuhunxa." (Nepali language) "My parent would beat me mercilessly if I admitted that I smoke."

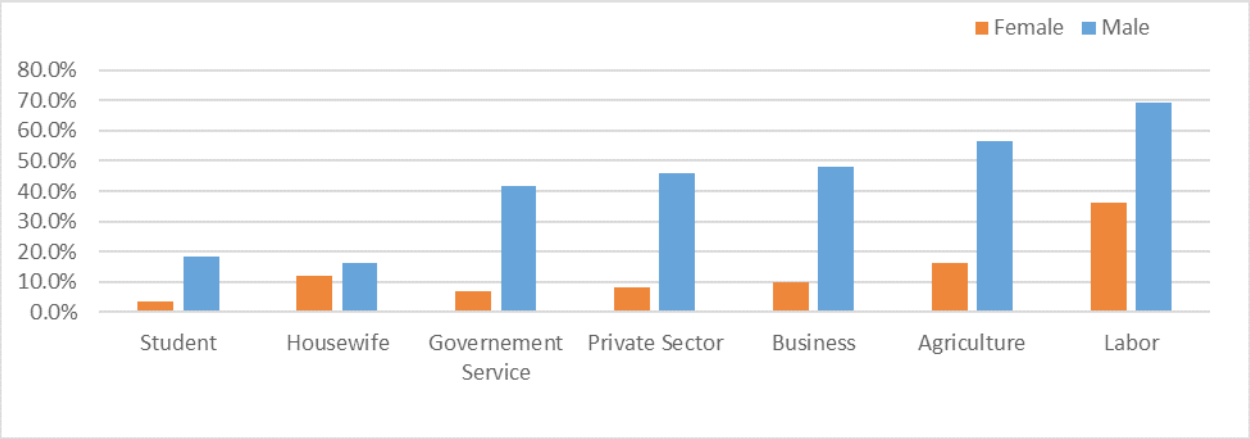
- 17 year-old male, grade 10 studying in private school, Suryodaya Municipality, Fikkal, Ilam, Province 1.

Such fear in youngsters makes them hide their use tobacco from their parents.

In most of the FGDs, non-user boys and girls from all provinces mentioned that their friends and seniors easily hide their tobacco use from teachers and parents by using mainly smoked tobacco and vapes during lunch hour and excursions to the nearby shops. Two teenage girls from Simta Surkhet, Province 6 in a FGD in a school observed their friends hiding their use of cigarettes and megashree (chewing tobacco) in public. One of them had seen students joining their tuition class using tobacco. This indicates students are consuming tobacco away from home, out of sight from their parents and may lead to the underreporting of tobacco use amongst students.

Occupation and gender:

Chart 5: The prevalence of tobacco use is highest among both male and female labourers



The prevalence of tobacco use is highest among male and female engaged in labour is 69.4% and 36% respectively. It's followed by male (56.3%) and females (16.3%) engaged in agriculture. The lowest prevalence is among female students which is 3.6% while it's a comparatively high 18.2% for male students.

Highest prevalence group 1: People who are engaged in Labour occupation

Prevalence:

- 44.2% of labourers use smoked tobacco, while for 72.7% use smokeless.
- The average age that labourers reported starting smoking was 17
- Only 11.8% of laborers tried to quit smoking and 16.21% tried to quit smokeless tobacco in last 12 months. This is lower than for other groups.
- Smoking at work was highest among labourers, suggesting that it is part of their daily work routine.

Health awareness:

- More than 4 out of 5 labourers know about the health impacts of smoked tobacco and 9 out of 10 people are aware of health impacts of smokeless tobacco use.
- 76.9% of labourers know about second-hand smoking which is lowest after agriculture workers.
- 94.8% of laborers think that it's not okay for pregnant women to use tobacco.

Attitude and perception:

- Labourers had more positive attitudes to tobacco, than other groups, and appeared to worry less about its impacts.
- 12.2% of labourers thought tobacco use was the highest priority concern– compared to 66.1% worried about unemployment.
- 24% of labourers thought that tobacco use was the number 1 health problem. The majority thought it was alcohol (55.7%)
- 63% of labourers strongly agreed that 'people who are important to you believe that you should not use tobacco'. This was the lowest response compared to people in other occupations.
- Only 57.3% of labourers strongly agreed that 'when someone smokes it is dangerous to non-smokers'. This is the lowest response compared to people engaged in other occupations.
- 62.8% of labourers strongly agreed that 'you worry that if you smoke cigarettes, it influences the children around you to start or continue smoking'. Again this was the lowest response among all occupations.
- 70.5% of labourers think smoked tobacco and 57% think smokeless tobacco is most harmful to the user's health, the lowest response compared to people in other occupations.
- 15.9% think that it is socially acceptable for women to use smoked tobacco, while 15% think it is socially acceptable for women to use smokeless tobacco, a higher response than the general population.
- Just over half of labourers (50.8%) are very concerned about the level of tobacco use by young people in Nepal, which is lowest among the different occupations.

Taxation:

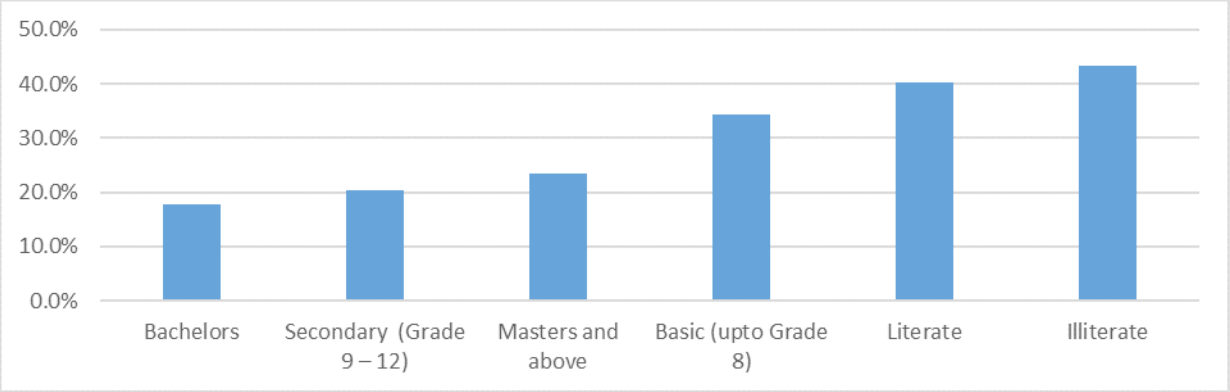
- 38.6% of labourers strongly support increasing tax on cigarettes and other tobacco products, the lowest support of people in all occupations.
- 59% of labourers strongly support increasing tax on smokeless tobacco products, which is the lowest support when compared to other occupations.
- 42.9% of labourers think that it is government's responsibility to reduce tobacco use.
- 46.5% of laborer tobacco users would either reduce consumption either "a little" or "a lot" if the price of tobacco were to double. 9.7% said they would stop consuming. This is higher than the overall responses, suggesting that they will respond to price rises.

"Obviously men smoke more. But some women who do laborious and hard physical works smoke but they usually hide."

– FCHV from Manang, Gandaki province

Education:

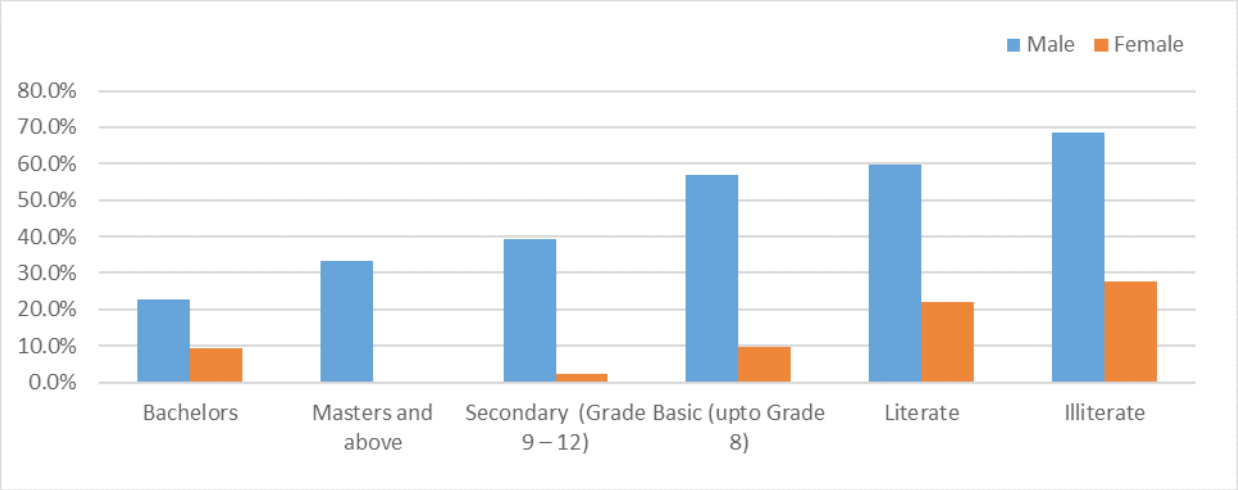
Chart 6: Tobacco use increases as education level decreases



The more education someone has the less likely they are to use tobacco products. The prevalence rate of tobacco use among people who are illiterate is 43.4%. Just over a third of people with a basic education (34.4%) use tobacco, while for people with a secondary education it's 20.3%. It's lower again for people with a bachelor's degree (17.8%) but increases slightly to 23.5% for those with a masters degree and above. The awareness level of people regarding health and economic impacts of tobacco use is the reason for high prevalence of tobacco among people who are illiterate.

Education and gender:

Chart 7: Tobacco use increases as education levels decrease for men and women



There is very strong correlation between education level and tobacco use by both genders. The prevalence of tobacco is three times higher among men who are illiterate (68.4%) when compared to men with a bachelors education and two times higher than those with a masters and above educated (22.6% and 33.3% respectively). The pattern is even strong among women tobacco users. Tobacco use is around 13 times higher among women who are illiterate (27.6%) than women with a secondary education and 3 times higher compared to women educated to bachelor's level (2.2% and 9.7% respectively). There are almost no women smokers among master and above educated women. The high correlation of education and tobacco prevalence is also related to age with younger people tending to have more of an education than the older population.

Highest prevalence group 2: People who are illiterate

Prevalence:

- Smoked tobacco use is 22.8% and smokeless tobacco use is 26.1% which are highest compared to other education level.
- 35.7% of literate people and 17.9 % of illiterate people tried to quit smoking in the past 12 months. While 24.25% of literate people and 18.78% illiterate people tried to quit smokeless tobacco use in the last 12 months.

Health Awareness:

- 48.3% of people who are illiterate have knowledge about second-hand smoking, the lowest amongst the different levels of education.
- 93.5% of people who are illiterate think that it is not okay for pregnant women to use tobacco.
- More than 4 out of 5 people who are illiterate know about the health effects of smoked tobacco, but this is lowest among the different education levels.
- On average 9 out of 10 people who are illiterate are aware of health impacts of smokeless tobacco use

Attitude and perception:

- 67.8% of people who are illiterate strongly agree that 'people who are important to you believe that you should not use tobacco', which is lowest in comparison to people from the other educational levels.
- 75.2% of people who are illiterate indicate that smoked tobacco is most harmful while 57% think that smokeless tobacco is most harmful. Both are lower than the other people's response.
- 13.9% of people who are illiterate think that it is socially acceptable for women to use smoked tobacco and 13.64% for smokeless tobacco.
- 61% of people who are illiterate are very concerned about the level of tobacco use amongst young people in Nepal, which is around 10% lower than the people with more than a secondary education.
- 22% of respondents switched from smoked to smokeless. The main reasons for this were health, convenience and price.

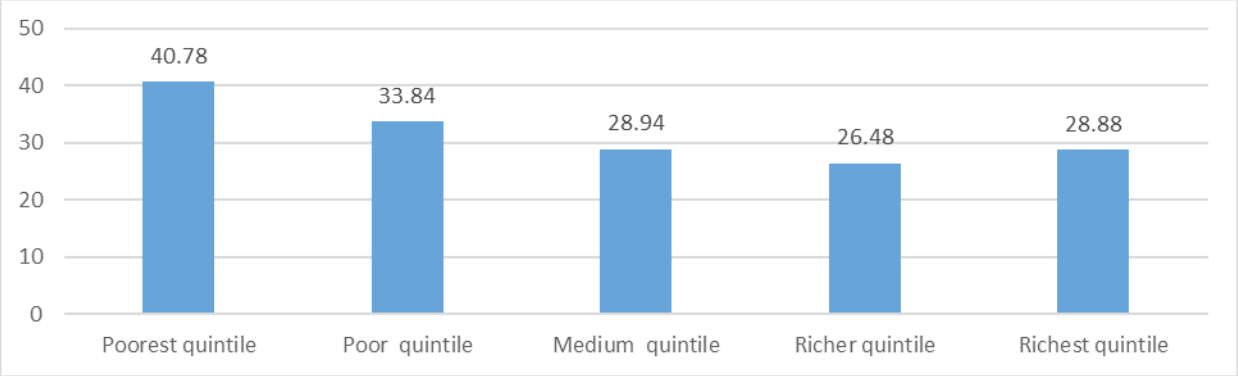
Taxation:

- 38.4% of people who are illiterate strongly support an increase in tax on tobacco products, the lowest of all educational groups.
- 66.6% of people who are illiterate support an increase in tax for smokeless tobacco, which is the lowest support of all the educational groups.
- 59.9% of people who are illiterate think it is the government's responsibility to reduce tobacco use, which is the highest view compared to any other educational group.
- 41.3% of illiterate tobacco users would either reduce consumption either "a little" or "a lot" if the price of tobacco were to double. 5.5% said they would stop consuming. This is lower than the average for the overall population which 8.4%

Expenditure (per capita):

Expenditure is used as a proxy for wealth as it indicates how much a household is able to buy. This is a better measure than self-reported income because people tend to have more non-cash income such as agricultural production so, expenditure gives better and precise information. Therefore, for this analysis per-capita expenditure of the respondent has been used.

Chart 8: The percentage of tobacco user is highest in poorest quintile and lowest in richer wealth quintile



The chart 8 shows, the percentage of people who use tobacco in each wealth quintile. The highest percentage of people using tobacco is in poorest wealth quintile while the lowest is in richer wealth quintile. With the increasing per capita income, the percentage of tobacco use increases.

Income and age group

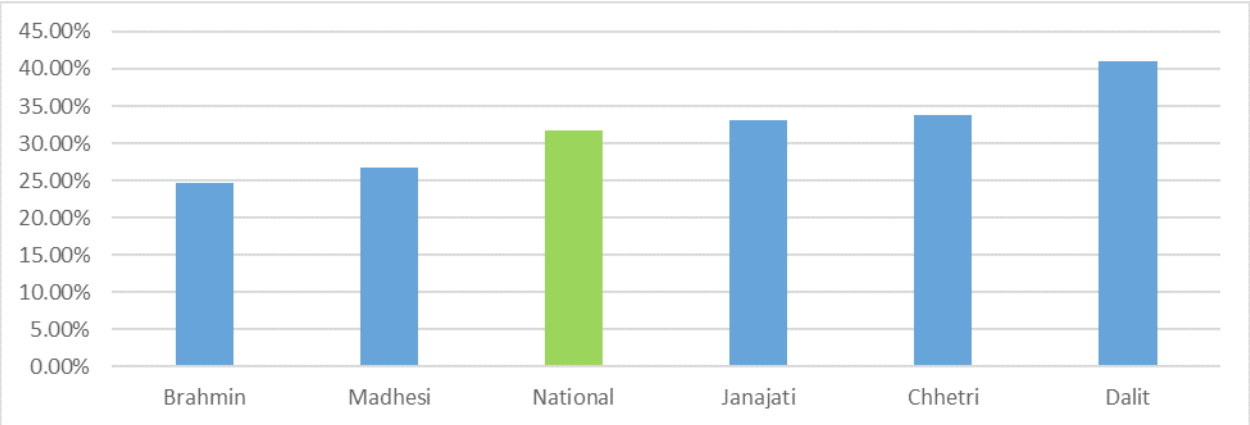
Table 1: Age wise distribution of the tobacco users in different wealth quintile

	18-30	31-40	41-50	51-60	60+
Poorest	22%	18%	17%	18%	24%
Poor	22%	20%	19%	18%	21%
Medium	24%	20%	19%	20%	17%
Richer	21%	21%	21%	21%	16%
Richest	23%	22%	21%	22%	12%
Total	23%	20%	19%	20%	18%

The poorest and poor quintile tobacco users are highest in the 60 plus and 18 to 30 age groups. Among the medium wealth quintile group the highest concentration of tobacco users is in the 18 to 30 group with use decreasing as people get older. The pattern remains the same in the richer and richest quintiles. Overall, tobacco users are more concentrated in the 18 to 30 age group and the least in the 60 plus group.

Ethnicity:

Chart 9: Prevalence is highest among Dalit and lowest among Brahmin

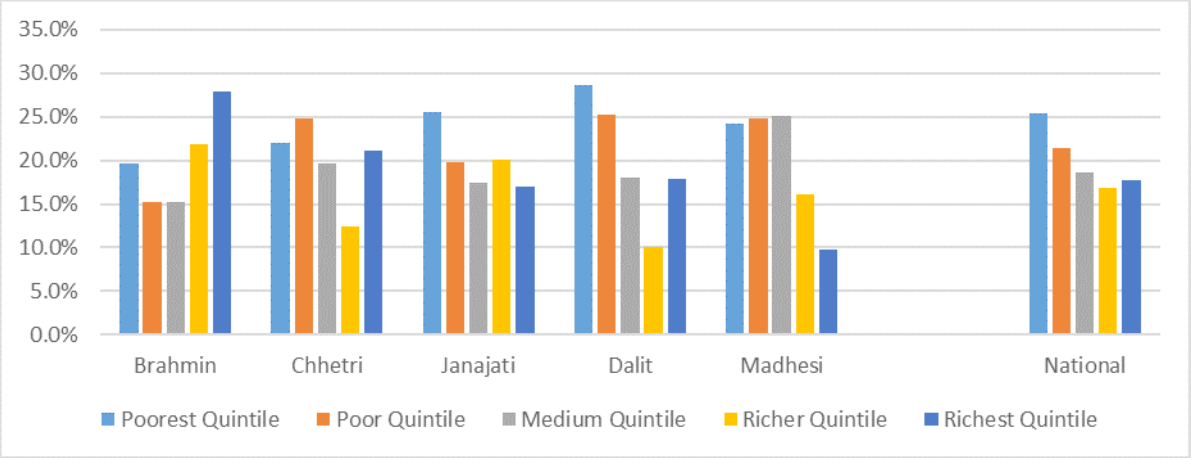


Prevalence of tobacco use is highest among people of Dalit ethnicity which is 41.1%, followed by Chhetri which is 33.8%, and Janajati which is 33.1%.

Dalit people are those who are unlawfully being considered as lower class or untouchable. Almost half of Nepal's Dalit live below the poverty line and have low literacy levels. They are landless and much poorer than the dominant caste population. Though Dalit are spread across Nepal, density is higher in the Terai region compared to the Hill and Mountains.[18] Poverty and low literacy are the major reasons for the high prevalence of tobacco use among Dalit.

Ethnicity and income

Chart 10: Tobacco users of different ethnicity according to income wealth quintile



Overall tobacco users are concentrated in the poorest and poor wealth quintile. But for Brahmin, the majority of tobacco user are in the richest wealth quintile (27.9%) and least in poor wealth quintile (15.3%). Both in Janajati and Dalit the highest concentration of users are in the poorest and poor quintile and least in richest and richer quintile. Across all ethnicities and wealth quintiles the people least likely to use tobacco are the richest quintile from the Madhesi ethnicity.

Religion:

There is slight variation of tobacco prevalence in different religions. Prevalence of tobacco use is highest among Muslims (37.5%), followed by Buddhism (33.5%) and least is among Christians (20.3%).

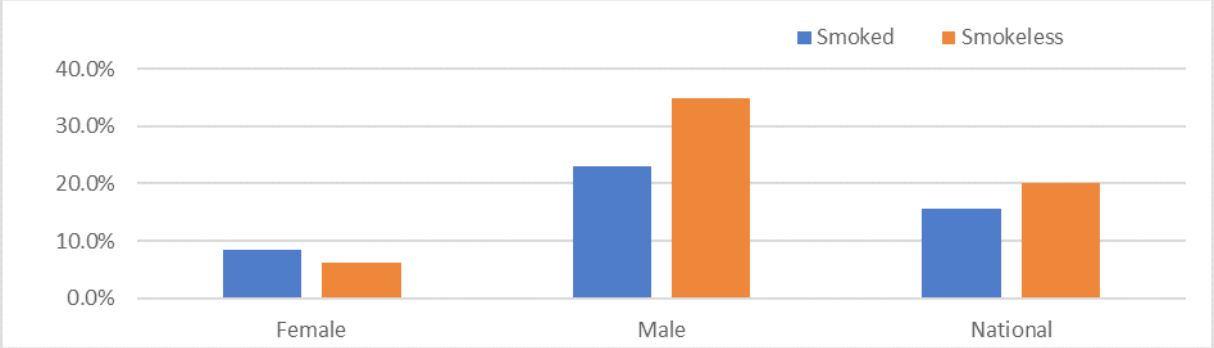
Summary:

Around one third of Nepalese use tobacco products and use is significantly higher among men than women. More people in the western part of Nepal use tobacco than in the east. Labourers, especially men, are most likely to use tobacco while students are the least likely to. Elderly people and people with less education, especially men, were found to use more tobacco compared to younger and more educated people. Concentration of tobacco use is highest in the poorest wealth quintile, in the 18 to 30 age group and decreases as the wealth quintile increases. Dalit and Janajati tobacco users are concentrated in poorest quintile while Brahmin tobacco users are in richest quintile.

18 https://idsn.org/countries/nepal/

2.2 Smoked and smokeless tobacco use

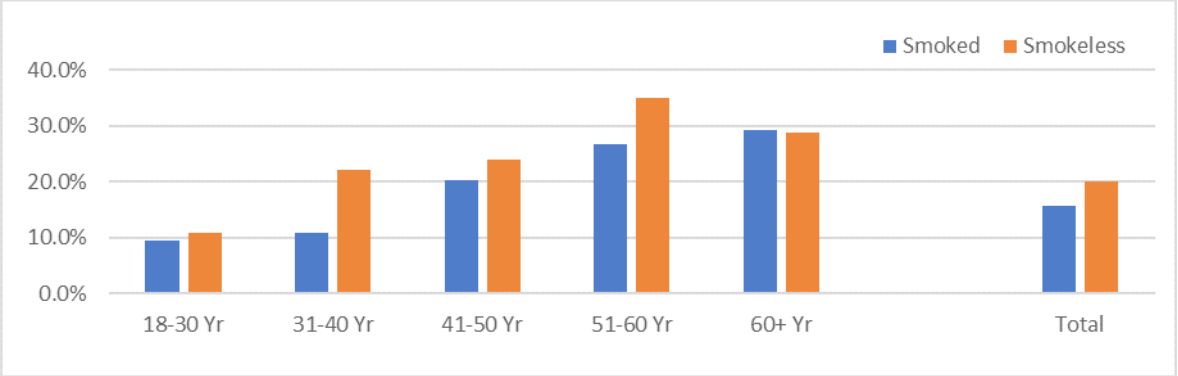
Chart 11: Smokeless tobacco use is higher among men while smoked tobacco use is higher among women



Just over a fifth of the population, 20.1%, use smokeless tobacco while 15.6% use smoked tobacco. By gender, 8.5% of women and 23.1% of men using smoked tobacco. More men, 34.8%, use smokeless tobacco but it is less popular with women at 6.2% use.

Age:

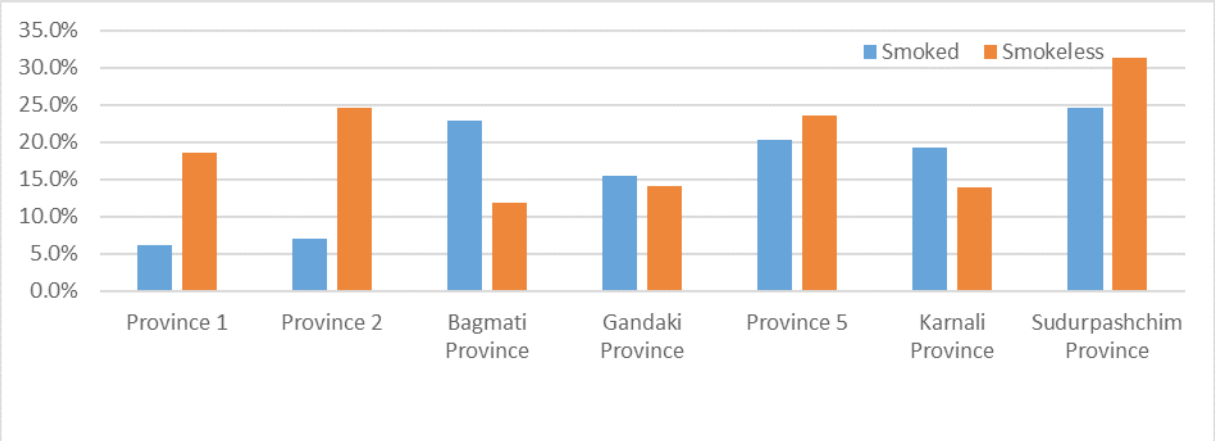
Chart 12: People of most age groups prefer smokeless tobacco while people 60+ have no such preference



Smoked and smokeless tobacco use increases with age apart from the 60 plus group where smokeless tobacco use decreases. Up to age 60, users prefer using smokeless tobacco. Smokeless tobacco use is two times higher (22.0%) when compared to smoked tobacco use among users aged 31 to 40. Smokeless use is 8% higher than smoked for the 51 to 60 age group. For the other age groups, the difference in use of smoked and smokeless is minimal. The highest use of smokeless tobacco is found in the 51 to 60 aged group (35%) while for smoked tobacco it's in the 60+ aged group (29.2%).

Province wise:

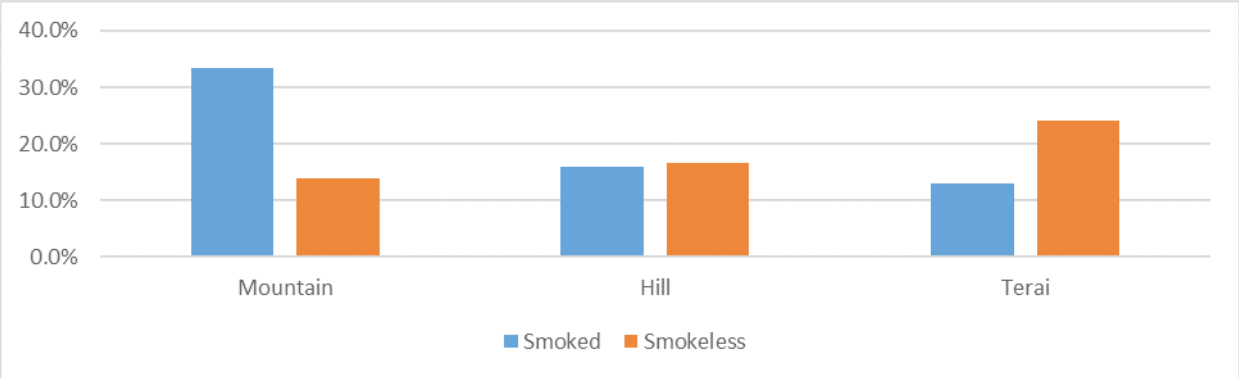
Chart 13: Smokeless tobacco use is higher than smoked tobacco in the majority of provinces



Tobacco preferences vary by region. The use of both smoked and smokeless tobacco is highest in Sudurpaschim province, at 24.7% and 31.3% respectively. Bagmati province has the second higest smoked tobacco use at 22.9% but the least smokeless use. The least use of smoked tobacco is in Province 1 followed by Province 2.

Geographical region:

Chart 14: Smoked tobacco use is highest in Mountain and smokeless highest in Terai



Smoked tobacco use is two times higher in Mountain regions (33.3%) compared to the Terai (13.1%) and Hill regions (16%). Smokeless tobacco use is significantly higher in Terai region (24.1%) compared to Mountain region (13.8%) and Hill regions (16.7%). Some people feel that the cold weather is why more people smoke in Mountain regions. There also used to be the practice of gifting cigarettes to each other in the mountains.

"Possible causes of consuming cigarette: Climate (Cold weather), belief (Saying that tobacco is something they get to use by birth - jaat le paayeko in Nepali)."

- CAO and Public Health Inspector of Fungling, Taplejung, Province 1 in a KII.

"Due to cold, many old people, children and community people consume tobacco product."

- A health Teacher from Badimalika, Bajura, Province 7 in a KII.

Terai region is the place for tobacco farming and because of that chewing tobacco is more accessible at local level and affordable. Key informant interviews (KII) showed that chewing tobacco use is socially acceptable compared to drinking alcohol and smoking.

These are some of the reasons tobacco use is high in those regions.

A KII with an executive chief at Policy, Planning, Legal and Public Health Division of Ministry of Social Development in Province 2 gave an example of this. He explained one challenge they have been facing was that casual tobacco use is a socially accepted habit and does not carry any stigma. Likewise, a female community health volunteer (FCHV) from Siraha, Lahan, Terai region of Province 2 mentioned that 70% of men use smokeless tobacco in her community when she inquired the use of tobacco.

"Smokeless tobacco like tulsi, rajni gandha, megashree consumption is more in this area than smoked tobacco."

- Chief Custom officer of Gadda Chauki, Kanchanpur, Sudurpaschim province.

"In my view, 50% people consume tobacco product such as gutka, pan, surti and other different products available in the market. As surti and gutka are smokeless tobacco product, they can be consumed openly in the community and public places with less notice from other people. Hence smokeless tobacco has heavy usage in the community people. Whereas, smoking cigarette emits smoke and disturb the people in the public place, so it is used less in comparison to the smokeless tobacco product."

"Our society is growing, and to my knowledge, the community people view tobacco use as a culture where the ancestor had used tambaku and hukkah and lived above 90 years. In their opinion, tobacco use is socially acceptable and it is becoming socially acceptable for women to consume smokeless tobacco in the society."

- Health teacher, Ghodaghodi, Kailali, Sudurpashchim Province 7.

Rural vs urban:

There is no significant difference in use of smokeless tobacco use in rural and urban areas. The use of smoked tobacco is slightly higher in urban areas, 17.3%, compared to rural areas, 13.7%. Access and availability of smoked tobacco products in urban areas is the reason for this.

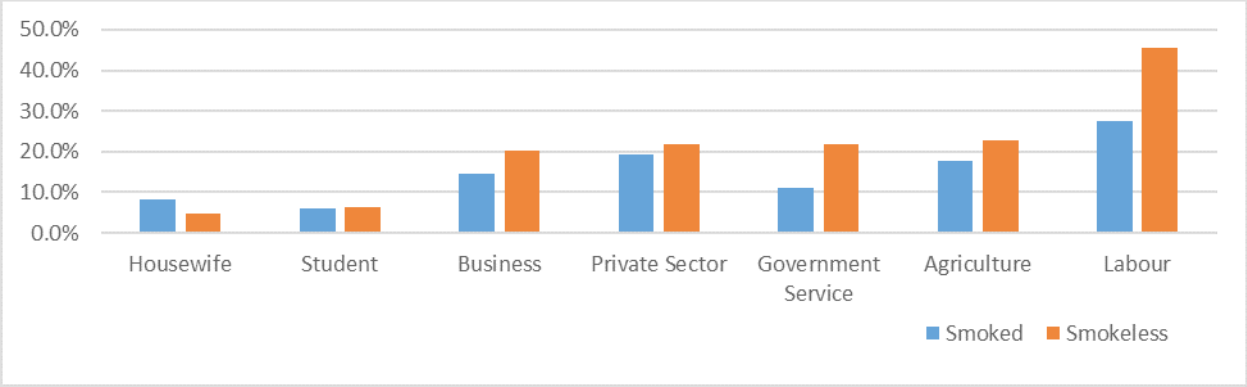
Education:

Chart 15: Smokeless tobacco is preferred by people of all education levels except people with Masters and above education

The lowest smoked tobacco use is among people with a bachelor's education at 5.4%. People with a basic education are more likely to use smokeless tobacco, 23.6%, in comparison to smoked tobacco, 15.5%.

Occupation:

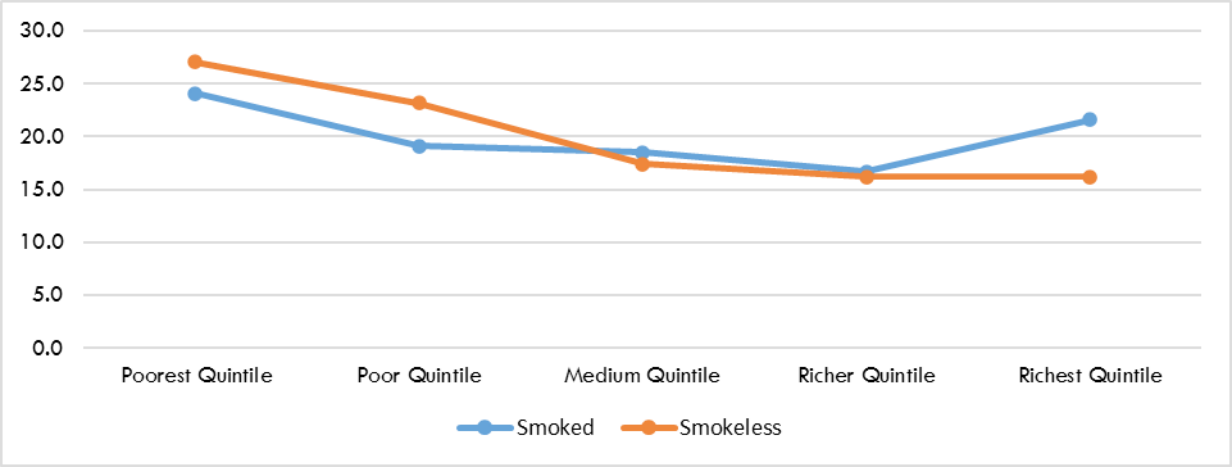
Chart 16: Labourers and government service workers have a strong preference for smokeless tobacco while housewives prefer smoked



When grouped by occupation most people prefer smokeless tobacco except for housewives. People working in government service, 22%, and laborers, 45.5% have a significant preference for smokeless tobacco when compared to smoked tobacco, 11% and 27.6% respectively. After the implementation of the Tobacco Control and Regulatory act 2011 by the Government of Nepal,[19] tobacco use is prohibited in public places including government offices. After implementation of this act, smoking has been reduced in government offices but use of smokeless tobacco products was seen during NDRI's qualitative survey.

Wealth quintile and type of tobacco use:

Chart 17: Smokeless tobacco use is higher among people with lower per capita expenditure



Smokeless tobacco use is highest among people of lower wealth quintile. Smoked tobacco is higher in the medium and richer quintiles and rises sharply among the richest quintile.

Summary:

Smokeless tobacco use is preferred to smoked tobacco use by the Nepalese. Men of all age groups have a strong preference to using smokeless tobacco, while women tend to prefer smoked tobacco. The majority of provinces

19 http://www.lawcommission.gov.np/en/archives/category/documents/prevailing-law/statutes-acts/tobacco-products-control-and-regulatory-act-2068-2011

consume more smokeless tobacco, with the highest prevalence in Sudurpaschim and lowest in Bagmati. The lowest prevalence is found in Province 1. Mountain region has highest concentration of smoked tobacco use while for smokeless it is Terai. Only people with a masters education and above prefer smoked tobacco. People working in government service or as laborer have a strong preference for smokeless tobacco while housewives prefer smoked. People in the poor and poorest wealth quintiles preferred smokeless tobacco while people in the richest quintile preferred smoked tobacco.

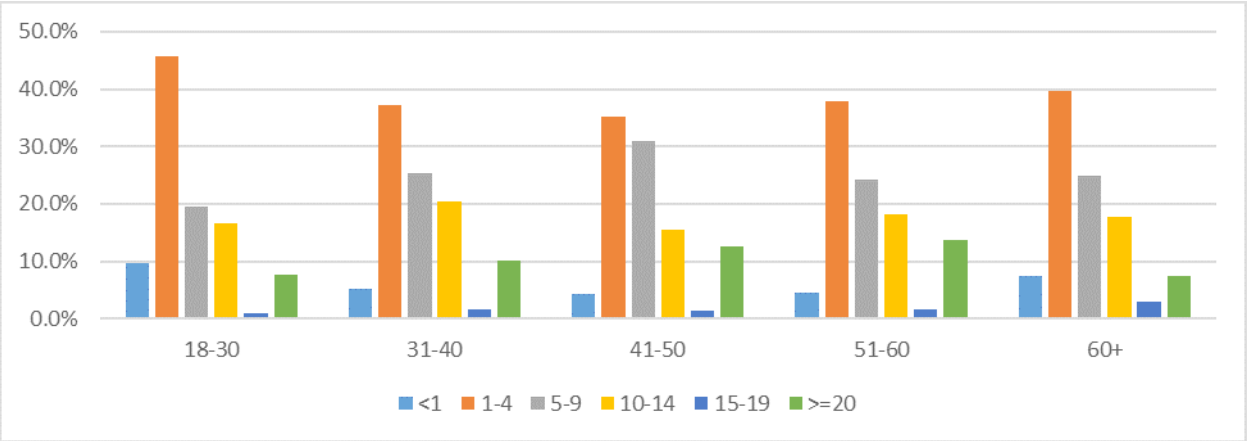
2. 3 Tobacco use pattern (number of sticks consumed per day):

I) Smoked

The majority of smoked tobacco users, 85.1%, use manufactured cigarettes. That's followed by14.9% of people who use bidi and 3.7% who use handmade cigarettes. Here, few people use more than one type of smoked tobacco. On average people smoke 7 sticks a day.

The majority of smoked tobacco users, 39.3%, use 1 to 4 sticks per day. Almost a quarter, 24.6%, smoke 5 to 9 sticks. 10.2% are heavy smokers consuming 20 or more sticks a day.[20] 1.71% of the total population are heavy smokers. Consumption of 1 to 4 cigarette sticks per day is most popular in all age groups.

Chart 18: Average cigarettes consumed per day by age



Heavy cigarette smokers:

Characteristics:

Out of total heavy smokers, more than two thirds are men. The highest concentration of heavy smokers is in the groups aged 51 to 60 followed by 41 to 50 (13.6% and 12.7% respectively). 46% of heavy smokers are Janajati and 31% of heavy smokers are Chhetri. 10.3% of heavy smokers are Dalit, only 1.1% of total smokers. Within ethnic groups, Chhetri are more likely to smoke heavily than other groups. 17.4% are heavy smokers (against 10.2% of all smokers).

Prevalence of tobacco use among Dalit is 41.1% whereas it's 33.1% among Janajati. Prevalence of smoked tobacco among Dalit is 20.6% whereas in Janajati it is 17.7%. Despite the higher percentage of smoked tobacco and total prevalence being higher in Dalit, only 3.3% of the Dalit population 4.7% of Janajatis are heavy smokers.

20 Heavy smokers are defined as those who smoke >=20 cigarette sticks per day (WHO)

Health impacts and attitude:

Four out of ten heavy smokers had at least one tobacco-related health problem. 20.5% of heavy smokers had a cough followed by 12.8% who had shortness of breath. 7.7% had chest or lung problems.

More than half, 60%, of heavy smokers know about second-hand smoking. Two thirds of heavy smokers, 66.7%, agree that their important people believe that they should not use tobacco. Four out of five heavy smokers agree that when they smoke it is dangerous to non-smokers. More than three quarters, 77%, believe that when they smoke it affects non-smokers nearby. 87.2% agree that if they smoke cigarettes, it influences children around them to start or continue smoking. Overall, the majority of heavy smokers are aware of the health impacts of their smoked tobacco use. Though heavy smokers are aware of the health impacts, one third consider tobacco use as third priority health issue.

II) Smokeless

46.4% smokeless users use khaini surti followed by 20.3% users taking gutkha or tobacco lime or betel nut mixture. 17.6% take leaf snuff, gulm guadkhu.

Smoking locations

Almost nine in ten cigarette smokers, 87.0%, smoke at home. This suggests that a very high proportion of smokers are exposing their families to second-hand smoke, despite awareness levels about the risks of second-hand smoking being high. This was highlighted by one of the participants in a community FGD who did not use tobacco.

"My in-laws use tobacco frequently. We have told them not to smoke many times but they are almost addicted to this. I worry because it is truly harmful to their health and it can also have a bad impression over the children as I have two kids living in the same house."

- Male non-tobacco user, community FGD, Province 4.

More than half of cigarette smokers, 54.6%, reported smoking at work. This suggests that workplace smoking bans are not being fully implemented or enforced. Smoking at work was highest among labourers and agricultural workers. For bidi smokers, these figures were even higher. Almost all bidi smokers, 97.6%, smoke at home, and 71.9% smoke at work.

Quitting:

Smoked tobacco user:

When smoked tobacco users were asked about their attempts to quit, 26.6% said that they had tried to give up in the last 12 months. 74.9%, smoked tobacco users wanted to quit because they were concerned about their health. 40.3%, were encouraged by their family and friends to quit. More than a third, 35.2%, were led to quit because they were concerned about their smoking's effect on non-smokers. Cost of smoking was a motive for one in five people to quit. 17.9% of people who are illiterate and 11.8% of labourers who smoked tobacco tried to quit smoking in the last 12 months.

More than three quarters, 77.2%, of smoked tobacco users were not able to quit because they were addicted. Three out of 10 were stressed and were not able to give up smoking and one in five believed the lack of information about giving up smoking was holding him back from quitting.

Smokeless tobacco user:

23% of users tried to quit smokeless tobacco in the last 12 months. More than three quarters of users, 76.3%, were concerned about their personal health. More than a third, 36%, tried to give up after seeing the health warnings on tobacco packaging. Disapproval from family and friends motivated a third to try and give up. Almost one fifth of people who are illiterate, 18.8%, and 16.21% of labourers tried to quit smokeless tobacco in the last 12 months.

Around half of smokeless tobacco users, 52%, were not able to give up as they were feeling stressed, 41.7% could not because tobacco products were easily available to them, and 27.8% said they lacked information or the idea about quitting.

Switching from smoked to smokeless tobacco

Almost one in five tobacco users, 18%, have switched from smoked to smokeless tobacco.

The most common reason for switching was that smokeless tobacco is more convenient than smoking. Health issues and the cheaper prices were also cited by 44.3% and 32.2% of people respectively.

Table 2: Reasons for switching from smoking to using smokeless tobacco

Reason for switching from smoking to using smokeless tobacco?			
Shifting from smoking to smokeless	Frequency	Per cent	Valid Per cent
Convenient than smoking	64	2.3	55.7
Health issues	51	1.8	44.3
Price	37	1.3	32.2
Social stigma	8	.3	7.0
Other	5	.2	4.3
Total	115	4.1	

Summary:

Four out of five smoked tobacco users smoke manufactured cigarettes. The majority of people of all age groups use 1 to 4 cigarettes per day while 10.2% are heavy smokers, consuming 20 or more sticks a day. Heavy smokers are most likely to be men, over 18 years old, and Chhetri men are more likely to be heavy smokers. 4 out of 10 heavy smokers have tobacco-related health problems. The majority are aware of the health impacts of smoking to others, though one third of heavy smokers consider tobacco use as a third priority health problem. A quarter of tobacco users have tried quitting in the last 12 months.

SECTION 3 | HEALTH

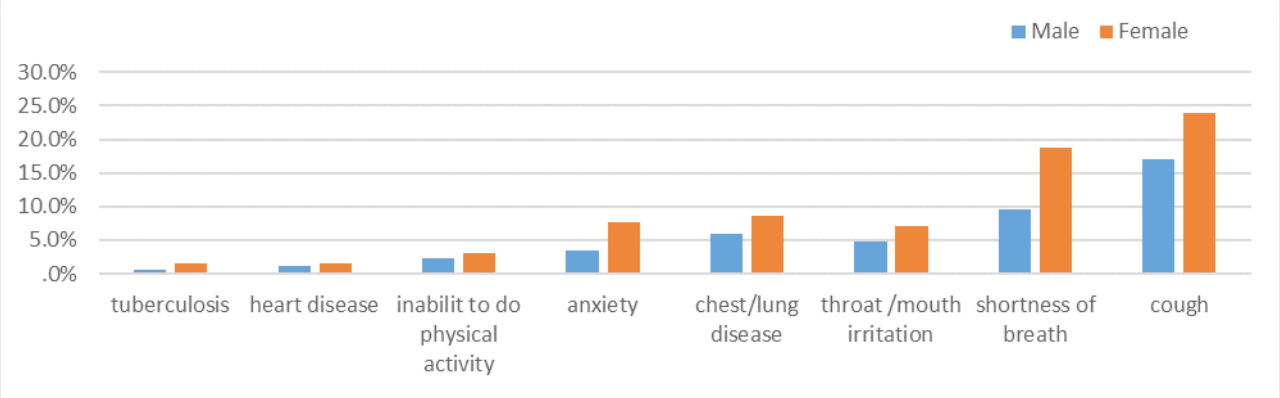
Key findings:

- Respondents are highly aware of the harmful effects of tobacco. Across all regions, age groups and economic groups, the vast majority of respondents ranked it as most harmful to health. Almost all respondents ranked smoked tobacco as most harmful.
- Levels of concern in Nepal are perceived to be rising. More than 9 in 10 respondents said that they were more concerned about tobacco than their parents' generation.
- Almost all respondents were aware of the main health risks of tobacco – including cancer.
- More than a quarter of tobacco users experienced one or more health issues related to their tobacco use – most frequently a cough.
- Less than half of people who are illiterate know about the effects of second-hand smoke (48.3%). The vast majority of respondents know of the dangers of tobacco use in pregnancy.
- Smoked tobacco was perceived to be more harmful than smokeless tobacco. But smokeless tobacco was also considered to be very harmful. 97.8% placed smoked tobacco as very harmful while it was 66.5% for smokeless tobacco.
- Almost one in five tobacco users, 18%, had switched from smoked to smokeless tobacco. The most common reason for switching was that smokeless tobacco is more convenient than smoking. Followed by health reasons.
- Most respondents said that alcohol was a bigger health problem than tobacco. But that tobacco was a bigger problem than malnutrition.

3.1 Tobacco-related health problems

When asked which of the following issues are most damaging to an individual's health, 41% of people thought that tobacco was a second priority health problem below drinking alcohol but above malnutrition and communicable diseases.

Chart 19: Health problems related to tobacco use



27% of tobacco users have one or more than one type of tobacco-related health problems. Among those who have health problems, 36.7% have health problems related to lungs like a cough, shortness of breath, chest pain or lung disease. Tobacco-related health problems are high among female users when compared to males. When asked about the days lost due to tobacco-related health illnesses,[21] the mean days lost due was reported to be 1.82 days in a year.

21 NSEPT survey 2019/2020, Q45. How many working days did you lose due to being ill (tobacco caused illness) in the last one year?

"My father uses tobacco regularly. I feel very bad because it has both health and financial impacts."

- Student, grade 8, Palungtar, Gorkha, Province 4

3.2 Health effect of smoked and smokeless tobacco

Harmful effects of smoked tobacco

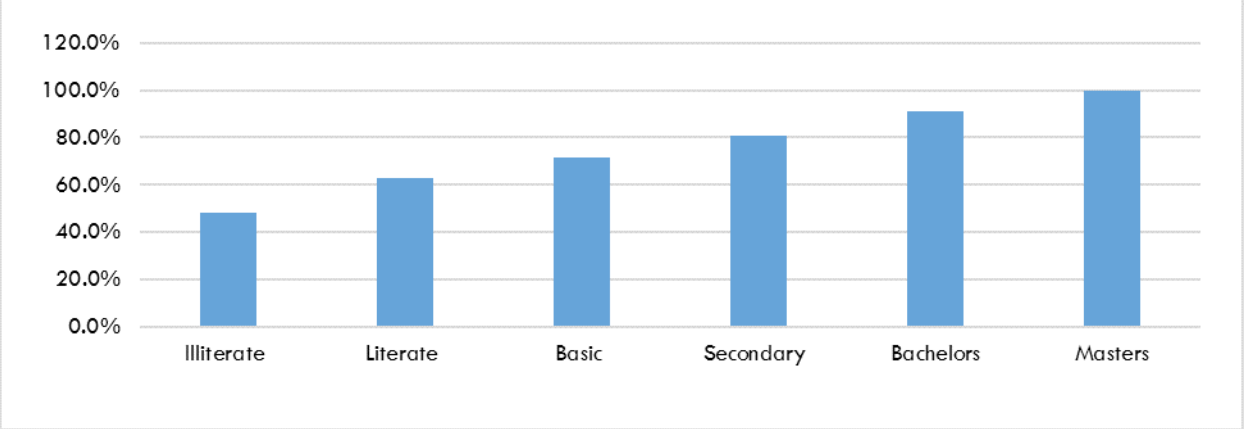
When asked how harmful smoked tobacco was to the user's health, fewer than 1% (0.8%) of respondents thought it was "not harmful". Respondents were asked to rank smoked and smokeless tobacco on a scale of 1-4, indicating how harmful they thought it was to the users health. 80.5% respondents ranked smoked tobacco in the "most harmful" category. An even higher percentage know it can cause lung cancer (95.9%) and mouth cancer (94%). Marginally fewer people, 89% and 87.5% respectively, know smoking leads to heart-related issues and pulmonary tuberculosis. 96% were aware smoking stains teeth.

Awareness of the diseases caused by smoked and smokeless tobacco was high across all geographical areas, occupations, and age groups. Even the majority of heavy smokers are aware of the health impacts of tobacco.

Second hand smoking and education

Less than half, 48.3%, of people who are illiterate people are aware of second-hand smoking. Knowledge of the effects of second-hand smoke increases with the level of education.

Chart 20: Awareness level of second-hand smoke increases with education level



More than two thirds of people, 69.7%, are aware of the harmful effects of second-hand smoking. More than 80% of respondents are aware of health problems like coughing, breathing, asthma, lung cancer related to second-hand smoking. Among those who are aware of the second-hand smoking, 67.9% are non-tobacco users and 32.1% are tobacco users. Even 59% of heavy smokers are aware of second-hand smoking. More than 70% of Brahminn, Chhetri and Janajati are aware of second-hand smoking while the figure was 66.1 % in Madhesi and 54.6% in Dalit.

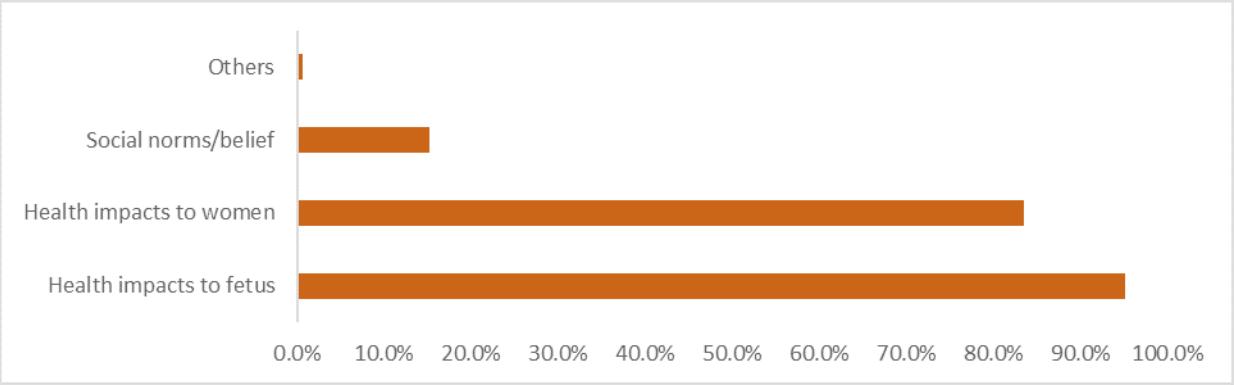
Harmful effect of smokeless tobacco

When asked how harmful smoked tobacco was to the users health, only 0.6% of respondents thought it was "not harmful". Respondents were asked to rank smoked and smokeless tobacco on a scale of 1-4, indicating how harmful they thought it was to the users health. 67.3% of respondents ranked smokeless tobacco in the "most harmful" category – a lower proportion than for smoked tobacco.

Pregnant women and health impacts of tobacco

When asked about if pregnant women should use tobacco products,[22] 94% people said no. Most people are aware that tobacco is harmful for the fetus as well as the pregnant women.

Chart 21: Most people think that tobacco used by pregnant women has negative impacts on fetus



A very high percentage of people were aware of the negative effects of tobacco use during pregnancy. 89.1% knew it effect the development of the brain, while around three quarters of people were aware it can cause low birth weight (76.7%), birth defects (74.9%), still birth (72.9%), and premature birth (64.8%). However, several respondents had seen pregnant women using tobacco, particularly in the Mountain regions.

"Yes, I have seen pregnant women consuming tobacco."
- Senior Auxiliary Health Worker of Primary Health Care of Tripurasundari, Dolpa,.

"As I told you smoking is not big deal to this locality."
- Doctor from District Hospital, Chame, Manang, Gandaki province

3.3 Concern for health impacts and tobacco use

Concern about health impacts of smoking than your parent's generation

94.0% of people were more concerned about the health impacts of smoking compared to their parent's generation, with 62.5% very concerned and 31.4% a little concerned. 86.7% tobacco users and 97.3% of non-tobacco users were more concerned than their parents regarding the health impacts of tobacco use

Concern for levels of tobacco use amongst young people in Nepal[23]

Around 94% of people were concerned about tobacco use among young people in Nepal, with 62.5% very concerned and 31.4% a little concerned. Among those who are concerned by tobacco use amongst the young, 29.3% were tobacco users and 70.7% were non-tobacco users.

22 NSEPT survey 2019/2020 Q51. Do you think it is ok for pregnant women to use tobacco?

23 NSEPT survey 2019/2020, Q83. How concerned are you about levels of tobacco use amongst young people in Nepal?

Summary:

Most people believe tobacco is a second priority health problem. Many smoked tobacco users have lung-related health issues like a cough, shortness of breath, chest pain or lung disease. These issues are found to be higher among women users than men users. The average days lost due to tobacco-related illness is 1.82 days per year. Both tobacco users and non-users are aware of second-hand smoking and its health impacts. Most people think using tobacco while pregnant is harmful to the mother and fetus and know its health consequences. Four out of five people believe smoked tobacco is very harmful compared to smokeless tobacco and know the harmful impacts of both types. Most people believe they have a better understanding of the health impacts of smoking compared to their parents' generation.

SECTION 4 | ATTITUDE AND PERCEPTION

Key findings:

- **Overall, levels of concern and disapproval about tobacco use are high across all sectors of the population.**
- When asked to rank the harmfulness of tobacco (on a scale of 1-5), a strong majority rated it as 5, the most harmful.
- More than three quarters of respondents said that the people that are important to them do not believe that they should use tobacco.
- Across society the majority of people agree that smoking harms those around you and encourages children to smoke.
- A large majority thought that it was socially unacceptable for women to use tobacco..
- A large majority are concerned about young people's tobacco use.
- **People think tobacco use is increasing.**
- 71.5% think young people using tobacco is rising. Those in the Terai region were much more likely to say that use is increasing than those in the Hills and Mountains.
- **People are influenced to start smoking by their peers.** Peer effects are the strongest factor influencing all age groups to start smoking, with family influences also playing a role.
- The vast majority of smokers smoke at home.
- Over half of smokers still smoke at work – this is primarily among labourers and agricultural workers

4.1 Smoking initiation

People under 25 who used tobacco all reported that they started smoking tobacco because their friends were doing it. Across all age groups, over three quarters (75.9%) of people agreed that their friends' use of tobacco, had motivated them to start. This was the most common reason cited and points to the huge influence of peers on tobacco use behavior.

"The friends circle."

- 60-year-old male tobacco user,Tikathali, Mahalaxmi Municipality 5, Province 3 in community FGD.

"I was in India for a long time. And my Indians friends are the reasons behind this habit. It feels good while using it".

- A smokeless tobacco user from Gandaki province in community FGD.

Likewise, a male participant in his late 20s from Dang in a community FGD said he started to smoke with friends and elders while walking a long distance to school.

In teenage FGDs in all provinces of Nepal, many students admitted the motivation behind starting was their friends. Eight of the teenager boys aged between 14 to 16 studying in grade 8 and 9 in Tikathali Municipality, Lalitpur, Province 3 said they started to use in the beginning by imitating their friends.

Similarly, a 13 year-old male from a school in Kanchanpur, Province 7, once tried tobacco due to peer pressure which in turn became habitual. Another example is a 17-year-old male from a secondary school, in Province 7. He learned to smoke in a friend circle which ended up becoming a habit. In Province 2, students of a secondary school in Isworpur Municipality, Sarlahi, Province 2, admitted that friends were the motivation for them to start using tobacco.

"At initial stage friends promote to use tobacco"

- A male student, grade 9 in Sarlahi, Province 2.

"Being curious about its taste, it was initiated and now have become habitual."

- Two male students, grade 10, Ishworpur Municipality, Sarlahi, Province 2.

Among older age groups the influence of family becomes stronger. For example, 51.5% of those aged 60 to 64 said that they were motivated to smoke by their family. Overall 33.2% of smokers were influenced to smoke after seeing family members use it.

"I learned to use tobacco when my mother asked me to fill up the sulpa,[24] a traditional form of smoked tobacco used in Midwest of Nepal during my childhood."

- A male participant in a community FGD in Province 6.

42.9% of smokers started smoking to relax or appease tension, something the responses from community FGDs showed.

"I am retired from job now and has nothing to do, I feel relaxed and can easily pass time when I use tobacco products. "

- A 60-year-old male tobacco user from Province 3 Tikathali, Mahalaxmi Municipality 5, Lalitpur.

On the other hand, smoking is a means of relief for participants of a community FGD in Province 2.

"To feel relaxed and relieved after hard work of the day".

- A female tobacco user in Province 2.

Four other women in the same community FGD shared that smoking relieves them from family tension, economic crisis, their children's education and housing problems. The reasons for starting to use smokeless tobacco were very similar, with friends being the strongest influence (80.9%).

4.2 Attitudes:

High levels of concern about the harms of tobacco use

Overall, levels of concern and disapproval about tobacco use are high. Almost four fifths of people, 79%, said that they were more concerned about the health impacts of tobacco use than their parents' generation. This suggests that levels of concern are rising over time.

When asked to rank the harmfulness of tobacco on a scale of 1 to 5, a strong majority rated it as the most harmful. 80% of respondents ranked smoked as the most harmful, scoring it a 5, while 67% did the same for smokeless. Young people were more likely to rate both as most harmful. Laborers were less likely to rate both smoked and smokeless tobacco as the most harmful. There was strong disagreement with the statement, 'you've got to die of something so why not enjoy yourself and use tobacco'. Although this varied by province, with a high of 37% agreeing in Sudurpaschim.

A small majority agreed that tobacco use is no more risky than lots of other things that people do. There were especially high levels of agreement In Province 1 (76%) and Bagmati in particular (68%). This might be because these are developed provinces where air pollution is very high due to industrial work and vehicles, and people work in brick kilns which is riskier than smoking.

24 https://www.afro.who.int/sites/default/files/2017-09/Chapter%201.%20Types%20of%20tobacco%20use_1.pdf

Strong agreement that tobacco use influences others

The majority of people agree that smoking harms those around you and encourages children to smoke. Over three quarters of all people, 78.6%, agreed with the statement that 'You worry that if you smoke cigarettes, it influences the children around you to start or continue smoking.'

"My mom smokes. By seeing mom smoke, my youngest sister wanted to have it too."

- 15-year-old female, grade 10, boarding school, Ilam, Province 1.

This was true in the case of a female tobacco user from Rautaht, Province 2, when she was asked about her motivation, she said she copied elder people who used tobacco.

"Due to friend's circle, desire to have its experience, seeing family member's smoke, easy availability."

- Three adult participants (one female and two male) in a community GFD, Province 1.

This teenager explained that if the price of tobacco went up his brother would support him to keep using.

"I would borrow from my brother and use"

- 16-year-old male student, grade 9, secondary school, Tikathali Municipality, Lalitpur, Province 3.

A large majority, 93.1%, of people agreed that 'when someone smokes it is dangerous to non-smokers'. However, tobacco users were less likely to 'strongly agree' and more likely to 'somewhat agree'. 56.3% of tobacco users strongly agreed with the statement, as compared with 80.2% of non-tobacco users.

Table 3: Agreement of people on the statement 'when someone smokes it is dangerous to non-smokers

Household members age group												**Total**
15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	>70	
158	340	288	238	219	188	155	123	103	84	58	78	2032
79.0%	79.1%	76.2%	75.6%	74.7%	74.6%	72.8%	66.8%	69.1%	60.9%	58.0%	53.8%	72.6%

Older people are less likely to strongly agree with the statement. This suggests that awareness of the harmful effects of second-hand smoking is higher within younger age groups. Tobacco users may be less aware of the harmful effects, or they be keen to convince themselves that they are not causing significant harm to others.

Social acceptability of tobacco use

Large majorities of people disagreed with statements that 'smoking and smokeless tobacco are signs of sophistication'.

Smokeless tobacco was viewed with similar levels of disapproval to tobacco. Few felt that smokeless tobacco offers a good alternative to smoking, and likewise only a minority felt that smokeless tobacco was less anti-social than smoking.

Almost 9 in 10 people, 87.4%, agreed with the statement that 'people who are important to you believe that you should not use tobacco.' Only 8.2% disagreed. The lowest levels of agreement was among labourers, although 63.3% still agreed. People under 30 were slightly more likely to strongly agree with the statement, but the correlation with age was not strong.

This suggests that individuals are being discouraged from using tobacco by those close to them.

Respondents who used tobacco were over four times as likely to disagree, with 16.8% of tobacco users disagreeing, compared to 4.3% of non-tobacco users. Among those living in Mountain regions, where tobacco use is higher, 14% disagreed. This suggests that smoking is more socially acceptable within the families and peer groups of current tobacco users and those living within the Mountain regions. A minority of tobacco users are being supported to continue using by their family and friends.

We found several examples of students who continued to smoke because of their friendship circle.

"To maintain friendship/to socialize"

- Male tobacco user, grade 10, boarding school, Palungtar Municipality, Gorkha, Province 4.

"Our friends circle is all user, our friendship breaks if we quit."

- Male students, secondary school, Kanchanrup, Saptari, Province 2.

"Whether the friend of mine is tobacco user we cannot leave them for that purpose, but friend in need is a friend indeed, we need them."

- 16-years-old male student, grade 10, secondary school from Province 7.

Attitudes towards women using both smoked and smokeless tobacco were clear. 86.6% of people stated that it was not socially acceptable. There was very little variation in attitude between women and men, or between different regions and age groups.

"It is not acceptable in society for women to use smoke or smokeless tobacco."

- A female community health volunteer (FCHV) and health assistant from Province 2.

Since use is not socially accepted, women in Nepal hide their consumption. One male participant of a community FGD from Province 4 in said there are women who use tobacco secretly.

But respondents in a community FGD in Province 7 believed that the use of tobacco among women is gradually being normalized. They said that previously, smoking was hidden away by women but now it is being used openly, indicating more social acceptance.

"In my marriage, I brought 20 packets of cigarette. And around 6 pack was used by male and 14 left packets were used by female."

- Male participant from Province 7 in community FGD.

This indicates that women are now using the cigarette in public. He went on to say he thinks tobacco use will eventually be 50-50 between men and women.

Perceptions of tobacco use among young people

Overall, 71.5% of all respondents felt that tobacco use among young people had increased either a lot or a little. Among young people under 25 this was even higher at 79.5%. This is supported by NDRI context mapping, which suggests that youth tobacco use has risen in Nepal over the last 10 to 15 years.[25]

61.4% of people in the Terai region thought that tobacco use among young people had 'increased a lot'. This is in comparison to only 17.7% in the Mountains and 20% in the Hills. People in Terai, 81.8%, were also far more likely to think the use of smokeless tobacco had gone up a little or a lot. The community FGDs held in Terai

25 https://www.ndri.org.np/ourpublication/context-mapping-document_tcp/

region revealed people's concerns about younger people smoking.

"Younger boys use smokeless tobacco; younger generations are little aware than older generation"
FCHV and Health Assistant from Terai region, Province 2 in community FGD.

Talking about the concern of tobacco use among new generation, two male participants in community FGD at Dang, Inner Terai of Province 5 replied that the younger generation indulge in its use more than the older ones even though they are more aware of the health effects. Two other males from Surkhet, Inner Terai of Province 6 mentioned that a new generation of school students used smoked and smokeless tobacco in a careless manner at very young age. In a community FGD at province 7 two male teachers and a male student felt that younger ones are more interested in use than the older ones.

"With the increasing population and market the availability and consumption of tobacco has increased among youngsters."

- Male participant in a community FGD in Province 7.

The vast majority of respondents, 93.9%, were concerned about young people's tobacco use. Older age groups were slightly less likely to be concerned, but there was no strong trend. Labourers were least likely to say that they were very concerned.

Detail insight of some of the Provinces

Box 1: Gandaki province – an outlier

- Tobacco is more socially acceptable in Gandaki than in other provinces.
- Nearly two thirds disagreed that smoking and smokeless tobacco are becoming less socially acceptable. (63% and 64% respectively)

"Cigarettes are commonly used in the community although community is aware of health impacts, they don't consider tobacco consumption as taboo or something bad, it is well accepted in society."

- Female community health volunteer (FCHV), key informant interview (KII), Naya Bazzar, Chame, Manang

"Using tobacco is not a big issue for the locals. Many people of this area consume cigarettes like their regular food. So smoking is socially acceptable in this place."

- Male health teacher, Chame, Manang in KII

- In all provinces except Gandaki, over 90% of respondents agreed or strongly agreed that tobacco harms those around you. Whereas in Gandaki, only 69.5% agreed – with a quarter of disagreeing with the statement.
- Over a third (35%) agreed that smoking is a sign of sophistication – much higher than all other provinces.

"People use cigarette to prove their high status in society as a sign of sophistication."

- A male school principal, Lamjung, in KII

"Teenaged students smoke to look smarter than their friends and people use smoke rather than smokeless tobacco to be fashionable."

- A male health teacher from Manang

- Three quarters agreed that those closest to them didn't want them to use tobacco (78%). But this compares with 95% agreement in Province 1.

"I have friends who use tobacco but I feel very normal. It is fun after all. Cancer could be to anyone even to non-tobacco user. I don't feel bad if someone is smoking."

- A female teenager from Grade 8 in a secondary school, Rainas Municipality, Lamjung

- Gandaki respondents more strongly feel that it is individuals and their families – and not government or the tobacco industry - who are responsible for reducing their tobacco use.
- Yet they were the most concerned about young people's use of tobacco with 85% being very concerned.
- In a KII with a secondary school health teacher, he informed us that he has been noticing the increasing the trend of tobacco users among students. He told us about students being caught smoking in a school toilet the previous year.
- In another KII with principals from a secondary school at Lamjung and Thantipokhari School at Gorkha, and a ward chair in Rainas Municipality, Lamjung, all of them were concerned by increased use of tobacco among the younger generation.

"Cancer is not the sole result of smoking or tobacco consumption. People who are not addicted to tobacco are also suffering from cancers. So, if we consume tobacco in a limited amount and live active life, its consumption won't do any harm."

- Male participant, Fedikhola 2, Syangja in a community FGD.

"My father uses tobacco regularly. I feel very bad because it has both health and financial impacts."

- Male teenage studying in grade 8 in a Boarding School, Palungtar, Gorkha

Box 2: Bagmati province:

- Bagmati province hosts Kathmandu and is a mostly developed province.
- The prevalence of smoked tobacco use, 22.9% is highest after Sudurpashchim but lowest in smokeless tobacco use at 11.9%.
- Bagmati has the lowest levels of support for increased taxation.
- Around 9 out of 10 think the tobacco policy is poorly enforced, higher than other provinces.
- 28% agreed that everybody has got to die of something, so why not enjoy yourself and use tobacco.
- Most people in KII interviews said that the use of smoked tobacco is higher than smokeless tobacco, which matches with the prevalence rate of the province.
- In most KIIs people focused on the traditional use of tobacco with alcohol, especially in Mongolian people (Tamang, Newar, Magar). This may be one reason the province has the lowest level of support for increased taxation.

"Though there are policies to control tobacco, the main reason to control tobacco is to change and bring the good cultural trend in the families by prohibiting alcohol use. As tobacco use is connected with alcohol use. The young children learn from the elders."

- Municipality administrator, Bhaktapur Municipality

"Challenge is less awareness on tobacco control. The bad habit of smoking cigarette while drinking tea, alcohol which is another big challenge for controlling tobacco use in our area."

- Bhaktapur Ward 6 Chair, Bhaktapur Municipality

"As there are mostly Tamang communities in this locality and their cultural factor has made them to use alcohol and hence alcohol use also has a greater influence on tobacco use. Which is why people are not able to quit use of tobacco products."

- Senior AHW, Indrasarobar, Kulekhani, Makwanpur

"There are other causes like tradition and caste which gives a trend for using tobacco. The people in the community do not raise their voice mostly on tobacco control."

- A female health teacher, Secondary School, Kulekhani, Makwanpur.

Box 3: Sudurpaschim province

- Sudurpraschim's prevalence of tobacco use is 48.8%, the highest among the seven provinces and significantly higher than the national prevalence of 31.7%.
- Use of smoked, 24.7%, and smokeless tobacco, 31.3%, is highest in this province.

"Higher number of men consume tobacco than female. But older women are found to be using tambaku. But the consumption of tobacco among women is increasing in Hills region."

- A FCHV from Ramaroshan rural municipality (KII), Sudurpaschim Province

"Smokeless tobacco is consumed more in comparison to smoked tobacco here. Previously, there used to be production of tombakhu at home which has been replaced with tobacco from market nowadays. Increasing tax will reduce consumption of tobacco use among public."

- A Chief Administration Officer of Ramaroshan RM (KII)

"50% people consume smokeless tobacco as it is convenient to use in public compared to smoked tobacco."

- A male head teacher in Secondary School, Ghodaghodi, Kailali

- More than nine in 10 people support increased taxation on tobacco
- 49.1% of people think it's the government's responsibility to reduce tobacco use.
- 90% people believe people close to them should not smoke.
- 79.7% are aware that smoking is harmful.
- 39.4% people think the smoke-free policy is poorly enforced. Only 3.8% are confident that it is well enforced.
- 37% agreed 'you've got to die of something so why not enjoy yourself and use tobacco', which was the highest in all provinces.

"Community people perceive smoking is normal and it can be used daily. Community people consume tobacco during their free time, to make their body warm during winter seasons."

- A male health teacher from secondary school, Badimalika, Bajura

"Community view tobacco consume as normal thing. Tobacco product like cigarette in the community is regarded as a gesture to welcome the guest. It is consumed during the gathering, occasions. Also, those who keep tobacco product in their party are regarded as rich man in the society."

- A female health teacher from secondary school, Kanchanpur

- 69.1% of respondents are very concerned about use of tobacco among youngsters.
- 46.6% think tobacco use among teenagers has increased.
- Only 34% think that tobacco use has increased in the last 2 to 3 years.

"New generations are more concerned and aware on tobacco use. New generation are using new tobacco product more due to the availability of the product. Old generation people had limited choice on the tobacco product, so they consumed less."

- A male principal teacher from secondary school, Achham

"New generation are more aware than old generations about the tobacco product. Also, new generation are consuming tobacco more than old generation."

- A male health teacher in secondary school, Badimalika, Bajura

SECTION 5 | POLICY[26] IMPLEMENTATION AND TAXATION

Key findings:

- Over three quarters of people agree that government should increase taxes on tobacco.
- In Sudarpaschim province, which has the highest rates of tobacco use, 97% of respondents think taxes should be increased.
- 60% believe that the rate of taxation should be above 40%. Over a quarter think that it should be above 80%. This is far above the current taxation rate of 27%.
- Half of tobacco users said that a doubling of tobacco prices would cause them to reduce their intake. Whilst 8% said that they would quit completely.
- The vast majority of tobacco users buy their tobacco in retail stores, including 100% of young people. This suggests that tobacco can be taxed effectively.
- 6 out of 10 respondents believe that the government's smoke-free policy is being poorly implemented. Only 4% believe it is well-enforced. Awareness of smoke free laws varies considerably.
- Young people report that they are able to access tobacco easily, with no restrictions, despite laws banning sales to minors. Over two thirds of respondents had seen young people buying or selling tobacco.
- Health awareness materials, however, have been noticed by 9 out of 10 respondents.

5.1 Awareness on prohibition to smoke in public places and private home:

When asked about the effectiveness of the smoke-free policy[27] only 3.51% believed it is well enforced, with 19.4% saying it was somewhat enforced. A majority of people, 60.6%, said that Nepal's smoke-free policy has been ineffective and poorly enforced. 54.8% of tobacco users and 63.2% of non-users said the policy is poorly enforced.

Out of the people who felt the policy is poorly enforced, 24.3% were in the 18 to 30 age group and 12.9% the 31 to 40 group. 16.1% of people who thought it was poorly enforced were from Province 2 and 14.4% Bagmati province.

Tobacco users vs non users

Questions about which places people are allowed to smoke[28] showed there was some confusion about the smoke-free policy. More than 50% of people believed people can smoke in restaurants and cafes, inside the home, and on the street. There was not a significant difference in awareness levels between tobacco users and non-users on smoking in public places.[29] People might not be clear what the policy is because they are still seeing people smoke in public places and believe it is allowed.

However, an overwhelming majority know smoking is not allowed in work places, public transport and indoor public places like shopping malls, hospital and cinema halls.

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26 http://www.lawcommission.gov.np/en/wp-content/uploads/2018/10/tobacco-products-control-and-regulatory-act-2068-2011.pdf

27 NSEPT survey 2019/2020, Q66. How well do you think Smoke Free policy is being implemented in Nepal?

28 NSEPT survey 2019/2020, Q63. Are people allowed to smoke in the following places? Tick all that apply.

29 As per the Tobacco Product (Control and Regulatory) Act 2011, the public places denote the bodies, institutions of offices of the state and of the government, educational institutions, libraries, training and health related institutions, airport, airlines service, public transportation, public institutions, public latrines, workplace, department store, religious places, waiting space and ticket counter, public places where mass people gather like cinema hall etc.

Table 4: Percentage of people who are aware of smoke-free policies:

	Total	Tobacco Non-user	Tobacco user
In restaurants and cafes	45.7%	45.1%	47%
On the street	48.5%	49.5%	46.2%
In your home	49.7%	51.3%	46.1%
In your workplace	78.4%	78.4%	78.4%
In indoor public places (shopping mall, hospital, cinema hall)	96.6%	96.7%	96.5%
On public transport	98.6%	98.4%	98.9%

Urban vs rural:

People in rural areas are few percentage points more aware than people in urban areas that smoking is not allowed in public transport, restaurants, café and indoor public places. In urban areas people are a little more aware that you are not allowed to smoke inside the home.[30]

5.2 Awareness on prohibition of sale, distribution and display:

Nepal's policy of prohibiting tobacco products to some groups is not yet being implemented effectively. 68.3% of people said they have seen minors under 18 years old selling or buying tobacco products.[31] One fifth, 21.6%, have observed pregnant women selling or buying tobacco products.

"We purchase from the shops outside the school area."

- Male, grade 10, boarding school in Gorkha, Gandaki province

"I have bought it from the nearest store from my home they did not stop me and gave it very easily."

- 16-year-old female, grade 9, private school at Chaujhariya, Municipality of Rukum, Sudurpaschim province.

None of the boys in a focus group discussion (FGD) conducted in a public school in Rampur, Palpa, Province 5 have seen the prohibition notice for the selling and purchase of tobacco to minors and pregnant women in shops.

30 As per the Tobacco Product (Control and Regulatory) Act, 2068 (2011), no person shall be allowed to smoke in house or on private vehicle in a way that affects another other person.

31 NSEPT survey 2019/2020, Q68. Have you seen the following person selling/purchasing tobacco products?

A minor selling tobacco products in Sadar line, Nepalgunj

Tobacco products sold in a fruit shop at Kapilvastu

Among people who said they have seen minors selling and buying tobacco, 49% are from Terai region and 46% are from the Hill region. People in Bagmati and Province 1 were more likely to have seen minors selling and buying tobacco compared to people in western provinces. People in urban areas were slightly more likely to report this issue compared to those in rural areas

5.3 Cessation policy:

When asked about support to help people quit smoking 64% of respondents were about cessation counselling provided at healthcare centres and hospitals.[32] Less than 16% are aware of other cessation services like Nicotine replacement therapy, medication such as Bupropion, or a telephone support line.

Table 5: Tobacco cessation interventions

	Yes	No	Refused to answer/DK
Counselling, including at a smoking cessation centres, healthcare centres, hospitals	64.0	16.0	20.0
Nicotine replacement therapy (NRT), such as the patch or gum	15.9	24.3	59.8
Medications such as Bupropion	12.4	22.8	64.8
Quit line or smoking telephone support line	13.8	24.2	62.0

32 NSEPT survey 2019/2020, Q72. Are you aware of the following interventions that could help people stop using tobacco?

5.4 Awareness of health warnings about tobacco

The overwhelming majority of people (93%) have seen health warnings[33] about tobacco use somewhere. Only 7% have not seen any health warnings. Among those who are aware, 80.1% saw warnings on TV or radio. More than two thirds, 69.8%, saw health warnings on tobacco packets and 42.8% through posters in health facilities.

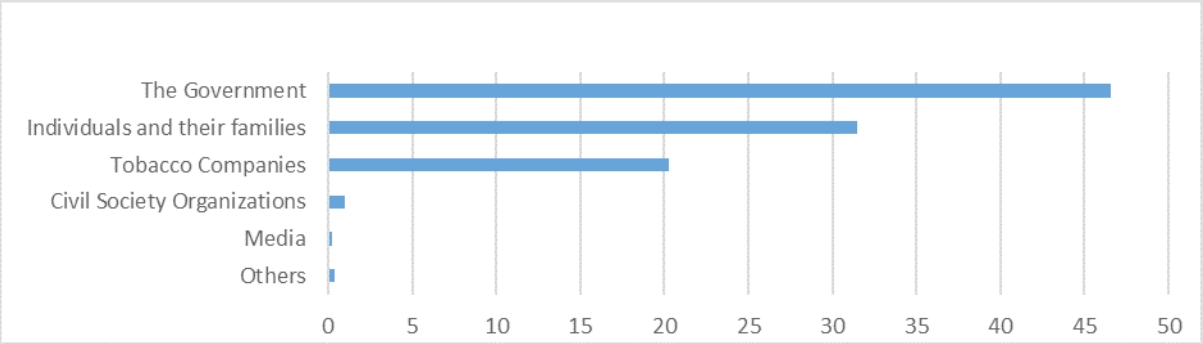
In all provinces, most people are aware of health warnings about tobacco through TV and health warnings on tobacco packets. However, in Karnali and Bagmati provinces a lower percentage of people have seen warning posters (21.5% and 7.7% respectively) or posters in hospitals (27% and 16.8% respectively).

5.5 Tobacco taxation

Who is responsible for reducing tobacco use:

Around half of people (46.6%) think it is the government's responsibility to reduce tobacco use. Among those, 67.4% are tobacco non-users and 32.7% are tobacco users. Just under a third, 31.5%, say it is the individual and their family's responsibility to reduce tobacco use while a one fifth (20.3%) believe it's the responsibility of the tobacco companies.[34]

Chart 22: Most people think it's government's responsibility to reduce tobacco use



Taxation on tobacco products:

80.1% of people said that the government should increase the tax rate on cigarettes in Nepal. Almost half of smokers (49.8%) said that they would either reduce tobacco use or stop consuming it entirely if the price of cigarettes were to double.[35] This suggest raising the tax on tobacco would be politically popular and effective in reducing prevalence.

"Increasing tax will reduce consumption of tobacco use among public."

- Chief Administration Officer of Ramaroshan RM, key informant interview (KII)

33 NSEPT survey 2019/2020, Q74. Have you been aware of health warnings about the dangers of tobacco use in the last 12 months? If so where? [tick all that apply]

34 NSEPT survey 2019/2020, Q86. Can you indicate who you think has the most responsibility to reduce tobacco use?

35 NSEPT survey 2019/2020, Q57. If the price of the cigarettes (other tobacco products) were to double, how would your tobacco consumption change?

Most tobacco products are bought from the retail shops making it taxable

More than 9 in 10 tobacco consumers said that they buy their tobacco from a nearby shop. Just 7.3% said that they buy it from the local market and 1.0% said that they get it from friends or neighbors. This was consistent across the different provinces. The lowest percentage of people who buy their tobacco from retail shops, still over three quarters at 77.5%, was in Gandaki province. In Karnali province everyone bought their tobacco from a shop. With such a significant majority of tobacco users buying from shops and local markets, a tax increase on tobacco could be simply and effectively introduced.

Table 6: Percentage of tobacco users buying from retail shop is highest

Tobacco buying places	Percentage
Retail Shop	91.6
Local Market	7.3
From Friends/Neighbors	1.0

Table 7: Province wise division of where people get their tobacco products

Tobacco buying places	Province 1	Province 2	Bagmati	Gandaki	Province 5	Karnali	Sudurpaschim
Retail shop	93.58	88.83	89.68	77.53	95.27	100	95.38
Local market	6.17	8.04	8.76	18.89	4.73	0	4.62
From friends or neighbors	0	3.14	1.56	3.58	0	0	0

Almost all tobacco products were subject to taxation across the regions. While just under three quarters of people in the Mountain region bought their tobacco from a shop, the remainder purchased it from a local market. In the Hills and Terai regions 9 in 10 people got their tobacco from a shop.

Table 8: Geographical region wise division of where people get their tobacco

Tobacco buying places	Mountain	Hill	Terai
Retail shop	72.45	93.83	93.88
Local market	27.55	4.54	5.63
From friends or neighbors	0	1.63	0.5

Almost three quarters (73.4%) of bidi smokers buy from local shops. Only 5 respondents reported making their own handmade cigarettes at home. The vast majority of smokers buy manufactured cigarettes.

Even for smokeless tobacco users, 95.2% of respondents obtain their smokeless tobacco from a retail shop nearby. This suggests that increasing taxation on smokeless tobacco is also practical and deliverable.

5.6 Tobacco user's response on tobacco price change

As we have seen a tax increase on tobacco products would affect almost all tobacco users. If the cost of tobacco was to double over half of tobacco users said that they would either stop consuming altogether or reduce the amount they use.

Table 9: Tobacco users response if tobacco price doubled

	Percentage
Stop consuming	8.4
Reduce	42.9
Continue the same	42.6
Switch to other substitutes	0.3
Don't know	5.7

The percentage of people saying that they would continue using the same amount of tobacco if the price doubled was far higher in Province 1 and Gandaki compared to the other provinces. Correspondingly, people in these provinces were less likely to stop consuming or reduce their tobacco consumption because of a price rise.

Table 10: Province wise response if price of the tobacco product is doubled

	Province 1	Province 2	Bagmati	Gandaki	Province 5	Karnali	Sudurpaschim
Stop Consuming	8.4	11.3	4.1	13.23	11.2	1.0	7.2
Reduce	21.8	46.8	35.2	24.7	40.6	43.1	72.6
Continue the same	63.2	38.9	51.9	57.8	38.1	46.0	19.0
Switch to other substitutes	2.0	0.0	0.0	0.0	0.0	0.0	0.6
Don't know	4.6	3.0	8.8	4.2	10.1	9.9	0.6
Total	100	100	100	100	100	100	100

Overall, the percentage of tobacco users stating that they would stop consuming or reduce tobacco use if the priced doubled was consistently high across all three regions. More than half of people would reduce their use of tobacco in the Mountain region. In Terai more than half would either reduce their consumption or give up entirely. In the Hill region around 4 in 10 people would either quit or reduce the amount they use.

Table 11: Region wise response on if price of the tobacco product is doubled

	Mountain	Hill	Terai
Stop consuming	2.3	8.4	9.3
Reduce	52.4	36.1	47.5
Continue the same	44.2	47.2	38.3
Switch to other substitutes	0.0	0.5	0.2
Don't know	1.1	7.7	4.7
Total	100	100	100

Younger tobacco users are more likely to stop consuming or reduce their consumption of tobacco if the price was to double. Around 6 out of 10 people aged between 18 and 30 would either stop entirely or reduce their use. As people got older they were less likely to say they would reduce their tobacco use. But even amongst the 60 plus group more than a third said they would use less. The percentage of respondents saying that they would stop consuming tobacco did not show a clear trend over the different age groups.

Table 12: Age-wise response on if the price of the tobacco product is doubled

	18-30	31-40	41-50	51-60	60+
Stop consuming	10.6	6.4	7.3	7.4	10.0
Reduce	52.7	46.3	40.2	37.8	35.7
Continue the same	32.9	44.0	44.0	49.8	43.7
Switch to other substitutes	0.0	0.5	1.0	0.0	0.4
Don't know	3.7	2.8	7.6	5.0	10.2
Total	100	100	100	100	100

5.7 Support for tax increase

We have found that an increase in the price of tobacco would lead to tobacco users reducing the amount they use. But would raising taxes be a popular policy? Over three quarters of people said that they believe that taxes should be increased. The percentage of people saying they disagreed with a tax increase was just 12.9%.

Table 13: Support in increase in tax

	Percentage
Agree	76.0
Indifferent	9.0
Disagree	12.9
Don't Know	2.1

While support for a tax increase in the Mountain region was lower than in the Hills and Terai it was still two thirds of people.

Table 14: Geographical Region wise support increase in taxes

	Mountain	Hill	Terai
Agree	66.4	75.7	77.4
Indifferent	13.5	10.2	7.2
Disagree	18.7	10.9	14.3
Don't Know	1.4	3.2	1.1

The percentage of people supporting a tax increase is high across all provinces. In Sudurpaschim, the province with the highest rate of tobacco use, support is extremely high at 97.2%. In Province 1, which has prioritized tobacco control, it is 83.5%. Even in Karnali, the province with the lowest support, 61.5% were in favour of a tax increase.

Table 15: Province wise support to increase in taxes

	Province 1	Province 2	Bagmati	Gandaki	Province 5	Karnali	Sudurpaschim
Agree	83.5	72.7	71.4	70.7	71.4	61.5	97.2
Indifferent	10.0	7.0	10.7	10.8	9.0	17.3	1.1
Disagree	5.7	20.0	16.8	15.8	15.9	11.4	1.5
Don't Know	0.8	0.3	1.2	2.7	3.7	9.8	0.2

The younger people are the more likely they are to support an increase in tax on tobacco products but support is high across all age groups. 81.2% of people in the 18 to 30 groups supported an increase. This steadily declined as people got older. But even in the 60 plus group 63.5% would support a tax increase. While this older group were most likely to be against an increase, less than one in five people said they disagreed with more tax on tobacco.

Table 16: Age-wise support to increase in taxes

	18-30	31-40	41-50	51-60	60+
Agree	81.2	77.4	74.5	69.5	63.5
Indifferent	6.2	9.3	10.1	13.1	12.8
Disagree	11.5	11.5	13.0	15.6	18.0
Don't know	1.1	1.8	2.4	1.9	5.7

Just how popular this policy would be was shown by the 55% of tobacco users who were in favour of increasing taxes on tobacco. There was even stronger support from non-users with 85.8% saying they agreed with a tax increase. Less than a quarter of tobacco users disagreed with a tax increase on the products they use.

Table 17: Tobacco user vs non-user in support in increase in taxes

	Non-user	Tobacco User
Agree	85.8	55.0
Indifferent	5.0	17.70
Disagree	7.5	24.6
Don't know	1.7	2.8
Total	100	100

Most people also supported high taxes on tobacco. When asked what the tax rate of tobacco products should be almost two thirds said it should be at least 40% of retail price or higher. More than a quarter felt it should be greater than 80%.

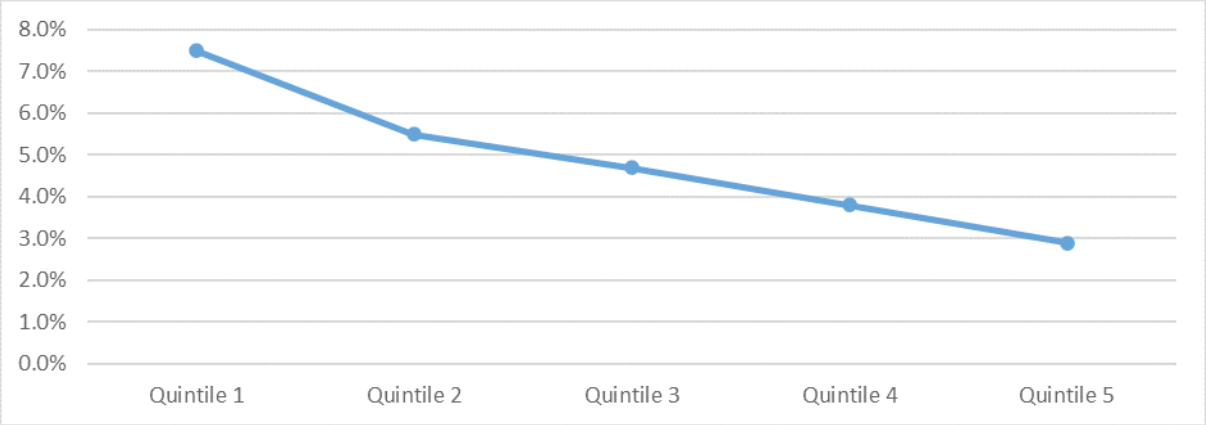
Table 18: What proportion of the retail price should go to the government as tax

Tax rate on	Percentage
0	3.85
1 – 20%	9.04
21 – 40%	23.2
41 – 60%	26.04
61 – 80%	12.7
More than 80%	25.18

5.8 Affordability of cigarettes

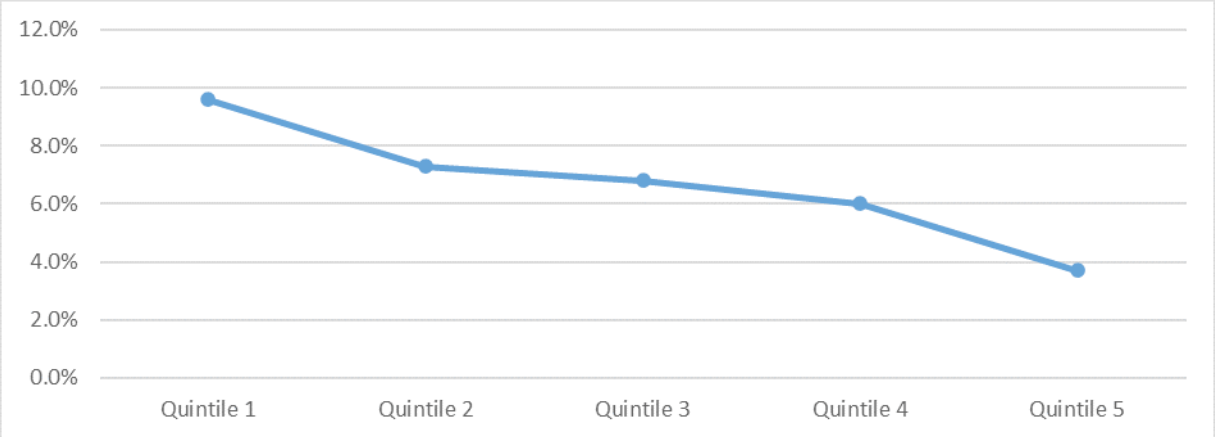
The poorer someone is the bigger percentage of their household income they spend on tobacco products. The lowest income quintile spends 7.5% of their income on tobacco while for those with the highest income it drops to 2.9%.

Chart 23: Percentage of income spent on tobacco decreases in the higher per capita expenditure quintile



Similarly, we can see a correlation between per capita expenditure quintile and the percentage of expenditure on cigarettes and bidi. For the lowest per capita expenditure quintile, the percentage of expenditure on cigarettes and bidi out of total household expenditure is 9.6% and it declines steadily to 3.7% for the highest income quintile.

Chart 24: Percentage of income spent on cigarettes and bidi (disaggregated by per capita expenditure) decreases in the higher per capita expenditure quintile



In our focus group discussions (FGD) with high school students the current cost and accessibility of cigarettes did not appear to be an issue for a lot students.

"We can buy tobacco now anywhere".
Student, grade 7, high school in Province 4.

"Our parents give 30-50 rupees per day as pocket money and we usually spend this money to purchase cigarettes."
Male student, grade 10, Province 4.

An interesting aspect to affordability is the increase in affordability of the current generation compared to their parents.

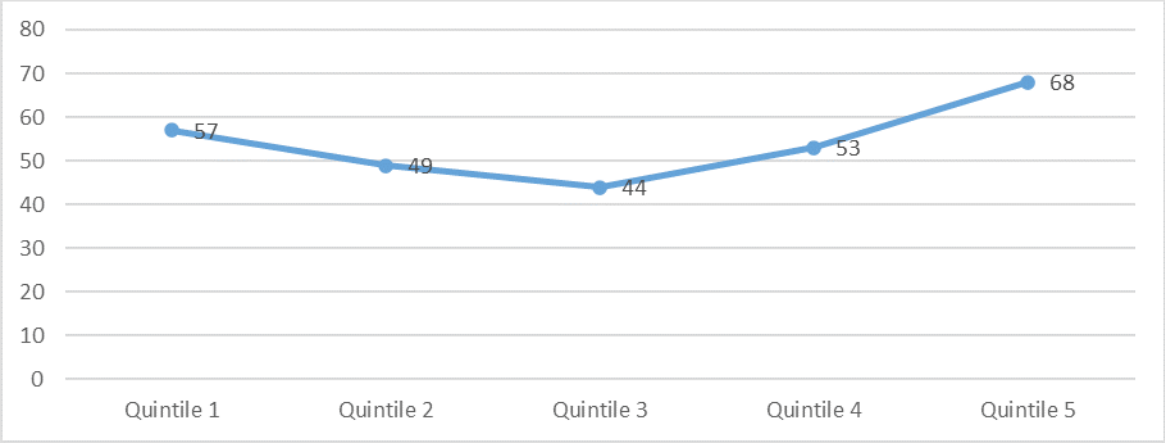
"Old generation could not afford them as they had limited money but now even school going children have enough money in their hands to buy whatever they want".
Female student, grade 9, Province 4.

While people from the lower income quintiles spend a larger share of their income on tobacco products, they remain affordable, even for high school students.

There appears to be little correlation between wealth and how much people smoke. While people from the wealthiest quintile do smoke more cigarettes a day, people from the lowest wealth quintile smoke more than those in the three remaining quintiles.

The fact that tobacco smokers in the poorest quintile consume more than those in quintiles 2 to 4, suggests that the cost of smoking is not causing them to limit their intake. Even for the very poorest quintile, expenditure on tobacco remains below 10% of overall expenditure.

Chart 25: Wealth quintile wise the number of sticks smoked per week



Summary:

People generally feel the government's smoke free policy, prohibition of sale distribution of tobacco products, and cessation policies in Nepal are ineffective and poorly implemented. However, the overwhelming majority of people have seen health warnings on tobacco packets. Tobacco users and non-users had similar awareness levels of smoke-free policies. Around half of people think it is the government's responsibility to reduce tobacco use. Three quarters of people – including more than half of tobacco users - would support an increase in tax on tobacco, with support highest among young people. If the price of tobacco was to double more than half of all users would reduce or stop consuming tobacco.

Case Study
Province 1 Anti-tobacco Campaign

Anti-tobacco campaign held in Biratnagar, Province 1

Photo source: Ministry of Social Development, Province 1

Province 1 is a developed province in the east of Nepal and has the lowest prevalence of smokers in the country.

It has high awareness of the harm tobacco can do with 98% understanding the health problems it can cause. But a quarter of people are not aware of the dangers of second-hand smoking.

The province's Ministry of Social Development (MoSD) has run various public health campaigns aimed at curbing tobacco.

In April 2018 the Chief Minister of Province 1, Sherdhan Rai, launched a campaign which included 8 commitments to healthy living including staying away from tobacco.[36] As part of the campaign the ministry made the offices of the MoSD smoke free and banned the sale of tobacco products within a 100 metres of government offices. The ban has been extended to educational institutions and health facilities.

Another anti-tobacco campaign, **"Lets choose healthy life, not tobacco products"**, was launched in January 2020.

In a key informant interview, Kesu Kafle, a community nursing officer at the MoSD, Biratnagar, Province 1 explained more about the campaign.

"Healthy life promotion campaign is being conducted in which one of the important components is controlling tobacco products. There is provision for assessment, ranking and counselling for tobacco and alcohol users."

He added a meeting about tobacco control is planned to include 137 local level representatives of Province 1 to discuss on the existing national tobacco act. More than 2 crores have been allocated for the healthy life campaign.

Along with offering people more support to give up and poster campaigns in hospitals and jingles on the radio, some municipalities in Province 1 are taking action to prohibit the sale of tobacco.

36 https://thehimalayantimes.com/nepal/health-awareness-campaign-launched-in-province-1/

"Every Thursday we seize tobacco products found in shops (cigarettes, gutkha, rajanigandha, paraag, bhola) in market places, school areas and in random shops by the rightful person assigned for it, who can perform these acts wherever and whatever circumstances encountered. Rapid actions are taken in response to complaints. We have been seizing the tobacco products and destroying them by burning. We are also planning to conduct screening for oral cancer. We have been playing awareness jingles in local FM to aware public."

- Chief Administrative Officer (CAO) of Suryodaya Municipality, KII.

Hari Krishna Bhattarai, Health System Strengthening (WHO) Officer at Ministry of Social Development in Biratnagar, believes there is still more which can be done.

"We don't lack laws, but we lack intentions. 'Niyam Haina Niyat ko Abhav chha Hami Sanga.' There is no proper mechanism for implementation and monitoring the policy related with tobacco control. There are not CCTV to detect whether the shopkeeper is selling tobacco to the children or not."

The MoSD is keen to try more including introducing an Indian-style ban on the production of tobacco and requiring people to show they identity card before they can purchase tobacco to prompt them to think about their use.

The governmentt in this province has undertaken a range of efforts to curb tobacco use, which may be having an impact on prevalence.

SECTION 6 | Profiles

Profile 1: Youths (aged 18 to 40) and students (aged 13 to 18)

Introduction

The teenage years, when one goes through different physical and psychological changes, is an equally critical period when it comes to tobacco use. This is the age when teenagers generally begin tobacco use and once it is started, they find it difficult to stop due to addiction issues. This age group is more likely to be influenced by friends to try risky behaviors like tobacco, alcohol, and drugs. In order to reduce prevalence of all tobacco use, it is crucial to stop young people from starting to use tobacco. Out of the 2800 respondents to the NSEPT survey 61.88% of those who took part were aged 18 to 40 years, 733 of them male, 1000 of them female. The NSEPT survey did not include respondents under the age of 18. To understand this group more we ran 28 focus group discussions (FGDs) among students aged between 13 and18 in all 7 provinces of Nepal. The FGDs explored teenager's perception, attitude and use of tobacco in order to gain insights into the next generation of potential tobacco users.

Key findings:

- The focus groups suggest that young people's tobacco use is likely to be substantially higher than shown by survey data. Young people hide their tobacco use. Young people spoke of their peers using tobacco in large numbers but were reluctant to admit to using it themselves. Teachers reported seeing evidence of their students' tobacco use. Female students reported that their male peers used tobacco, but the male participants didn't admit to it.
- Young people find tobacco much more affordable than in previous generations, as they have more pocket money and disposable income. The current price is not a barrier to them buying tobacco.
- Tobacco is freely available for young people to purchase. No one reported difficulties in obtaining tobacco, despite supposed restrictions on selling to minors.
- Young people start using tobacco due to peer pressure and often use tobacco as part of their social life. Addiction sets in quickly, making it difficult for them to stop.
- Parents and family members who use tobacco, influence young people to try it.
- Young people are more likely to say that youth tobacco use is increasing. They are aware of the health impacts and are concerned about tobacco use, yet the numbers taking up the habit of tobacco are high.

Prevalence:

According to national youth policy 2010 of Nepal,[37] youths are defined as the people aged between 16 and 40. The prevalence of tobacco uses among this group is 22%. For those aged 18 to 30 it's 17.8 % and it's 29.7% of those aged 31 to 40. This is a lower than the national prevalence level of all of Nepal.

The prevalence among young man aged 18 to 40 is 43%. For men aged 18 to 30 it's 38.5% and it rises to 51.1% for men who are 31 to 40. Tobacco use for women is at 6%, with 4.1% of the 18 to 30 group using tobacco while prevalence is 10.7% for women aged 31to 40.

However, the focus groups suggest that youth tobacco use is higher than suggested through survey data.

Men and women in this group were more like to use smokeless tobacco.

37 http://www.lawcommission.gov.np/en/wp-content/uploads/2018/09/national-youth-policy-2010.pdf

Table 19: Prevalence of tobacco use in 18 to 40 age group

Prevalence	Any tobacco use	Smoked	Smokeless	National
Overall	22%	10%	15%	31.7%
Male	43%	19%	30%	51%
Female	6%	3%	4%	13.7%

13 to 18 student FGD findings

- Teen tobacco use is higher among boys than girls.
- No girl students admitted to tobacco use but a few wanted to try it.
- Boys are found to use more smoked tobacco than smokeless.
- Most of the students' family members are tobacco users.

"During lunch hours students especially boys of grade 9 and 10 go to market, hotels to use tobacco products."
A 16-year-old female from grade 10 and a 17-years-old female from grade 10 studying in a secondary school in Panchthar, Phidim, Province 1.

"I would definitely try. We get curious about things and I think this is the age when we want to know about and taste everything. I take smoking as a fun and gathering new experience."
- Teenage female from grade 8 of a secondary school in Rainas, Lamjung, Province 4.

"I have seen boy students smoking cigarettes."
17-year-old female from grade 10 of a secondary school, Taplejung, Province 1.

Boy students using tobacco says, "Dui din ko jindagani khane ho majja garera bachne " meaning "Life is only about two days so we will take it and enjoy."
- Teenage female from school at Simta, Province 6.

"Churat mero jindagi, Dhuwa vaneko saas ho", meaning "cigarette is my life and smoke is my soul"
- 17-year-old male, grade 10 of a secondary school, Province 7.

Tobacco use habit

Among smoked tobacco users, 95% of under 40 year olds, use manufactured cigarettes with 80% using filtered cigarettes. All the smokers get their manufactured cigarettes from nearby retail shops. 43% use 1 to 4 cigarettes per day while 22% smoke 5 to 9 sticks a day. And 9% are heavy smokers consuming 20 or more cigarette per day. Out of all youth tobacco users, 82.6% are male and 17.4% are female. Among those who are heavy smokers, 93% are male and 7% are female.

In most FGDs non-using boys and girls felt those who did use could easily hide it from their teachers and family. Some had seen friends use tobacco in secret while others said trips to nearby shops gave students a chance to use tobacco away from school. Because students tend to use tobacco out of sight of their parents this might have led to underreporting of tobacco use in this age group.

13 to 18 student FGD findings:

- Teenage students can access tobacco very easily.

"I directly go to the shop to purchase cigarette and nobody has ever stopped me from buying it. I manage to buy cigarette by saving some money from pocket money that my parents give me daily i.e. around Rs. 30-50."

- A male, grade 10, studying in a boarding school in Palungtar municipality, Gorkha, Province 4.

"About the accessibility of tobacco product to student, shopkeepers sells student cigarettes and tobacco freely without any restrictions."

- 15-year-old male, grade 10 in Badimalika municipality, Bajura, Province 7

"Anyone can purchase tobacco from the nearest shop to the school and nobody will stop anyone to buy tobacco even small children can buy them."

- All teenage girl participants at a school in Karnali province

Almost 9 in 10 people in the youth group started using tobacco because their friends did. More than a third use tobacco to relax, while more than 30% use tobacco to kill time.

Among smokeless tobacco users, 37% of youths use gutka while 19.4% use tobacco only (as leaf, snuff). 98% of smokeless tobacco users get the product from retail shop nearby.

Table 20: Motivation factor to initiate smoked tobacco and smokeless tobacco

Smoked tobacco		Smokeless tobacco	
Motivation factors	**Percentage**	**Motivation factors**	**Percentage**
My friends use it	89.7	My friends use it	89.8
To relax/to appease tension	36.2	To relax/to appease tension	36.52
To kill time	30.9	To kill time	31.1
My family use it	17.3	My family use it	17.5
It's cheap	11	It's cheap	10.8
To look cool	4.9	To look cool	4.9

13 to 18 student FGD findings:

- Most of the teen students were motivated to initiate tobacco use by imitating their friends and family, peer pressure, some to experience its taste, and few to reduce family tension.
- Tobacco products are easily available in almost all local shops and most students buy their tobacco from them.
- No students reported being stopped from buying tobacco even they were under 18.

"I started just to try its taste once and seeing my friends using it."

- 14-year-old male, grade 9, in secondary school, Tikathali, Lalitpur, Province 3.

"I was forced to use tobacco outside my school."

- 16-year-old male, grade 10, secondary school, Province 7.

"We purchase from the shops outside the school area. Our parents give 30-50 rupees per day as pocket money and we usually spend this money to purchase cigarettes.I have never been stopped by anyone from buying."

- Male, grade 10, boarding school, Palungtar Municipality, Gorkha, Province 4.

"Tobacco can be bought everywhere, everywhere around the school and hospital area."

- Two male students, grade 8, secondary school, Isworpur Municipality, Sarlahi, Province 2

"Cigarette is in a fashion for the younger generation. Seen a lot of females using it despite seeing the warning clearly mentioned. Awareness campaigns are found being conducted but the users are least encouraged to stop. My mom smokes. A cigarette cost Rs. 15 with she could have used in purchasing pen for me. By seeing mom smoke, my youngest sister wanted to have it too. Been advising my mom regarding cancer as its outcome and also economic loss, but she says she is habituated now."

- !5-year-old female, grade 10, private school, Ilam, Province 1.

Knowledge on health impacts:

A majority of youths, 71.8%, know about the effects of second-hand smoking. Young men (81.7%) are more likely to know about second-hand smoking than young women (64.5%). 95% of people aged 18 to 40 thought pregnant women should not use tobacco products. As with the general population more than nine in 10 of the youth group know tobacco can cause cancer. But less than half knew smoked tobacco can cause coronary obstructive pulmonary disease (COPD) or bronchitis.

Table 21: Health impacts due to smoked and smokeless tobacco use

Smoked tobacco		Smokeless tobacco	
Health Impacts	**Yes (%)**	**Health Impacts**	**Yes (%)**
Lung cancer	97	Mouth cancer	97.8
Mouth cancer	95.3	Gum disease	96
Stained teeth	96.25	Throat cancer	92.4
Premature aging	76.8	Heart disease	87
Heart related issues	89.5	Stingy mouth	98.5
Pulmonary truberculosis	90		
COPD/bronchitis	48.5		
Impotence in male smokers	35.8		

Most people in the youth group, 95.3%, are concerned about the level of tobacco use amongst young people in Nepal, with 98% non-tobacco users and 86% tobacco users. Much of the whole adult population, 94%, were also concerned by tobacco use in the young.

13 to 18 student FGD findings:

- Male students are more familiar with the type of tobacco products found in markets while female students have a more limited idea.
- Most students are aware of health impacts of smoked tobacco but are less about the effect of smokeless.
- There is limited knowledge on effect of second-hand smoking.

Quitting:

a. Smokers

In the youth group 26% of smokers tried to quit smoking in the last 12 months. Out of them, 75.8% tried to quit because of concerns about their health. Disapproval from family and friends motivated 30.8% to try giving up while 27.6% were concerned about the effect of smoking on non-smokers. The cost of smoking encouraged 20.4% to try quitting.

When asked why they were not able to stop 61.5% said it was because they were addicted. A fifth, 19.9%, said they did not get enough support from family and friends, while slightly fewer, 18.4% said they were feeling too stressed. 18% said that it was too easy to get tobacco products while 17.7% couldn't give up due to a lack of information or not being given the idea to quit.

b. Smokeless tobacco users

Just under a quarter, 24.8%, of smokeless tobacco users tried to quit in the last 12 months. Most, 79.2% , were concerned about their personal health. 40.2% tried to quit due to the health warnings on tobacco packets.

Disapproval from family and friends motivated 21.6% to try stopping while 21.2% wanted to quit because they felt Nepali society disapproved of it.

45.3% of people said they were not able to quit because they were feeling stressed while a quarter said they lacked support from family and friends. Just under a fifth 19.3% failed to quit because of a lack of information or even the idea of quitting.

13 to 18 student FGD findings:

- Addiction was found to be the main reason that teen students could not give up using tobacco products.
- Peer pressure, maintaining social relationships, and a lack of knowledge about cessation services were the other reason students were not able to quit tobacco.

"I could not give up as whenever I watch television, I feel like to consume it again"

- 15 years old male student, secondary school, Tikathali Municipality, Lalitpur, Province 3

"I could not give up because I like to consume when I am alone and I have habit of consuming 'Pinky or supadi- a kind of smokeless tobacco' at class to fill that craving of smoking."

- 15 years old male student from Secondary School, Kulekhani, Indrasarobar rural municipality, Makwanpur, Province 3.

"To maintain friendship/to socialize."

- Male student from grade 10) studying in Boarding School, Palungtar Municipality, Gorkha, Province 4

"We can't leave totally at once but slowly we have to change our habit. We can't leave because it has become a habit, our friends circle is all user, our friendship breaks."

- Students of higher secondary school, kanchanrup, Saptari, Province 2.

Health problems:

83% of youth tobacco users didn't report any tobacco-related illnesses. Among those who did report a problem, most of them had a cough.

Tobacco use harms others:

76.7% of youths strongly agreed that 'when someone smokes it is dangerous to non-smokers'. However, tobacco users are less likely to strongly agree with the statement when compared to tobacco non-users (55.3% and 82.8% respectively).

Four in five young people, 80.3 %, strongly agreed - and 14% somewhat agreed - that 'You worry that if you smoke cigarettes, it influences the children around you to start or continue smoking'. Tobacco users were less likely to strongly agree and more likely to somewhat agree. 63.1% of tobacco users strongly agreed with the statement compared with 85.1% of non-tobacco users.

Level of harmfulness of tobacco:

Social acceptability of tobacco use:

A large majority of youths disagreed with the statement 'everybody has got to die of something, so why not enjoy yourself and use tobacco' and did not think it was a sign of sophistication. However, one third of youths

strongly agreed that 'Tobacco use is no riskier than lots of other things that people do'. 78.8% strongly agree that 'people who are important to you believe that you should not use tobacco'. An extremely high percentage of youths think it is not socially acceptable for women to use any type of tobacco.

Perceptions and concern of tobacco use:

Two thirds of youths think the use of both types of tobacco has increased in last 2 to 3 years in their locality. Three quarters of youths think tobacco use of any kind has increased amongst young people under 20. 44.8% believe it has increased a lot while 30.5% believe it has increased a little.

Among youths, 65.8% are concerned about levels of tobacco use among young people. Tobacco users are less likely to be concerned than non-tobacco users (44.3% and 71.8% respectively).

13 to 18 student FGD findings:

- Most of the students said use of tobacco has increased among the young generation compared to the older generation.
- Male students do not think it is acceptable for women to use tobacco.
- A few female students think it is socially acceptable for women to use tobacco as their mothers and grandmothers use it.
- Most students think tobacco use is harmful to the user's health.

"New generation users are growing day by day."

- Female students, grade 8 and 10, secondary school, Kanchanrup, Saptari, Province 2.

"Mostly tobacco use is found in Mongolian origin women, though not much females use tobacco than males, but still they use it in the villages. They mostly use beruwa surti (handmade cigarettes) and not manufactured cigarettes."

- 15-year-old male student, grade 9, secondary school, Panchthar, Phidim, Province 1.

"Old generation could not afford them as they had limited money but now even school going children have enough money in their hands to buy whatever they want."

- Female student, grade 8, secondary school, Rainas Municipality, Lamjung, Province 4.

"It is socially acceptable for women to use tobacco as my grandmother uses it."

- 16-year-old old female, grade 9, secondary school, Kulekhani, Indrasarobar rural municipality, Makwanpur, Province 3.

"My parents consume tobacco mostly cigarettes and I feel very ashamed and sad for that because they are usually coughing because of smoking and sometimes fell seriously ill."

- Female, grade 10, boarding school, Palungtar Municipality, Gorkha, Province 4.

"My father uses tobacco regularly. I feel very bad because it has both health and financial impacts. If I ask them to quit smoking, they might feel that I disrespect them. So, I never say anything."

- Male, grade 8, boarding school, Palungtar Municipality, Gorkha, Province 4.

Taxation on tobacco:

More than 80% of youths support higher taxes on all tobacco. Even among tobacco users more than a quarter were strongly in favour of an increase in tax.

Young people were slightly more likely to support higher taxation rates than the overall population. 40.5% of the youth group felt tax should be 60% or more of the retail price while a further 27% believed the tax rate should be between 41 and 60%.

If the cost of tobacco was to double 58.1% of youths will either reduce the amount of tobacco they use or stop consuming it. This is higher than the rest of the population.

45.1% think it's the government's role to reduce tobacco while a third felt it was down to the individual or family.

"With the remaining money of canteen food expenses, we buy cigarette sticks"

- Three 14 and 15-year-old males, grade 9 of a secondary school at Tikathali, Mahalaxmi Municipality of Bagmati Province.

13 to 18 student FGD findings:

- There was a mixed response to what would happen if the price of tobacco went up.

"I would quit if price increases."

- 14 and 15 years olds, higher secondary school, Tikathali Municipality, Lalitpur, Province 3.

"I would use less or change the brand of tobacco."

- 14 and 15-year-old males, grade 8 and 9, higher secondary school, Tikathali Municipality, Lalitpur, Province 3.

"We don't have to worry about money because even it becomes expensive than now, we have many options to collect money."

- Two male students, grade 10, higher Secondary School, Isworpur Municipality, Sarlahi, Province 2.

Profile 2: MOUNTAIN REGION

Introduction:
People from the Mountain region differed in their use of tobacco and in their attitudes, from the majority of respondents living in the Terai and Hill regions. Though the share of population in this region is the lowest in Nepal, the prevalence of tobacco use is highest in this region. Use of smoked tobacco is particularly high while women were more likely to smoke in this region. This profile looks into the behaviours and attitude of people in the Mountain region in more detail so more effective tobacco-related policies can be used. It brings together the survey data with findings from the focus groups discussions (FGDs) and key informant interviews (KII) in Mountain areas.

Key findings:

- The Mountain regions have the highest overall prevalence of tobacco use at 43%
- 55.6% men and 30.8% women use tobacco.
- The Mountain regions have much higher smoking rates, including for women, with the prevalence of smoked tobacco at 33.3%. 40.4% of men and 25.9% women use smoked tobacco.
- Smokeless tobacco use is 13.7%. 20.4% men and 6.6% women use smokeless tobacco.
- Tobacco use among women is more socially acceptable. Women are most likely to think this.
- People tend to suggest smoking rates are higher because of the cold climate.

Demographic information:

Out of the 2800 respondents to the NSEPT survey, 5.7% (159) were from the Mountain region. Of these 51% were male and 48% female.

In our survey we selected 1 mountain district from each province that had a mountain district. Province 2 and 5 don't have any mountain districts. They were Taplejung from Province 1, Dolakha from Bagmati province, Manang from Gandaki province, Dolpa from Karnali province, and Bajura from Sudurpashchim province.

Mountain region has a young population with more than 6 in 10 people aged between 18 and 40.

Table 22: Age and gender wise distribution of respondents from mountain region

	18 to 30	31 to 40	41 to 50	51 to 60	60 plus
Male	38.3%	18.5%	19.8%	16.0%	7.4%
Female	44.2%	27.3%	13.0%	9.1%	6.5%
Total	40.9%	22.6%	16.4%	13.2%	6.9%

People in the Mountain region tend to have a lower standard of education than the general population. More than one in five people are illiterate while 30.2% are educated up to secondary school level.

Agriculture provides 39.9% of people with their occupation. 15.2% work for a business, 12.7% are housewives and 10.8% students.

Table 23: Education level of Mountain respondents compared to total respondents

	Illiterate (%)		Literate (%)		Basic (up to grade 8) (%)		Secondary (grade 9 – 12) (%)		Bachelors (%)	
	M	T	M	T	M	T	M	T	M	T
Male	16.	17.9	16.0	15.4	30.9	26.3	34.6	32.7	2.5	6.8
Female	28.2	18.2	17.9	22.9	21.8	22.8	25.6	32	6.4	3.7
Total	22	18	16.4	19.3	26.4	24.5	30.2	32.4	5.0	5.3

M- Mountain Region T- Total respondents

Health problems:

Quite a high proportion of people, 36.8%, have health problems related to tobacco use in the Mountain regions which compares to 29.1% in Hills and only 23.7% in Terai.

A quarter of people said they had a cough while 17.6% had chest pain or lung disease. 15.9% reported shortness of breath.

Key informant interview (KII) findings:

"25% of total patients in a month visit health post for their checkup for problems regarding tobacco consumption. Coronary obstructive pulmonary disease (COPD) is one of main health issue identified in this place. There have been some cases of people dying of mouth cancer and tuberculosis"

- Senior AHW from Tripurasundari, Dolpa, Karnali Pradesh.

"The patients suffering from respiratory problem, asthma, cough, common cold, COPD related are very high due to intake of bidi, cigarette and tobacco. Most visiting patient were smoked tobacco user. Around 20 out of 80 patients (25%) are related to tobacco use patient."

- Director and Doctor of Hospital, Badhimalika Municipality, Bajura, Sudurpashchim Province

Health awareness:

The majority of people in the Mountain regions are aware of the health impacts of tobacco. But awareness is comparatively low compared to other regions and the total population. People were mostly like to know about cancer, but half did not know about coronary obstructive pulmonary disease (COPD).

57.9% people in the Mountain regions were aware of second-hand smoking and more than 70% of those knew it can cause lung cancer, breathing problems, asthma and coughing.

86.7% of people in the Mountain region were aware that pregnant women should not use tobacco.

Table 24: Awareness of health impacts of tobacco use among mountain region and total respondents

	Lung cancer (%)	Mouth cancer (%)	Stained teeth (%)	Premature aging (%)	Heart disease (%)	Pulmonary TB (%)	COPD (%)	Impotency in male (%)
Total	96.9	94	96	73.5	87.5	89	46.7	33.2
Mountain	86.7	85.5	92.4	51.9	77.2	71.1	50.0	29.1
Hill	96.7	95.5	94.3	67.9	85.2	86.8	61.2	30.3
Terai	96.2	93.5	98.1	81.6	91.1	93.2	32.2	36.5

Key informant interview and focus group discussion findings:

"Tobacco use is in increasing trend. Cigarette, chewing tobacco (gutkha, bhola- sold and purchased in highest number), hukkah (flavored), raw tobacco sold at Takme bazzar which is locally produced at villages like Furungo."

- CAO and Public Health Inspector, Fungling, Taplejung, Province 1, KII.

"In this locality similar number of men and women consume tobacco."

- Female community health volunteer (FCHV), Tripurasundari, Dolpa, Karnali province, KII.

"Yes, I have seen pregnant women consuming tobacco."

- Senior Auxiliary Health Worker of Primary Health Care of Tripurasundari, Dolpa, Karnali province, KII.

"I have encountered pregnant women consuming tobacco in the community"

- Director and Doctor of Hospital, Badhimalika Municipality, Bajura, Sudurpashchim province, KII

"Use of tobacco is not a big deal in the locality, it is socially and culturally acceptable for women to smoke here. Most of the local residents prefer smoking to smokeless tobacco. Very few locals use smokeless tobacco. It is socially acceptable for women. Culturally, women smoke very less than men here. If any women smoke, apparently they don't have any problem with that."

- A male health teacher from secondary school, Chame, Manang, Province 4, KII.

"Possible causes of consuming tobacco: Climate (cold weather), belief (saying that tobacco is something they get to use by birth - jaat le paayeko), copying from parents and influence from friend's circle".

- CAO and Public Health Inspector, Fungling, Taplejung, Province 1, KII.

"Old Generation women use, tambakhu people"

- FCHV from Ramaroshan Municipality, Sudurpashchim province.

"Senior citizen women in the society consume tobacco product openly compared to the junior citizen"

- 17-year-old male student, grade 9, secondary school, Badimalika, Bajura, Sudurpashchim province, students FGD.

"Cigarettes are commonly used in the community. Community don't consider tobacco consumption as something bad; it is well accepted in society."

- FHCV from Naya Bazar, Chame, Manang, Gandaki province, KII.

"Due to cold, many old people, children and community people consume tobacco product."

- Male health teacher, secondary school, Badimalika, Bajura, Province 7, KII.

Quitting:

31.8% of smokeless and 32.1% smoked tobacco users in the Mountain regions tried to give up tobacco in the last 12 months which is higher than the general rate of 23% and 26.6% respectively. The majority said it was due to concern about their health and disapproval from family and friends.

If the cost of tobacco was to double 43% people in the Mountain regions would continue to use tobacco. Just 38.57% said they would either reduce their intake or stop consuming, compared to 53% of the general population.

Key Informant Interview findings:

"It's their habit that prohibits them to quit tobacco. Here, mostly learn from their childhood and when they are addicted to nicotine, it's hard for them to leave tobacco."

- Senior AHW from Primary Health Care, Dolpa, Karnali Province.

"It's tough to say to old people they say 'marne bela bhaigo taile k okati parla' meaning 'We are near to die now, what treatment do you do for us?'"

- FCHV from Tripurasundari, Dolpa, Karnali Province.

Taxation and Policy:

Almost half of people in the Mountain regions, 49.4%, said that the smoke-free policy is poorly enforced. A majority, 59%, have seen minors selling tobacco while 32.7% have seen pregnant women selling tobacco.

Almost three quarters of people, 73%, think the government should raise taxes on tobacco products.

Knowledge of what support is available to help people quit is quite low. half of people in the Mountain regions are aware of the counselling services at health facilities while less than one are aware of what other support is available.

Table 25: Awareness on cessation services among mountain people

	Yes	No	Refused to answer/don't know
Counselling, including at a smoking cessation centres/health care centres/hospitals	50%	30.4%	19.6%
Nicotine replacement therapy (NRT), such as the patch or gum	7.5%	41.5%	50.9%
Medications such as Bupropion	8.9%	37.3%	53.8%
Quit line or smoking telephone support line	8.2%	41.8%	50%

Attitude and perception:

More people, 77%, think smoked tobacco is most harmful compared to smokeless tobacco, 63.5%.

People in the Mountain regions are more accepting of female tobacco use than in the general population. One in five people from the Mountains are accepting of it compared to just 13.4% of the general population.

While 71.5% of people in the Mountain regions thought tobacco use in young people was rising, there were less likely to say so compared to people from the Terai and Hill regions. There was no clear picture in the Mountain

regions on use among people under 20. 46.8% said use among this young group had increased but 44% said the use of tobacco by under 20s decreased either a little or a lot. Most people, 93%, admitted to being concerned about the level of tobacco use among young people.

48.3% of people think the use of smoked tobacco has increased a little more compared to smokeless tobacco, 43.4%m in the last 2 to 3 years in their locality.

More than four fifths, 81.9%, of people said they were more concerned about the health impacts of tobacco use compared to their parents' generation, which is higher than other regions. But when people were asked whether someone close to them should smoke, only 65.0% were strongly against. This compares to 76.2% in Hill regions and 73.4% in Terai regions.

Quite a similar proportion of people think reducing tobacco use is the responsibility of the individual and families (40.3%) and the government (39%).

Key Informant Interview findings:

"Bajura is a remote area and developmental work is less here. Some local of the community sells the milk and wood in the market for the income generation. But later, the income from the sales is spent on tobacco use. Also, family members are affected more due indirect smoking from the tobacco user."

- A male health teacher, secondary school, Badimalika, Bajura, Province 7.

"As I told you smoking is not big deal to this locality. So, it's not big issue even to pregnant women. We provided them consultation about the harmful impact over their body and babies, if we found smoking pregnant women. They quit smoking during their pregnancy period but shortly after delivery they again start smoking in the previous manner."

- Doctor from District Hospital, Chame, Manang, Gandaki Province.

"Community people perceive smoking is normal and it can be used daily. Community people consume tobacco during their free time, to make their body warm during winter seasons."

- A male health teacher, secondary school, Badimalika, Bajura, Province 7.

"Children of Aryan origin are less involved and those of Mongolian origin are more involved, meaning more are influenced by the use of it among family and friends."

- A male health teacher, secondary school, Fungling, Taplejung, Province 1.

"New generation are more aware than old generations about the tobacco product. Also, new generation are consuming tobacco more than old generation."

- A male health teacher, secondary school, Badimalika, Bajura, Province 7.

SECTION 7 | CONCLUSIONS

This survey provides important insights into the use of tobacco, and the attitudes and behaviours behind its continued popularity. It helps to highlight the need to increase the political attention and priority given to tobacco control.

The survey shows that people are highly aware of the harms caused by tobacco. They are very concerned about tobacco use, more so than their parents' generation. Their views of tobacco are overwhelmingly negative. They don't think tobacco use is sophisticated; their family and friends don't want them to use it. A sizeable minority (more than 25%) of users are experiencing tobacco-linked health problems. They also know that their tobacco use is dangerous to those around them, and influences children to start.

Yet, they are still using tobacco in high numbers (overall prevalence is 31.7%). More than half of men (51%) either smoke or use smokeless tobacco, and a majority of respondents (over 60%) think that tobacco use is increasing in their local area. Among certain groups, such as male labourers and illiterates, over two thirds are tobacco users. There is a strong social gradient – those who are poor and uneducated are using (and suffering the impacts) in much greater numbers. Illiterate men are over three times more likely to use tobacco than those with a Bachelor's degree. Overall, women use tobacco much less than men, but almost half of women over 60 use tobacco. Perhaps most worryingly, young people are starting to use tobacco from their early teens, creating a new generation of tobacco users, despite being highly aware of the health risks. Most people (71.5%) think that youth tobacco use is increasing.

This mismatch between attitudes and behaviours is partly driven by the addictive nature of tobacco. Respondents find it difficult to quit. Around a quarter of respondents had tried to give up over the past year. But three quarters said they had failed because of their level of addiction. And whilst attitudes are largely anti-tobacco, there are wide variations. In the mountain regions, and particular provinces, such as Gandaki, tobacco use is more socially acceptable, including among women. Attitudes are less negative among current tobacco users and those with lower levels of education.

Tobacco remains affordable, even to those in the lowest income quintiles. The percentage of expenditure on tobacco out of total household expenditure is 7.5%, for the lowest quintile. Young people have more disposable cash than previous generations and report buying tobacco with pocket money.

Government smoke free policies are perceived to be poorly enforced and understood (only 4% think policies are well-enforced). Whilst heath awareness campaigns appear to have reached most of the respondents (nine in ten reported having seen health awareness materials), restrictions on selling to minors appear to be largely ignored, with young people reporting that they can buy tobacco freely without any problems.

There is strong support for the government to raise taxes on tobacco. Over three quarters of respondents agreed – including 97% in Sudarpaschim, the province with the highest prevalence. Half of tobacco users said that they would either reduce their intake or quit completely if the price of tobacco doubled.

NDRI will use the findings from this research to raise the salience of tobacco control in Nepal, and to inform the development of more effective tobacco control policies.

This research has highlighted specific demographic and social groups who are more likely to use tobacco. Specific consideration should be given to how to target tobacco control policies towards: males, mountain regions, older women; low-income groups, and; those with lower levels of education. More attention should also be given to preventing young people from taking up the tobacco habit and becoming the new generation of tobacco users.

World Health Organization and international evidence suggests that reducing the affordability of tobacco

through taxation policy is the single most effective measure to reduce tobacco use, prevent future illness and save lives, and yet Nepal has one of the lowest rates of tobacco tax in Asia. The percentage of tobacco user is highest in poorest wealth quintile – over 40%. This group is more likely to respond positively to price increases. NDRI's paper on taxes **"Policy brief on Tobacco Taxation"** sets out proposals for increasing and simplifying tobacco taxes, in order to drive down consumption, and at the same time, increase revenues. The economic impacts of Covid-19, make the opportunity to increase revenues from tobacco tax, particularly attractive at this time.

NDRI will also take forward further work to look at the health and associated financial impacts of tobacco, including the catastrophic financial impacts that tobacco-related illness can have on users and their families. This will included targeted research with affected individuals, to explore impacts in more depth.

ANNEXES

Annex 1: Methodology

Sample Design

Administrative Divisions in Nepal

There are 7 provinces in newly structured Federal Nepal based on the Constitution of 2015. Each province consists of a number of districts. Each district can consist of either an urban or a rural ward. Wards are the smallest administrative unit.

Administrative Divisions of Nepal	Number
Provinces (Pradesh)	7
Districts	77
Local Bodies Urban municipalities Rural municipality	753 293 460
Wards	6743

In addition to those administrative divisions, Mountain, Hill and Tarai (Plains) are three broad ecological zones of Nepal. Each province can consist of districts falling into any one of the ecological region.

Methodology:

A multi stage sampling techniques were used to calculate the representative HH sample throughout the country. The sample frame was developed using 2011 National Population Census data. For these following steps were carried out.

Note:
Although households were randomly selected, the selection of individuals within each household to take part in the full survey was based on availability, not random selection. The survey results were therefore skewed towards older age groups and very slightly towards males. To correct this bias and generate nationally representative results, the survey data was weighted using population distributions for age and gender from the 2011 Census.

Steps for calculating sample size for each Provinces

Step 1.	Rural and Urban population of all provinces were prepared based on the Population census data 2011. As per the current federal structure, those who belongs to rural municipality were considered as a 'Rural' whereas those who fall into the current municipality were considered as 'Urban'.
Step 2.	Proportion of Both Rural and Urban Population were calculated separately. Using the statistical formula (Arkin & Colton 1963) samples were calculated. $$n^* = \frac{Nz^2 * p * (1-p)}{Nd^2 + Z^2 * p * (1-p)}$$

<table>
<tr><td>Step 3.</td><td>To capture the maximum numbers of smoker's perception and to minimize the risk of high chances of representing nonsmokers a 10% of boosted samples were increased as a design effect. Then the total sample size was obtained. However, our primary sample unit (PSU) was not i separately identifiable so it needed to clustered into PSUs. As per the study design, our primary sampling unit (PSU) for the study was a part of the current ward of Rural Municipality and Municipality. Total number of sampled populations was then divided by arbitrary number of 40 in each clusters of various wards. Then the total number of PSUs were obtained by province wise.</td></tr>
<tr><td>Step 4</td><td>The PSUs were again categorized into three ecological zones (Mountain, Hills and Terai) on the basis of the Ecological terrain (Using ecological zone – Government of Nepal). During this process the weightages of each eco-zone were used.</td></tr>
<tr><td>Step 5</td><td>PSUs of each domains were selected based on the probability proportionate to size i.e, higher the size of population higher the probability of selection.</td></tr>
<tr><td>Step 6</td><td>To select the Respondent within the PSU, following steps were used.

• List of Households in respective PSUs were prepared with the consultation of h Rural / Municipalities, Local Ward representative, FCHVs, Community leaders, etc. (whoever were available).
• Systematic random sampling method was used for the selection of household in PSUs. An interval was calculated (Total households (N) / 40) [example is given below
<table>
<tr><td colspan="3">Selecting HH (Example)</td></tr>
<tr><td>Total Household (N)</td><td>273</td><td>Alphabetic order</td></tr>
<tr><td>Sample Size (n)</td><td>40</td><td></td></tr>
<tr><td>Sample Interval (i)</td><td>6.825</td><td>7 (Approx.)</td></tr>
<tr><td>Random Number (k) = 1st HH</td><td>143</td><td></td></tr>
<tr><td>2nd HH</td><td>150</td><td></td></tr>
<tr><td>3rd HH</td><td>157</td><td></td></tr>
<tr><td>4th HH</td><td>164</td><td></td></tr>
<tr><td>….</td><td>….</td><td></td></tr>
<tr><td>….</td><td>….</td><td></td></tr>
<tr><td>….</td><td>….</td><td></td></tr>
<tr><td>40th HH</td><td></td><td></td></tr>
</table>
• Respondents were selected randomly without any pre- occupied criteria of selection (whoever available among the eligible persons aged eighteen years and over.)</td></tr>
<tr><td></td><td>Detail Calculation of Samples are given Below.</td></tr>
</table>

Annex 2: Demographic information of survey respondents

Table 1: Distribution of participants by age, gender, ethnicity, religion, and education.

Characteristics (N=2800)	n	%
Age		
18-30	1131	40.4
31-40	602	21.5
41-50	435	15.5
51-60	316	11.3
60+	316	11.3
Gender		
Male	1358	48.5
Female	1442	51.5
Ethnicity		
Brahmin	415	14.8
Chhetri	411	14.7
Janajati	1149	41.0
Dalit	293	10.5
Madhesi	496	17.7
Other	36	1.3
Religion		
Hindu	2337	83.5
Buddhism	252	9.0
Muslim	56	2.0
Christian	58	2.1
Other	97	3.5
Education		
Illiterate	505	18.0
Literate	540	19.3
Basic (Upto grade 8)	686	24.5
Secondary (Grade 9-12)	905	32.4
Bachelors	147	5.2
Masters and above	17	0.6

Table 2: Distribution of Participants by primary occupation, geographical region, province, and rural/urban area

Characteristics (N=2800)	n	%
Primary Occupation		
Agriculture	1196	42.7
Government Service	100	3.6
Private Sector	124	4.4
Labor	246	8.8
Business/Self employed	313	11.2
Student	229	8.2
Housewife	528	18.8
Other	56	2.0
Not Applicable	8	0.3
Geographical Region		
Mountain	158	5.7
Hill	1308	46.7
Terai	1334	47.6
Province		
Province 1	501	17.9
Province 2	525	18.8
Bagmati Province	470	16.8
Gandaki Province	305	10.9
Province 5	453	16.2
Karnali Province	214	7.6
Sudurpashchim Province	332	11.9
Rural/Urban		
Urban	1472	52.6
Rural	1328	47.4

Annex 3: Individuals Participated in Key Informant Interviews:

Province 1					
S.N.	**Name**	**Designation**	**Affiliated Institution**	**Place**	**District**
1	Kesu Kafle Hari Krishna Bhattarai	Community Nursing Officer Health System Strengthening (WHO)	Ministry of Social Development	Biratnagar-10	Morang
2	Mahesh Raj Timsina Manju Gurung	Chief Administrative Officer Public Health Inspector	Fungling Municipality	Birendra Chowk, Fungling-4	Taplejung
3	Prakash Raj Poudel Bipul Adhikari	Chief Administrative Officer Health Department	Suryodaya Municipality	Fikkal	Ilam
4	Sudha Thakur	Medical Record Officer	Koshi Hospital	Biratnagar-10, Rangeli Road	Morang
5	Rudra Katwal	Medical Record Keeper	Taplejung District Hospital	Fungling-4	Taplejung
6	Deependra Prasad Yadav	Health Post Incharge	Nangin Health Post	Phidim-12, Nangin	Panchthar
7	Dr. Saroj Darnal	PHC Incharge	Primary Health Center Fikkal	Suryodaya Municipality, Fikkal	Ilam
8	Ful Maya Hangbo	FCHV		Phidim-12, Nangin	Panchthar
9	Hemal Tudu	FCHV		Urlabari-8	Morang
10	Laxmi Devi Bhandari	Deputy Mayor	Urlabari Municipality	Urlabari	Morang
11	Prem Narayan Acharya	Ward Chair	Ward Office, Phidim -12	Phidim-12, Nangin	Panchthar
12	Kishor Kumar Rai	Head Teacher	Bhanu Jana Secondary School	Ambitar, Fungling - 4	Taplejung
13	Ranjit Shrestha Samjhana Adhikari	Head Teacher Administrator	Sai Jyoti English School	Suryodaya Municipality, Fikkal	Ilam
14	April Chapagain	Health Teacher	Shree Nangin Boarding School	Phidim-12, Nangin	Panchthar
15	Sushila Khadka	Health Teacher	Bhanu Jana Secondary School	Ambitar, Fungling - 4	Taplejung
16	Bikash Dahal	Custom Inspector	Bhadrapur Customs Office	Bhadrapur	Jhapa
17	Rajendra Thapa	Information Department	Biratnagar Customs Office	Rani, Biratnagar	Morang
18	Sunil Parajuli	Medical Records Incharge	BPKIHS	Dharan	Sunsari
19	Siri Mukhiya	Trader at Border Area	Boarder Area	Bhadrapur	Jhapa
20	Bharati Ghosh	Trader at Border Area	Boarder Area	Bhadrapur	Jhapa
21	Baburam Shah	Trader at Border Area	Boarder Area	Bhadrapur	Jhapa

Province 2					
S.N.	**Name**	**Designation**	**Affiliated Institution**	**Place**	**District**
1	Nawa Kishwor Jha	Policy, Planning, Legal and Public Health Division Director	Ministry of Social Development	Dhanusa,Janakpur	Dhanusa
2	Purusottam Dhakal	Executive Chief	Kanchanrup Municipality	Kanchanrup	Saptari
3	Kiran Kumari Thakur	Deputy Mayor	Gaur Municipality	Gaur	Rautahat
4	Kuldeep Pandey	Executive Medical Superitented	Janakpur Hospital	Ramananda chock	Dhanusa
5	Dr,Sunil Kumar Kusaha	Medical Superintendent	Ram kumar sarad Uma prasad murrka memorial hospital	Hospital road	Siraha
6	Jayanath Yadav	C.M.A	Trikol Health post	Trikol R Municipality	Saptari
7	Ramananda Chaudhary	Senior Officer	Lahan Health post	Lahan Municipality	Siraha
8	Yekawati Devi Chaudhary	Deputy Mayor	Ishworapur Municipality	Ishworpur chock	Sarlahi
9	Mahadev Tharu	Ward Chair	Jeera bhawani R Municipality	Sedawa-2	Parsa
10	Dhunjiraj Niraula	Executive Chief	Birjung Custom Centers	Birjung metropolita city,Rajat Jayenti Chock-16	Parsa
11	Urmila Shah	Female Community Health Volunteer (FCHV)	Lahan municipality	Gotha toll-8	Siraha
12	Anguri Khatun	Female Community Health Volunteer (FCHV)	Ymunamai Rmunicipality	Muslim basti-1	Rautahat
13	Taranath Malik	Principal	Survodaya secondary school	Kanchanrup-10	Saptari
14	Shiva narayan Singh	Health Teacher	Shree Ishworapur Secondary school	Ishworpur-10,manaharawa chock	Sarlahi
15	Dip Narayan Chaudhary	Principal	Peace Angel Secondary School	Kanchanrup-5	Saptari
16	Anuj kumar Yadav	Health Teacher	Ishworapur municipality-6	Bazar area	Sarlahi
17	Sandip Jaisawal	Boarder sideTrader	Birjung metropolitancity-25	Rajat jayenti chock-25	Parsa
18	Ravindra kumar Mahatto	Boarder side Trader	Lahan municipality-Siraha	Chotaka bhansar-7	Siraha
19	Kanchundra Purbey	Boarder side Trader	Lahan munuicipality-7	Chotaka bhansar-7	Siraha

Province 3					
S.N.	**Name**	**Designation**	**Affiliated Institution**	**Place**	**District**
1	Dr. Kedar Prasad Ceintury	Hospital Director	Bir Hospital	Mahabouddha	Kathmandu
2	Dr.Bishnu Dutta Poudel	Proffesor of Medical Onchology	Bir Hospital	Mahabouddha	Kathmandu
3	Mr. Bhola Siwakoti	HoD, Cancer Prevention Control and Research Department	B.P Koirala Memorial Cancer Hospital	Bharatpur	Chitwan
4	Dr. Murari Man Shrestha	Deputy Director, Preventive Oncology Division	Nepal Cancer Hospital and Research Center	Satdobato	Lalitpur
5	Mr. Prem Sujaku	Medical Record Officer	Bhaktapur Cancer Hospital	Byashi	Bhaktapur
6	Dr. Rakesh Shrestha	Medical Superitendent	Dolakha District Hospital	Jiri	Dolakha
7	Mr. Satish Bista	Sr. Public Health Administrator	Ministry of Social Development	Hetauda	Makwanpur
8	Ms. Prasanna Moktan	Auxillary Nurse Midwife (ANM)	Roshi Health Post	Roshi R.M	Kavrepalanchowk
9	Mr. Bikram Baral	Sr. Assistant Health Worker (AHW)	Indrasarobar Health Post	Kulekhani 2	Makwanpur
10	Mr. Prem Thapa Magar	Head Teacher	Shree Panchakanya Secondary School	Kulekhani 2	Makwanpur
11	Ms. Dikchhya Poudel	Health Teacher	Shree Panchakanya Secondary School	Kulekhani 2	Makwanpur
12	Mr. Uttar Kumar Rai	Head Teacher	Pawan Prakriti English Higher Secondary School	Mahalaxmi Municipality	Lalitpur
13	Mr. Indra Bahadur Poudel	Health Teacher	Pawan Prakriti English Higher Secondary School	Mahalaxmi Municipality	Lalitpur
14	Ms. Sita Timalsina	Female Community Health Volunteer (FCHV)	Roshi Health Post	Roshi RM	Kavrepalanchowk
15	Mrs. Rajani Joshi	Deputy Mayor	Bhaktapur Municipality	Bhaktapur Municipality	Bhaktapur
16	Mr. Damodar Suwal	Administrative Officer	Bhaktapur Municipality	Bhaktapur Municipality	Bhaktapur
17	Mr. Hari Ram Suwal	Ward Chair	Bhaktapur ward no 6	Bhaktapur Municipality	Bhaktapur
18	Mr. Dan Bd Aidi	Chief Administrative Officer	Indrasarobar Rural Municipality Office	Kulekhani 2	Makwanpur
19	Ms. Ram Devi Maharjan	Female Community Health Volunteer (FCHV)	Indrasarobar Health Post	Kulekhani 2	Makwanpur

Province 4					
S.N.	Name	Designation	Affiliated Institution	Place	District
1	Shambhu Prasad Gyanwali	Chief (Policy, Planning, Legal and Public Health Division)	Ministry of Social Development	Lakeside, Pokhara	Kaski
2	Manju Devi Gurung	Deputy Mayor	Pokhara Metropolitan City	New Road	Kaski
3	Yam Prasad Sharma	Senior Officer	Kushma Municipality	Kushma	Parbat
4	Madhav Pokharel	Chief, Health Division	Madhyabindu Municipality	Chormara	Nawalpur
5	Swotantra Hamal	Ward Chair	Rainas Rural Municipality-3	Naubise	Lamjung
6	Laxman Sharma Poudel	Information Officer/ Medical Recorder	Matrishishhu Miteri Hospital	Batulechaur	Kaski
7	Dr. Prabin Ghimire	Medical Superintendent	District Hospital Manang	Mada Chame	Manang
8	Dr. Ram Kumar Shrestha	Executive Director	G.P. Koirala National Centre for Respiratory Diseases	Dulegauda, Shuklagandaki Municipality	Tanahu
9	Dr. Madhhumaya Timilsina	Medical Officer	Urban Health Promotion Centre	Nayabazaar, Pokhara Metropolitan City- 8	Kaski
10	Bishnu Prasad Khadka	Senior Auxillary Health Worker	Phedikhola Health Post	Matthihan, Fedikhola RM	Syangja
11	Chhiring Buti Gurung	Female Community Health Volunteer (FCHV)		Nayabazar, Chame RM	Manang
12	Padma Kumari Rimal Chhetri	Female Community Health Volunteer (FCHV)/Marie Stopes Promotor (Didi Program)		Durlung, Kushma - 3	Parbat
13	Dina Nath Tripathi	Principal	Saubhagyodayay Secondary School	Alkatar, Rainas - 4	Lamjung
14	Amrit Adhikari	Principal	Thantipokhari Baljyoti English Boarding School	Thantipokhari, Palungtaar	Gorkha
15	Chhote Lal Tamang	Health Teacher	Shree Janapriyay Secondary School	Nayabazar, Chame RM	Manang
16	Khem Raj Sharma	Health Teacher	Namuna Boarding School	Kushma - 6	Parbat

Province 5					
S.N.	Name	Designation	Affiliated Institution	Place	District
1	Dr. Binod Kumar Giri	Health Director	Ministry of Social Development	Yogikuti, Butwal Sub-Metropolitan City	Rupandehi
2	Tulsiram Marasini	Chief Administartive Officer	Siddharthanagar Municipality	Siddharthanagar Municipality	Rupandehi
3	Romnath Neupane	Chief Administartive Officer	Rohini Rural Municipality	Dhakdhai, Rohini Rural Municipality	Rupandehi
4	Dr. Durga Surkhali	Medical Officer (8th level)	Lumbini Zonal Hospital	Butwal Sub-Metropolitan City	Rupandehi
5	Suman Gaire	Medical Officer	Palpa District Hospital	Palpa Hospital Road, Tansen Municipality	Palpa
6	Chet Prasad Lamsal	Health Incharge	Haridwar Nagar Health Post	Haridwar, Ghorahi Sub-Metropolitan City	Dang
7	Jeevan Yadav	AHW	Khajura PHCC	Khajura Rural Municipality	Banke
8	Khem Kumari Shrestha	FCHV		Dhadran, Rampur Municipality	Palpa
9	Purnima Acharya	FCHV		Khajura Rural Municipality	Banke
10	Ghana Narayan Shrestha	Mayor	Thakurbaba Municipality	Sainbar, Thakurbaba Municipality	Bardiya
11	Khusi Ram Chaudhary	Ward Chair	Ghorahi-17 ward office	Ghorahi-17, Ghorahi Sub-Metropolitan City	Dang
12	Bhesh Bahadur Budhathoki	Principal	Deep Jyoti Secondary School	Rapti-5, Sisahaniya Rural Municipality	Dang
13	Arun Sharma	Health Teacher	Mount View English Boarding School	Ghorahi Sub-Metropolitan City	dang
14	Bal Krishna Lamsal	Principal	Shree Ram Tulasi Secondary School	Rampur-5, Rampur Municipality	Palpa
15	Prem Shrestha	Trader	Gorkha Tobacco Industries Pvt Ltd.	Nepalgunj Sub-Metropolitan City, Banke	Banke
16	Mohammed Aslam Ansari	Trader	Lotus Tobacco Industry	Nepalgunj Sub-Metropolitan City, Banke	Banke
17	Umesh Kakshyapati	Employee	Sona Tobacco	Siddharthanagar Municipality	Rupandehi
18	Santabi Chaudhary	Owner	Local Tea Shop	Thakurdwara-9, Bardiya	Bardiya

Province 6					
S.N.	**Name**	**Designation**	**Affiliated Institution**	**Place**	**District**
1	Birkha B Shahi	Senior Public Health Administration	Ministry of Social Development	Kalagaun Municipality	Surkhet
2	Binod Basnet	Medical Recorder Officer	Surkhet Provincial Hospital	Kalagaun Municipality	Surkhet
3	Sher Bahadur Khatad	Senior AHW	Primary Health Care Center	Tripurasundari Municipality	Dolpa
4	Sita Sharma	Senior CMA	Primary Health Care Center	Narayan Municipality	Dailekh
5	Parbata Hamal	FCHV		Simta	Surkhet
6	Hansa Kumari Sarki	FCHV		Tripurasundari 1	Dolpa
7	Prakash Neupane	Ward Chair	Narayan Municipality ward 6	Narayan Municipality	Dailekh
8	Naim Chaudhary	Principal	Kopila Valley School		Surkhet
9	Krishna Devkota	Health Teacher			Dailekh
10	Shivlal Sharma	Principal	Shree Surya Jyoti Medium School	Simta Rural Municipality	Surkhet
11	Tilak Prasad Sharma	Health Teacher	Shree Surya Jyoti Medium School	Simta Rural Municipality	Surkhet
12	Sikhar Bhandari	Restaurant Owner		Charujhari Municipality	Rukum
13	Bhim Bahadur Khatri	Restaurant Owner		Narayan Municipality	Dailekh

Province 7					
S.N.	Name	Designation	Affiliated Institution	Place	District
1	Bhim Prasad Adhikari	Chief custom officer	Custome office	Gaddak Chauki	Kanchan-pur
2	Sanju Verma	Border area trader		Gaddak Chauki	Kanchan-pur
3	Ganesh Datt Bhatt	Border area trader		Gaddak Chauki	Kanchan-pur
4	Badri Narayan Chaudhari	Border area trader		Gaddak Chauki	Kanchan-pur
5	Padam Baduwal	Mayor	Badimalika Municipality	Badimalika Municipality	Bajura
6	Tara Saud	Ward Chair	Ward office	Ramaroshan Rural Municipality	Achham
7	Saraswoti Rawal	Vice chairperson	Ramaroshan Rural Municipality	Ramaroshan Rural Municipality	Achham
8	Prabhunath Devkota	Chief Administrative Officer	Ramaroshan Rural Municipality	Ramaroshan Rural Municipality	Achham
9	Laxmi Prasad Upadhyay	Chief Administrative Officer	Amargadhi municipality	Amargadhi municipality	
10	Naamsara khatri	FCHV		Ramaroshan Rural Municipality	Achham
11	Draupati Bista	FCHV		Patan Municiapality	Baitadi
12	Uttam Raj Joshi	Health Teacher	Shree Malika Model Secondary School	Badimalika Municipality	Bajura
13	Birendra KC	Head Teacher	Shree Krishna Madyamik Vidyalaya	Patan Municiapality	Baitadi
14	Bal Bahadur Rawal	Head Teacher	Shree Sarita Secondary School	Ramaroshan Rural Municipality	Achham
15	Nain Bohara	Head Teacher	Shree Sapta Shree Secondary School	Ghodaghodi Municipality	Kailali
16	Puja Giri	Health Teacher	Morning Glory Secondary School	Bhimdatta Municipality	Kanchan-pur
17	Rup Chandra Bishwokarma	Director/doctor	Bajura Hospital	Badimalika Municipality	Bajura
18	Dr. Naresh Shrestha	Medical officer	Dadeldhura Hospital	Amargadhi municipality	
19	Indra singh Rawal	Senior Auxillary Health Worker	Primary Health Care Center	Patan Municiapality	Baitadi
20	Arvind Bahadur Rawal	Health Post	AHW	Ramaroshan Rural Municipality	Achham
21	Hem Raj Pandey	Chief Medical Superintendent	Seti Zonal Hospital	Dhangadhi Sub metropolitan city	Dhangadi
22	Narendra Singh Karki	Chief of health and education administration	Ministry of Social Development		
23	Guna Raj Awasthi	Heath Director	Ministry of Social Development	Dhangadhi Sub-Metropolitant	Dhangadi

Annex 4: Household Survey

Nepal Development Research Institute (NDRI) Questionnaires

The information obtained from household members in this questionnaire shall be kept confidential as per the Statistics Law 2015 of the Country. This information shall be used for research purposes only.

PSU ID: _____
GPS…….
Geographical region……
Province……
District……..
Municipality/Rural Municipality…….. Ward No. ……..
Place Name……..
Household ID ……..
Household Size…….

General Household Information and financial costs

1. May I have some information about yourself?

Name of the respondent	**Sex** Male 1 Female 2	**Age**	**Maritial Status** Married 1 Widowed 2 Divorsed 3 Separated 4 Unmarried 5	**Occupation** Agriculture 1 Government Service 2 Private Sector 3 Labor 4 Business 5 Student 6 Housewife 7 Others 8	**Education** Literate 1 Illiterate 2 Basic (upto Grade 8) 3 Secondary (Grade 9 – 12) 4 Bachelors 5 Masters and above 6	**Religion** Hindu 1 Buddhism 2 Muslim 3 Christian 4 Other 5	**Ethnicity** Brahmin 1 Chhetri 2 Janajati 3 Dalit 4 Madhesi 5 Others 6	**Migrated for less than 6 months** Yes 1 No 2	**Do you smoke** Yes 1 No2

2. What are the sources of income of your family? And how much does your household earn in a year? [Multiple Answer]

Sources	**Income per year (NRs.)**
Agriculture	
Livestock	
Self employed/business	
Salaried employment	
Waged employment	
Tobacco cultivation	
Remittance	
Others	
Don't know	

3. In the past month, how much did you spend for your whole household on each of the following? [Multiple Answer]

Items	Expenditure past month (NRs.)
Food	
Beverages	
Cigarette	
Bidi	
Smokeless tobacco	
Clothing	
Housing	
Education	
Health care	
Travel cost	
Loan /Interest payment	
Others	
Refused	
Don't know	

(Note: Ask for only recurrent expenditures no durables.)

Section A: Tobacco in the Context of Other Issues

4. I am going to read a list of five problems which some people say Nepal is facing. Can you rank these issues stating which you think is most important? [Mark 1 as the most important and 5 as the least important]
   a. Unemployment
   b. High levels of air pollution
   c. Levels of corruption
   d. Natural disasters
   e. High use of tobacco leading to poor health outcomes

5. I am going to read a list of five forms of behaviour which some people say are bad for someone's health. Can you rank these issues stating which you think is most damaging for someone's health? [Mark 1 as the most damaging and 5 as the least damaging.]
   a. Drinking alcohol
   b. Malnutrition
   c. Tobacco use
   d. Non-communicable diseases (Diabetes, Hypertension, Cancer, Kidney problem etc.)
   e. Communicable diseases (Dengue, Diarrhoea, TB, STIs etc.)

Section B: Tobacco Use/Habit

6. Do you currently use smoked (cigarette, bidi, hukkah, tambakhu) or smokeless tobacco (khaini, surti, gutkha, paan) in any form?
   a. Yes
   b. No [Go to Q8]
   c. Refused to answer

7. Which form of tobacco do you currently use? [Multiple answer]
   a. Smoked [Go to Q9]
   b. Smokeless [Go to Q33]

8.	A. In your life, have you ever used smoked or smokeless tobacco in any form? a. Yes b. No [Go to Section C (For all respondents), Q49] c. Refused to answer B. If yes, which form of tobacco products ? a. I used to consume smoked tobacco [Go to Section B4, Q46] b. I used to consume smokeless tobacco [Go to Section B4, Q46] c. I used to consume both [Go to Section B4, Q46]
B1: For smoked tobacco user	
9.	At what age did you started smoking? a. ..... b. Don't know/Can't remember
10.	What motivated you to start smoking? [Tick all that apply] a. Its cheap b. My friends use it c. My family use it d. To kill time e. To look cool f. To relax/to appease tension g. Don't know
Quitting Related	
11.	Have you ever tried to quit using smoked tobacco in the last 12 months? a. Yes b. No [Go to Q14] c. Don't know/Can't Remember
12.	What are the major reasons that led you to think about quitting the smoked tobacco? a. Concern for your personal health b. Concern about the effect of your cigarette smoke on non-smokers c. Nepali society disapproves of smoking d. Your family and friends disapprove of smoking e. Price f. Smoking restrictions at work / public places g. Counselling by health professionals
13.	Why weren't you able to give up? [Tick all that apply] a. I was feeling stressed b. Lack of support from family and friends c. Lack of support to quit from health professionals / others d. It was too easy to get tobacco product e. Tobacco products became more affordable f. Lack of information/idea about quitting g. Others
14.	14. What do you primarily smoke? [Tick all that apply] a. Manufactured cigarette [Go to subsection B11] b. Bidi [Go to subsection B12] c. Handmade cigarettes with tobacco [Go to subsection B13] d. Tambakbu/Hukkah e. Others, Specify....
B11: Manufactured Cigarette	

15.	Which form of cigarette do you use? a. Filtered b. Unfiltered
16.	16. Which cigarette brand do you use primarily? What is the price per stick? a. Surya, ……. b. Shikhar, …….. c. Marlboro, …… d. Pilot……. e. Khukuri…… f. Bijuli…… g. Gaida……. h. Winston……. i. Other (Specify),
17.	On average, how many cigarettes (sticks) do you smoke in a week?
18.	On an average, how much do you spend per week on cigarette altogether?
19.	Have you switched the brand during the last two years? If yes, what were the reasons? [Tick all that apply] a. Low price b. Taste preference (light/regular) c. Income (increase/decrease) d. Availability e. Others f. No
20.	Where do you usually smoke cigarettes? [Tick all that apply] a. At home b. Outside my home c. On the street / in public places d. At work e. Others, specify……..
21.	Where do you usually get manufactured cigarettes from? j. Retail shop nearby k. Local market l. Haat bazaar m. From friends/neighbours n. Produced at home o. Others
22.	Who do you usually smoke with? a. Friends b. Family c. Workmates d. Alone e. Others
B12: Bidi	
23.	On average, how many bidi (sticks) do you smoke in a week?
24.	24. On an average, how much do you spend per week on bidi altogether?

25.	Where do you usually smoke bidis? [Tick all that apply] a. At home b. Outside my home c. On the street / in public places d. At work e. Others
26.	Where do you usually get bidis from? p. Retail shop nearby q. Local market r. Haat bazaar s. From friends/neighbours t. Produced at home u. Other
27.	27. Who do you usually smoke with? [Tick all that apply] a. Friends b. Family c. Workmates d. Alone e. Others
B13: Handmade Cigarette with Tobacco	
28.	On average, how many handmade cigarettes (sticks) do you smoke in a week?
29.	On an average, how much do you spend per week on handmade cigarette altogether?
30.	Where do you usually smoke cigarettes? [Tick all that apply] a. At home b. Outside my home c. On the street / in public places d. At work e. Others, Specify…….
31.	Where do you usually get handmade cigarettes from? a. Retail shop nearby b. Local market c. Haat bazaar d. From friends/neighbours e. Produced at home f. Other
32.	Who do you usually smoke with? a. Friends b. Family c. Workmates d. Alone e. Others, Specify……
B2: For smokeless tobacco user	
33.	At what age did you start using smokeless tobacco? a. ..... b. Don't know/Can't remember
34.	What motivated you to start using smokeless tobacco? [Tick all that apply] a. Its cheap b. My friends use it c. My family use it d. To kill time

	e. To look cool f. To relax/to appease tension g. Don't know
35.	How do you primarily use smokeless tobacco? a. Betel quid/Paan with tobacco b. Gutkha or Tobacco lime or Betel nut mixture c. Khaini/Surti d. Zarda e. Kiwam f. Tobacco only (as leaf, snuff, gul, gudakhu etc.) g. Other forms
36.	Where do you usually get smokeless tobacco products from? a. Retail shop nearby b. Local market c. Haat bazaar d. From friends/neighbours e. Produced at home f. Other
37.	How many times a week do you use this product?
38.	Where do you usually use smokeless tobacco? [Tick all that apply] a. At home b. Outside my home c. On the street / in public places d. At work e. Others
39.	Have you switched from smoking to using smokeless tobacco? a. No b. Yes, Why? i. Health issues ii. Price iii. Social stigma iv. More convenient than smoking v. Other
Quitting related	
40.	Have you ever tried to quit using smokeless tobacco in the last 12 months? a. Yes b. No c. Don't know/Can't Remember
41.	What are the major reasons that led you to think about quitting the smokeless tobacco? [Tick all that apply] a. Health warnings on tobacco packet b. Concern for your personal health c. Nepali society disapproves of smokeless tobacco d. Your family and friends disapprove of smokeless tobacco e. Price f. Counselling by health professionals g. Others
42.	Why weren't you able to give up? [Tick all that apply] a. I was feeling stressed b. Lack of support from family and friends c. Lack of support to quit from health professionals / others

	d. Lack of information/idea on quitting e. It was too easy to get tobacco product f. Tobacco products became more affordable g. Others
B3: Health impacts (Tobacco users only)	
43.	Do you have any of the following health illnesses? [Tick all that apply] a. Cough b. Shortness of breath c. Throat or mouth irritation d. Chest pains/Lung diseases e. Anxiety f. Inability to undertake physical activity g. Cancer h. Heart related problems i. Tuberculosis j. No [Go to 49]
44.	Do you think it is caused by tobacco consumption? a. Yes b. No c. Don't know/Can't say
45.	How many working days did you lose due to being ill (tobacco caused illness) in the last one year? a. ……. Days b. Don't know
B4: For respondents who have already given up	
46.	When did you quit tobacco use? a. In the last 6 months b. In the last 12 months c. More than a year ago d. More than 5 years ago e. Can't remember
47.	How easy or difficult did you find it to quit? a. Very easy b. Somewhat easy c. Somewhat difficult d. Very Difficult
48.	What motivated you to give up? [Tick all that apply] a. Health warnings on tobacco packet b. Concern for your personal health c. Nepali society disapproves of smoking/smokeless tobacco d. Price of cigarettes e. Smoking restrictions at work/public places f. Counselling from health professional g. Others

For all respondents

Section C: Knowledge on Health Impacts

49. Do you know what is secondhand smoking?
a. Yes
b. No

50. Based on what you heard, know or believe, can secondhand smoke cause the following?

	Yes	No	DK/Cannot say
Lung cancer			
Coughing			
Asthma			
Breathing problem			
Ear infection to children			
Premature death			
Harm to infants and children			

51. Do you think it is ok for pregnant women to use tobacco?
a. Yes [Go to 54]
b. No
c. Don't know

52. Why do you think pregnant women should not use tobacco? [Tick all that apply]
a. Health impacts to women
b. Health impacts to fetus
c. Social norms/belief
d. Others

53. Based on what you know or believe, can tobacco used by pregnant women cause the following?

	Yes	No	DK/Cannot say
Birth defects on baby			
Affects brain development of baby			
Low Birth Weight baby (LBW)			
Premature birth			
Still birth			

54. Based on what you know or believe, can smoking cigarettes and bidis cause the following?

	Yes	No	DK/Cannot say
Lung cancer			
Mouth cancer			
Stained teeth			
Premature aging			
Heart related issues			
Pulmonary Tuberculosis			
COPD/Bronchitis			
Impotence in male smokers			

55. Based on what you know or believe, can smokeless tobacco cause the following?

	Yes	No	DK/Cannot say
Mouth cancer			
Gum diseases			
Throat cancer			
Heart disease			
Stingy mouth			

56. Compared to your parents' generation, how concerned are you about the health impacts of tobacco use?

a. Much more concerned
b. A little more concerned
c. Neither more nor less concerned
d. A little less concerned
e. A lot less concerned
f. DK, refused

Section D: Policy Related

D1: Taxation on tobacco

57. If the price of the cigarettes (or other tobacco product) were to double, how would your tobacco consumption change?

a. Continue consuming the same amount
b. Reduce tobacco intake a lot
c. Reduce tobacco intake a little
d. Stop consuming
e. Switch to other substitute – if so, what? ……..
f. Don't know

58. If your income increased by 25%, do you think you would consume more cigarettes (or other tobacco product)?

a. Yes
b. No
c. Don't know/Can't say

59. Why do you think cigarette is more expensive than smokeless tobacco?

a. More tax is paid
b. Imported
c. More expensive to produce
d. Other, specify…….
e. Don't know

60. Do you think that the Govt. should impose higher tax on tobacco products in order to reduce tobacco use?

	Yes, much higher	Yes, a little higher	No, taxes should stay the same	No, taxes should be a little lower	No, taxes should be much lower	Didn't answer/ respond
Cigarettes						
Bidis						
Smokeless tobacco						

61.	In your opinion, what percentage of tax should be levied on tobacco products? a. 0% b. 1 – 20% c. 21 – 40% d. 41 – 60% e. 61 – 80% f. >80% g. Don't know
D2: Restriction of smoking in public places	
62.	In the last 30 days, have you seen people smoking in the following places? [Tick all that apply] a. On the street b. In indoor public places (Shopping mall, airport etc) c. In your workplace d. In restaurants and cafes e. At your home f. On public transport
63.	Are people allowed to smoke in the following places? [Tick all that apply] a. On the street b. In indoor public places (Shopping mall, airport etc) c. In your workplace d. In restaurants and cafes e. In your home f. On public transport
64.	Do you think people should be allowed to smoke in the following places? [Tick all apply] a. On the street b. In indoor public places (Shopping mall, airport etc) c. In your workplace d. In restaurants and cafes e. In your home f. On public transport
65.	Have you been affected with any health issues related to other people's tobacco use? a. Yes, specify the issue……. b. No
66.	How well do you think smoke free policy is being implemented in Nepal? a. Well enforced b. Somewhat enforced c. Poorly enforced d. Refused to answer e. Don't know
67.	Have you observed the smoker being fined for smoking in public? a. Yes b. No c. Don't know/ refused
68.	Have you seen the following person selling/purchasing tobacco products? [Tick all that apply] a. Below the age of 18 b. Pregnant woman c. Don't know/ refused
69.	Do you know that pregnant women and minors (<18) cannot sell tobacco? a. Yes b. No c. Don't know

70.	Do you know that the tobacco seller should keep clear notice board indicating that pregnant women and minors (<18) cannot purchase tobacco? a. Yes b. No c. Don't know
71.	Do you know licence is required to sell and distribute tobacco products? a. Yes b. No c. Don't know
D3: Cessation policy	
72.	Are you aware of the following interventions, which can help people stop tobacco use?

	Yes	No	Refused to answer/DK
Counselling, including at a smoking cessation centres/ health care centres/hospitals			
Nicotine replacement therapy (NRT), such as the patch or gum			
Medications such as Bupropion			
Quit line or smoking telephone support line			

73. Do you think that the following interventions would be helpful in helping you quit tobacco use?

	Yes, very helpful	Yes, somewhat helpful	Neutral	No, not helpful	Refused to answer/DK
Counseling, including at a smoking cessation centers/health care centers/ hospitals					
Nicotine replacement therapy, such as the patch or gum					
Medications such as Bupropion					
Quit line or smoking telephone support line?					

D4: "Health warnings" awareness and impact	
74.	Have you been aware of health warnings about the dangers of tobacco use in the last 12 months? If so, where? [Tick all that apply] a. TV or radio b. Posters c. Posters in health services / hospitals d. On tobacco packets e. Other f. No
75.	Have you attended and noticed information or talk or any campaigns on health impacts of tobacco smoking or encourages quitting in any of the following places? [Tick all that apply] a. Television b. Radio

c. In workplace
d. Newspaper or magazine
e. Nowhere

Section E: Attitudes/Perceptions/Beliefs about Tobacco Products

76. General Attitude

Attitudes/Perceptions/ Beliefs	Didn't answer/ respond	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
People who are important to you believe that you should not use tobacco.						
When someone smokes it is dangerous to non-smokers.						
You worry that if you smoke cigarettes, it influences the children around you to start or continue smoking.						

77. Can you indicate how harmful to a user's health on a scale of 1-4 (with 4 being the most harmful, 3-quite harmful, 2-little harmful, 1- not harmful) you think different types of tobacco use are?
a. Smoked tobacco ……
b. Smokeless tobacco ……

78. I am now going to read you some statements and would like to you indicate how much you agree with the statement.

Statement	Didn't answer/ respond	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
Smoking tobacco is becoming less socially acceptable	a					
Smokeless tobacco is becoming less socially acceptable	b					
Smokeless tobacco is less fashionable than smoking	c					
Smokeless tobacco is less anti-social than smoking	d					
Smokeless tobacco is a good alternative to smoking	e					

Smoking is a sign of sophistication.	f						
Using smokeless tobacco is a sign of sophistication.	g						
Tobacco use is no more risky than lots of other things that people do.	h						
Everybody has got to die of something, so why not enjoy yourself and use tobacco.	i						

79. Do you think it is socially acceptable for women to smoke cigarettes / bidis?
   a. Yes
   b. No

80. Do you think it is socially acceptable for women to use smokeless tobacco?
   a. Yes
   b. No

81. Thinking about the last 2-3 years, we are interested in whether in your experience you think different types of tobacco use have increased or decreased in your locality?

	Use has increased a lot	Use has increased a little	Stayed about the same	Use has decreased a little	Use has decreased a lot	Don't know/ unsure
Smoking						
Smokeless tobacco						

82. Tobacco use of any kind (smokeless or smoking) amongst young people, those under 20, in particular in your locality
   a. Use has increased a lot
   b. Use has increased a little
   c. Stayed about the same
   d. Use has decreased a little
   e. Use has decreased a lot

83. How concerned are you about levels of tobacco use amongst young people in Nepal?
   a. Very concerned
   b. A little concerned
   c. Not concerned at all
   d. Don't know

84. Some people argue that increasing tax on cigarettes and other tobacco products is good because it can result in both (a) increased government revenue to spend on schools and health care and (b) lower smoking rates and better health for Nepalis. Others argue that substantially increasing tax might mean fewer jobs in the tobacco companies. In the light of this, how much would you support increasing tax on cigarettes and other tobacco products?
   a. Strongly support
   b. Somewhat support

	c. Neither support nor oppose d. Strongly oppose e. Somewhat oppose f. Don't know
85.	Would you support an increase in the tax on smokeless tobacco products? a. Yes b. No c. Don't Know
86.	Can you indicate who you think has the most responsibility to reduce tobacco use? a. The government b. Individuals and their families c. The media d. Civil society organisations e. Tobacco companies f. Other

Thank You

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