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# मानव फाऊण्डेशन

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पत्रांक सं0...10.....

दिनांक 25.4.12

**TO WHOM IT MAY CONCERN**

This is to certify that Mr. Sanjeev Kumar has successfully completed his 3 months internship in our organization from January 15, 2012 to April 15, 2012. During this intern, he has worked on "Tobacco Use in Nalanda District of Bihar, India" under the guidance of me and my team at "Manav Foundation". He did during intern an excellent job.

We wish him good luck for his future assignments.

Manav Foundation

Shailesh

Date: 20/04/2012

G. Shailesh

(Secretary)

## Certificate of Approval

The following dissertation titled **"Tobacco Use in Nalanda District of Bihar, India"** is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post-Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

| Name | Signature |
| --- | --- |
| DR. NITISH DOGRA | |
| Dr Preetha GS | |
| | |

## Certificate from Dissertation Advisory Committee

This is to certify that **Mr. Sanjeev Kumar**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. He is submitting this dissertation titled **"Tobacco Use in Nalanda District of Bihar, India"** in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

**Dr. Nitish Dogra**

Assistant Professor
IIHMR
New Delhi

Date : 14-05-2012

**Mr. G. Shailesh**

Secretary
Manav Foundation
Bihar

Date :

**ACKNOWELGEMENT**

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Above all I thank the almighty and my parents for the constant support strength and everything.

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## Background

The state of Bihar lies in the eastern part of India. The state has an area of 94,163 in sq. kilometers and its population is 103,804,637 (census 2011), making it the third most populous state of India. The state is divided into 38 districts. Nalanda is adjacent to Patna, Jahanabad, Shekhpura and Nawada district which is comprised of 20 blocks namely- Giriak,Rahui,Noorsarai,Harnaut,Chandi,Islampur,Rajgir,Asthama,Sarmera,Tharthari,Hilsa, Bind Biharshariff,Ekangarsarai,Ben,Nagarnausa, Karaiparsurai,Silao, Parwalpur,Katrisarai.

Tobacco use in Bihar has generally been reported to be high. One recent study showed a prevalence of 77% among school personnel in Bihar, almost identical among men and women (Sinha DN at al 2002). It takes time to become addicted to tobacco, and much, much longer to break the addiction. Moreover, the health consequences of smoking vary with length of exposure and persist to varying degrees even after tobacco use ceases. For these reasons, it is important to obtain data on previous as well as current tobacco use. Tobacco use continues to be the leading global cause of preventable death. It kills nearly 6 million people and causes hundreds of billions of dollars of economic damage worldwide each year. Most of these deaths occur in low- and middle-income countries, and this disparity is expected to widen further over the next several decades. (WHO report on the global tobacco epidemic, 2011). Tobacco use is not exclusively, or even principally, a problem in developed countries; it is rapidly becoming a global pandemic, infiltrating even the poorest nations.( Bettcher D, BullWorld Health Organ 2000).WHO had given 6 cost-effective policy interventions to reduce demand of tobacco. WHO Framework Convention for Tobacco Control:

A. monitor tobacco use and tobacco-prevention policies

B. protect people from tobacco smoke in public places and workplaces

C. offer help to people who want to stop using tobacco

D. warn people about the dangers of tobacco

E. enforce bans on tobacco advertising, promotion and sponsorship[2]

F. raise tobacco taxes and prices.

Up to 80% of heart disease, stroke, and type 2 diabetes and over a third of cancers could be prevented by eliminating shared risk factors, mainly tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol.(2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non communicable Diseases) Exposure to environmental tobacco

smoke increases the risk for lung cancer and respiratory infections among nonsmokers and may inhibit the development of optimal lung function among children of smokers.(The health consequences of involuntary smoking: a report of the Surgeon General, 1986).Primarily cancers, diabetes, and cardiovascular and chronic lung diseases which account for 63% of all deaths worldwide and for which tobacco use is one of the biggest contributing agents.

## Rationale of the Study:

The tobacco epidemic continues to expand because of ongoing tobacco industry marketing, population growth in countries where tobacco use is increasing, and the extreme addictiveness of tobacco that makes it difficult for people to stop smoking once they start (WHO REPORT on the global TOBACCO epidemic, 2011). By detailed research and increased knowledge of the background to people's smoking and the social habits that accompany the addiction, we aim to contribute to the development of successful cessation methods. After noticing these issues WHO states that" It is important that countries develop and conduct surveys on tobacco use and tobacco control policy implementation, either as part of general health surveys or as stand-alone tobacco surveys" Because tobacco use and exposure to tobacco smoke cause a large proportion of illness and death, tobacco control must be given the high priority it deserves so that we can expand on the successes we have already realized.

## Literature Review

Tobacco is an agricultural product processed from the leaves of plants in the genus Nicotiana. It can be consumed, used as an organic pesticide and, in the form of nicotine tartrate, used in some medicines. It is most commonly used as a recreational drug, and is a valuable cash crop for countries such as Cuba, China and the United States. In consumption it most commonly appears in the forms of smoking, chewing, snuffing, or dipping tobacco. Tobacco had long been in use as an entheogen in the Americas, but upon the arrival of Europeans in North America, it quickly became popularized as a trade item and a recreational drug. This popularization led to the development of the southern economy of the United States until it gave way to cotton. Following

the American Civil War, a change in demand and a change in labor force allowed for the development of the cigarette. This new product quickly led to the growth of tobacco companies, until the scientific controversy of the mid-1900s.There are more than 70 species of tobacco in the plant genus Nicotiana. The word nicotiana (as well as nicotine) is in honor of Jean Nicot, French ambassador to Portugal, who in 1559 sent it as a medicine to the court of Catherine de Medici. Because of the addictive properties of nicotine, tolerance and dependence develop. Absorption quantity, frequency, and speed of tobacco consumption are believed to be directly related to biological strength of nicotine dependence, addiction, and tolerance. The usage of tobacco is an activity that is practiced by some 1.1 billion people, and up to 1/3 of the adult population. The World Health Organization (WHO) reports it to be the leading preventable cause of death worldwide and estimates that it currently causes 5.4 million deaths per year. Rates of smoking have leveled off or declined in developed countries, but continue to rise in developing countries. Tobacco is cultivated similarly to other agricultural products. Seeds are sown in cold frames or hotbeds to prevent attacks from insects, and then transplanted into the fields. Tobacco is an annual crop, which is usually harvested mechanically or by hand. After harvest, tobacco is stored for curing, which allows for the slow oxidation and degradation of carotenoids. This allows for the agricultural product to take on properties that are usually attributed to the "smoothness" of the smoke. Following this, tobacco is packed into its various forms of consumption, which include smoking, chewing, sniffing, and so on. The Spanish word tabaco is thought to have originated in Taino, the Arawakan language of the Caribbean. In Taino, it was said to refer either to a roll of tobacco leaves (according to Bartolome de Las Casas, 1552), or to the tabago, a kind of Y-shaped pipe for sniffing tobacco smoke (according to Oviedo; with the leaves themselves being referred to as cohiba). Tobacco had already long been used in the Americas when European settlers arrived and introduced the practice to Europe, where it became popular. Members of all Native American tribes traditionally used tobacco. It was often consumed as an entheogen; among some tribes, this was done only by experienced shamans or medicine men. Eastern North American tribes carried large amounts of tobacco in pouches as a readily accepted trade item, and often smoked it in peace pipes, either in defined sacred ceremonies, or to seal a bargain, and they smoked it at such occasions in all stages of life, even in childhood. It was believed that tobacco is a gift from the Creator, and that the exhaled tobacco smoke carries one's thoughts and prayers to heaven. Before the development of lighter Virginia and White Burley

strains of tobacco, the smoke was too harsh to be inhaled traditionally by Native Americans in ceremonial use or by Europeans who used it recreationally in the form of pipes and cigars. Inhaling "rough" tobacco without seriously damaging the lungs in the short term could only be achieved by smoking small quantities at a time using a pipe like the midwakh or kiseru or smoking newly invented waterpipes such as the bong or the hookah. Inhaling smoke was already common in the East with the introduction of cannabis and opium millennia before. Following the arrival of the Europeans, tobacco became increasingly popular as a trade item. It fostered the economy for the southern United States until it was replaced by cotton. Following the American civil war, a change in demand and a change in labor force allowed inventor James Bonsack to create a machine that automated cigarette production. This increase in production allowed tremendous growth in the tobacco industry until the scientific revelations of the mid-1900s. Following the scientific revelations of the mid-1900s, tobacco became condemned as a health hazard, and eventually became encompassed as a cause for cancer, as well as other respiratory and circulatory diseases. This led to the Tobacco Master Settlement Agreement (MSA), which settled the lawsuit in exchange for a combination of yearly payments to the states and voluntary restrictions on advertising and marketing of tobacco products. In the 1970s, Brown & Williamson cross-bred a strain of tobacco to produce Y1. This strain of tobacco contained an unusually high amount of nicotine, nearly doubling its content from 3.2-3.5% to 6.5%. In the 1990s, this prompted the Food and Drug Administration (FDA) to use this strain as evidence that tobacco companies were intentionally manipulating the nicotine content of cigarettes. In 2003, in response to growth of tobacco use in developing countries, the World Health Organization (WHO) successfully rallied 168 countries to sign the Framework Convention on Tobacco Control. The Convention is designed to push for effective legislation and its enforcement in all countries to reduce the harmful effects of tobacco. This led to the development of tobacco cessation products.

Tobacco use is socially accepted in many segments of Indian society. Tobacco use in India is increasing but there are considerable changes in the types and methods by which it is used.

According to WHO estimates, 194 million men and 45 million women use tobacco in smoked or smokeless form in India.

1. Only 20% of the tobacco consumed in India by weight is consumed as cigarettes, 40% consumed as bidi and the rest in smokeless forms

2. Information on prevalence of tobacco use is available from several studies, which shows a great deal of variation by area and gender

3-5.Tobacco use in Bihar has generally been reported to be high.

Bihar Scenario (GATS 2010)

54% of adults in Bihar use tobacco in some form: smoking, chewing, application to the teeth and gums or sniffing. About 41.8% of adults use tobacco on a daily basis whereas a little more than 11.7% use it occasionally. The prevalence of tobacco use among males is 66.2% as compared with 40% among females.

In adult age the:

- current tobacco user-53.5%
- smoked only-4.7%
- smokeless-39.3%
- Both smoked and smokeless-9.5%

In adult male:

- Smoked only-4.1%
- Smokeless only-45.9%
- Both smoke and smokeless-16.2%

In adult females:

- Current tobacco user-40.1%
- Smoke only-5.4%
- Smokeless only-32.3%
- Bothe-2.4%

Age at initiation of Tobacco:

- >15 yrs-13.2%
- 15-17 yrs-22.2%
- 18-19 yrs-20%
- 20-34 yrs-44.6%

One recent study showed a prevalence of 77% among school personnel in Bihar, almost identical among men and women.

In an earlier study conducted during 1967 from a random sample of villages in Darabhanga district, the tobacco use was 78% among men and 52% among women.

## Objective

- ✓ To study tobacco use in Nalanda District of Bihar.
- ✓ To assess the KAP of tobacco consumption in Nalanda District of Bihar.
- ✓ To understand the relationship between the consumption of tobacco products and demographic and socio-economic factors.

## Data and Methods

### Study Design:

It is observational cross sectional study conducted in the whole 20 blocks of Nalanda District.

### Variables on Which Data was Collected:

These variables are Tobacco use, age, gender, socio-economic status, Knowledge, Occupation, and Education

### Sampling:

According to census 2011, the population of Nalanda district is 28, 72,5,23. In which 35 % of the population is below age 15 years. Remaining Population is 18, 67,140.

Statistical tool for Sample Calculation:

Here sample size $n$ and margin of error $E$ are given

$$x = Z(^{c}/_{100})^{2} r(100-r)$$

$$n = {}^{N\,x}/_{((N-1)E^{2} + x)}$$

$$E = \text{Square Root } [{}^{(N - n)x}/_{n(N-1)}]$$

Where N is the population size, $r$ is the fraction of responses that you are interested in, and $Z(c/100)$ is the critical value for the confidence level $c$.

By applying this statistical tool,

Recommended Sample Size is 385

Where, Margin of error is 5%

Level of Confidence is 95%

Response Distribution is 50%

Sampling Technique:

There is **Proportionate stratified random** sampling is done.

Data Collection Technique:

Data source is primary by the close ended questionnaire

Contact Method: Personal interview of the males & females, those having more than 14 Years.

Data collection:

In each block one village is selected on random basis where 19 respondents are taken While in Hilsa block 24 Respondents are taken.

Data Analysis:

It is a quantitative study for which SPSS 16 and MS Excel 2007 is used.

## Results & Findings:

Information on 385 respondents was collected but 4 responses are missed due to invalid responses. So 381Responses are left for analysis.

## Age Wise distribution of Tobacco Users:

| | Cases | | | | | |
|---|---|---|---|---|---|---|
| | Valid | | Missing | | Total | |
| | N | Percent | N | Percent | N | Percent |
| Age of the Respondent * | 381 | 99.0% | 4 | 1.0% | 385 | 100.0% |

Table-1

| | Do you use tobacco products? | | |
|---|---|---|---|
| | Yes | No | Total |
| Age of the Respondent less than 14 years | 0 | 4 | 4 |
| 15-24 years | 16 | 58 | 74 |
| 25-44 years | 98 | 69 | 167 |
| 45-59 years | 35 | 21 | 56 |
| more than 59 years | 44 | 36 | 80 |
| Total | 193 | 188 | 381 |

Table-2

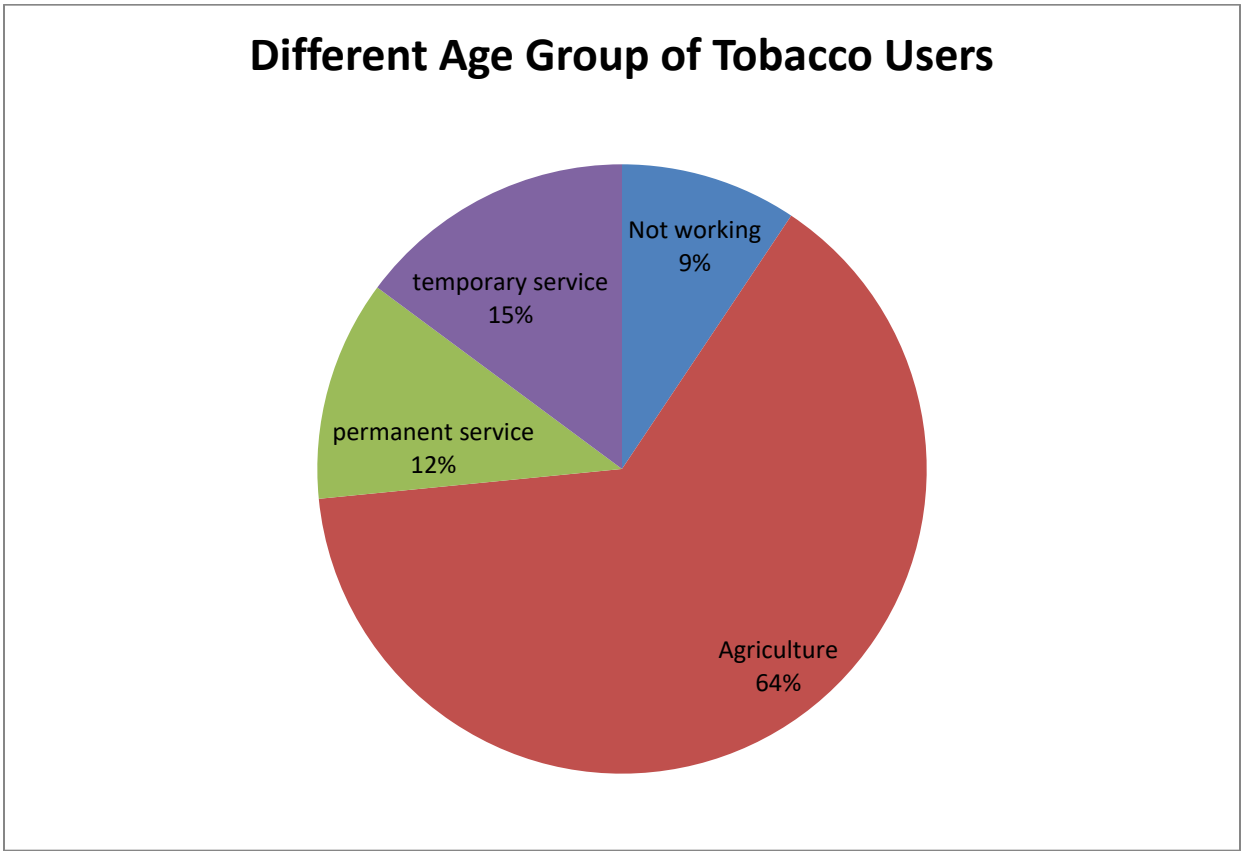



Fig-1

In 15-24 years age group 8%, 25-44 years age group 51%, 45-59 years age group 18%, More than 59 years age group 23 % are Tobacco Users.

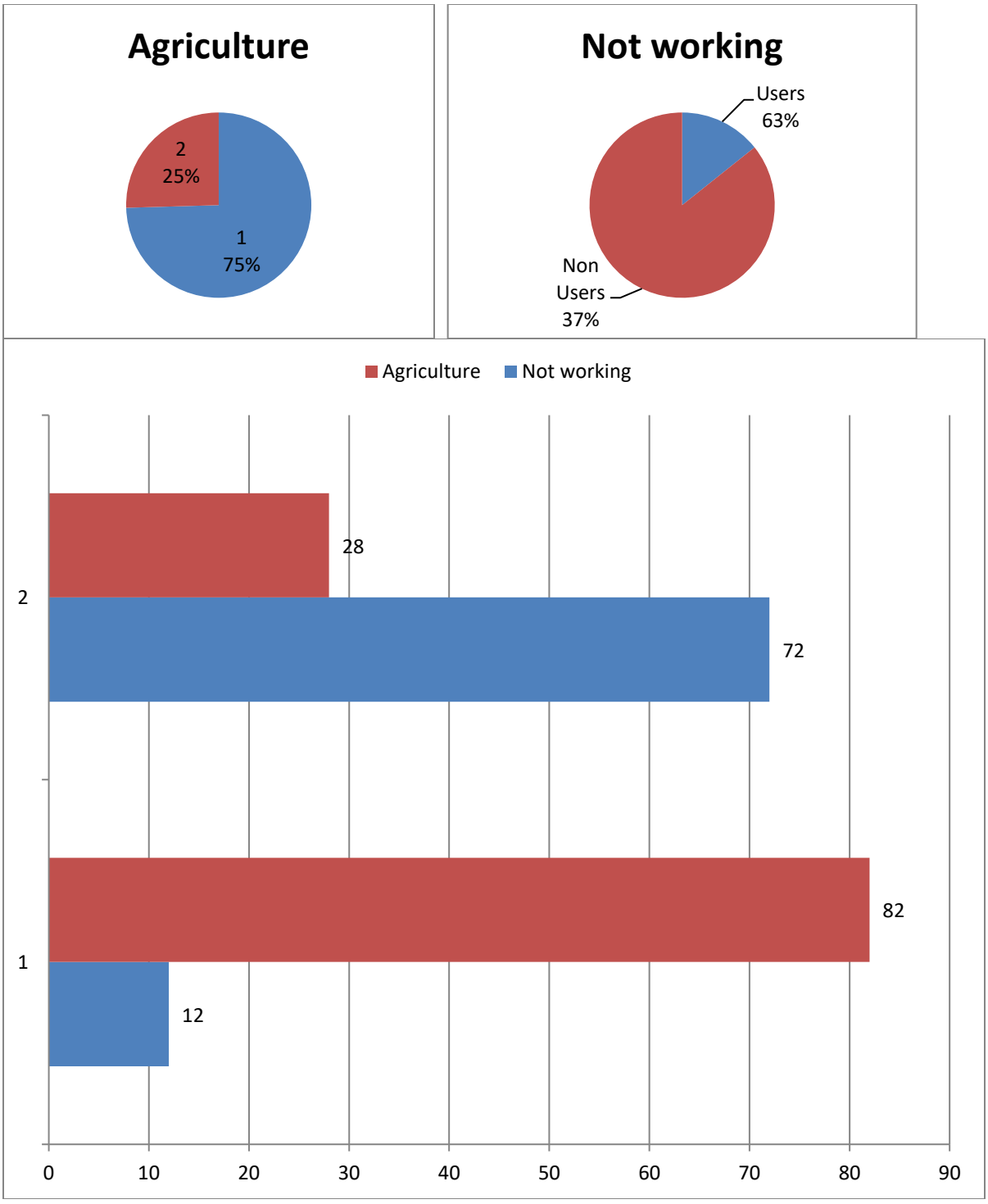
Gender wise distribution of Tobacco Use:

| | Cases | | | | | |
|---|---|---|---|---|---|---|
| | Valid | | Missing | | Total | |
| | N | Percent | N | Percent | N | Percent |
| Sex of the Respondent * Do you use tobacco products? | 381 | 99.0% | 4 | 1.0% | 385 | 100.0% |

Table: 3

| | | Do you use tobacco products? | | |
|---|---|---|---|---|
| | | Yes | No | Total |
| Sex of the Respondent | Male | 189 | 111 | 300 |
| | Female | 4 | 77 | 81 |
| Total | | 193 | 188 | 381 |

Table :4




Here 1 Represents “Users” and 2 Represents “Non Users”

Figure: 2

Out of 381 Respondents 300 are males and 81 are females. In 300 males 189 are users which contributes as 63 % while 37% are Non users. In 81 Females, 4 are user and 77 are non users, which contribute as 5% user and 95% non user.

## Occupation wise distribution of Tobacco Use:

| | Cases | | | | | |
|---|---|---|---|---|---|---|
| | Valid | | Missing | | Total | |
| | N | Percent | N | Percent | N | Percent |
| Occupation of Respondent * Do you use tobacco products? | 381 | 99.0% | 4 | 1.0% | 385 | 100.0% |

Table: 5

| | | Do you use tobacco products? | | |
|---|---|---|---|---|
| | | Yes | No | Total |
| Occupation of Respondent | Not working | 12 | 72 | 84 |
| | Agriculture | 82 | 28 | 110 |
| | permanent service | 15 | 10 | 25 |
| | temporary service | 19 | 12 | 31 |
| | professional work | 8 | 6 | 14 |
| | self employed | 41 | 44 | 85 |
| | others(specify) | 16 | 16 | 32 |
| Total | | 193 | 188 | 381 |

Table: 6

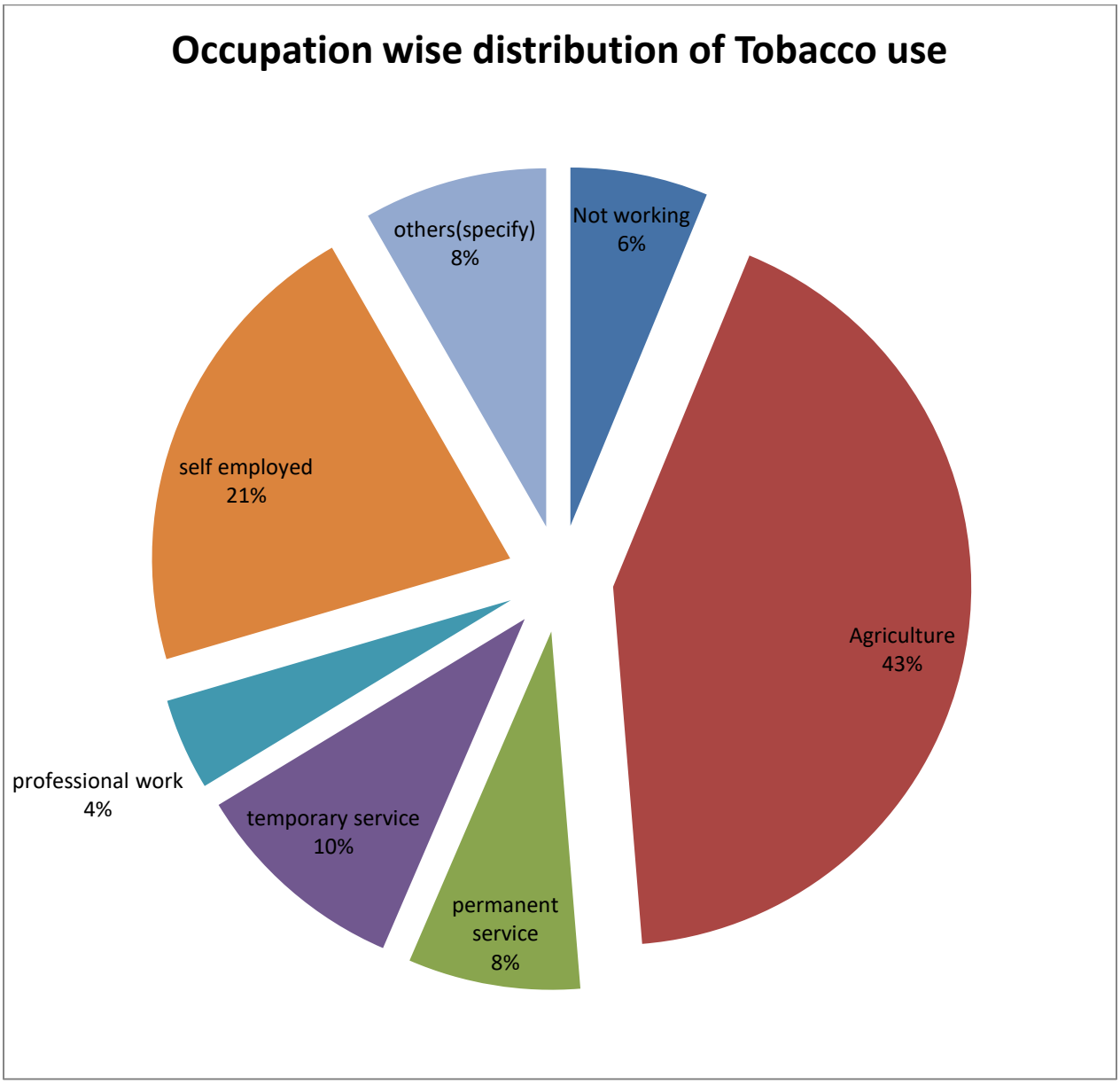



Figure: 3

Out of 193 Tobacco users 43% are associated with Agriculture, 8% are permanent service, 10% are temporary service,4% are professional work,21 % are self employed,8% are others and 6% are not working.

Distribution of Product wise Tobacco Users:

| | Cases | | | | | |
|---|---|---|---|---|---|---|
| | Valid | | Missing | | Total | |
| | N | Percent | N | Percent | N | Percent |
| Do you use tobacco products? | 193 | 50.1% | 192 | 49.9% | 385 | 100.0% |

Table: 7

| | | which product do you use? | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Cigarette | beedi | khaini | Gul | Beetel quid & gutkha | More than One | More than Two | Total |
| Do you use tobacco products? | Yes | 4 | 12 | 99 | 8 | 4 | 30 | 36 | 193 |
| Total | | 4 | 12 | 99 | 8 | 4 | 30 | 36 | 193 |

Table: 8

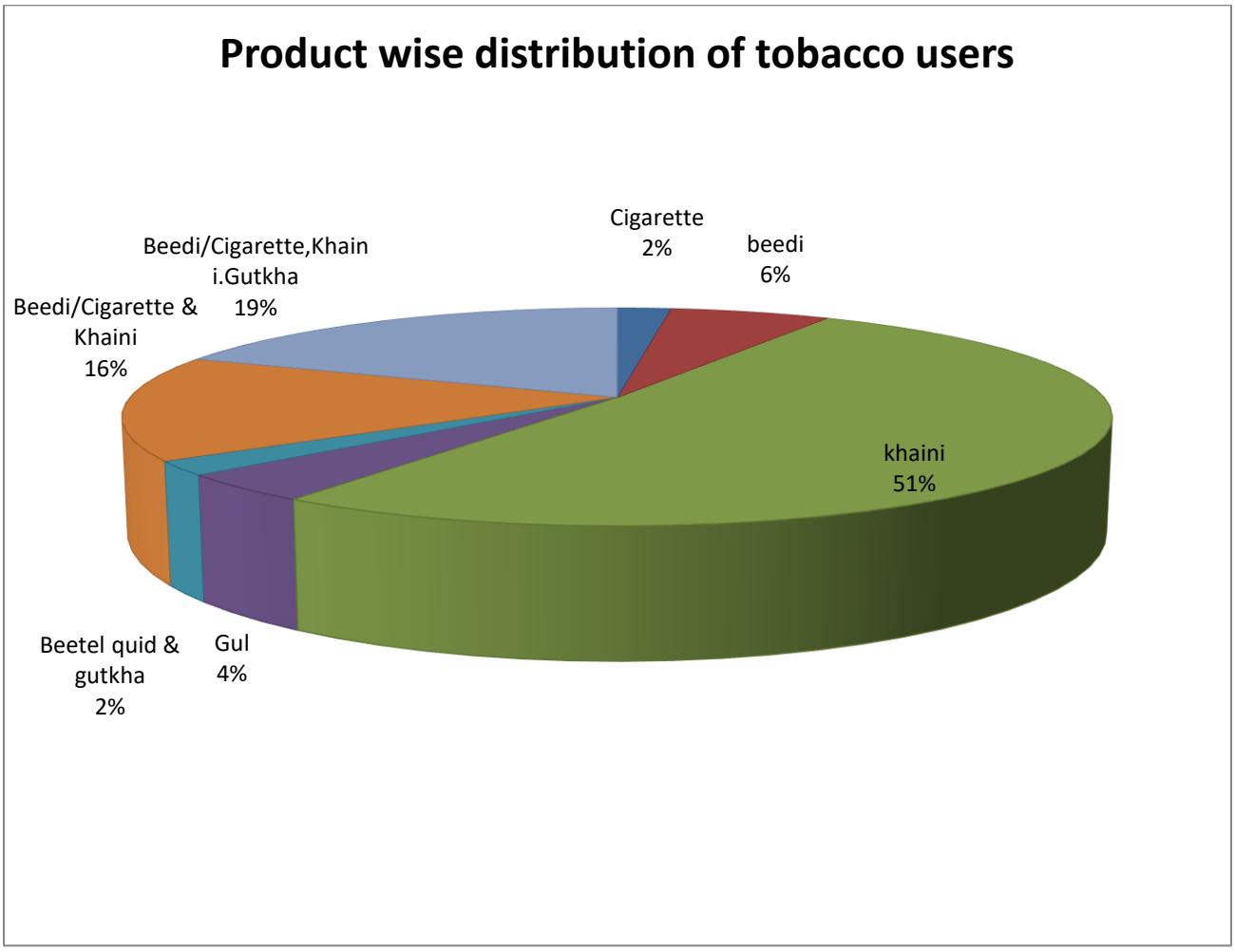



Figure: 4

Out of 193 Tobacco users 51% are khaini users,4% are Gul users, 2% are Beetel quid & gutkha,16% are Beedi/Cigarette & Khaini Users,19% are Beedi/Cigarette,Khaini& Gutkha users,2% are cigarette users,6% are Beedi users.

Income wise Distribution of Tobacco users:

| | Cases | | | | | |
|---|---|---|---|---|---|---|
| | Valid | | Missing | | Total | |
| | N | Percent | N | Percent | N | Percent |
| Income of the respondent * Do you use tobacco products? | 317 | 82.3% | 68 | 17.7% | 385 | 100.0% |

Table: 9

Table:10

| | | Do you use tobacco products? | | Total |
|---|---|---|---|---|
| | | Yes | No | |
| Income of the respondent | Below 3000 INR | 70 | 40 | 110 |
| | 3000-5000 INR | 65 | 48 | 113 |
| | 5000-10000 INR | 28 | 11 | 39 |
| | 10000-20000 INR | 7 | 23 | 30 |
| | More than 20000 INR | 11 | 14 | 25 |
| Total | | 181 | 136 | 317 |

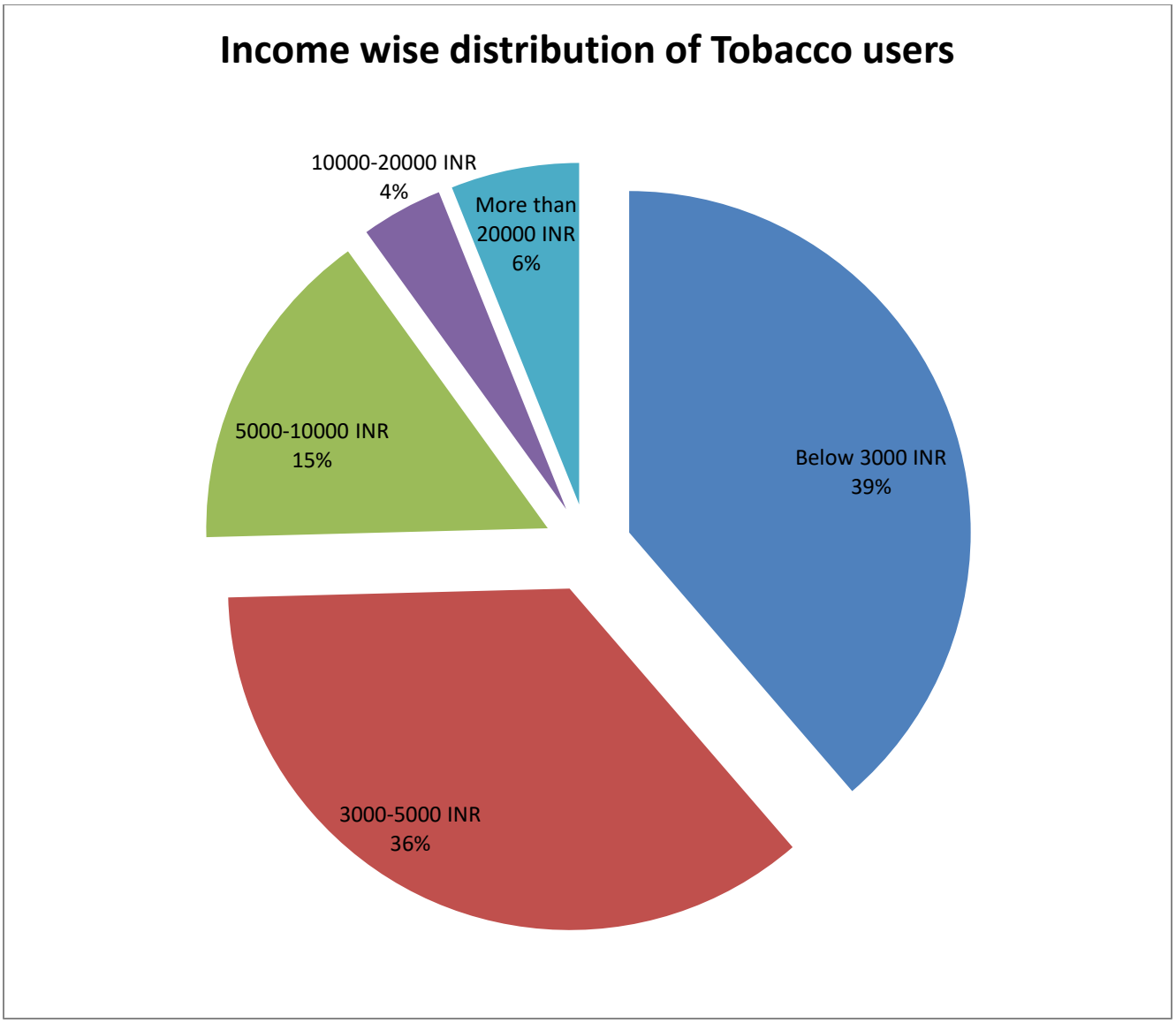



Figure: 5

In all of tobacco users, 39 % are belong to below 3000 INR income group,36% are from 3000-5000 INR group,15% are 5000-10000 INR group,4% are 10,000-20,000 INR group,6% are more than 20,000 INR group.

Education wise distribution of Tobacco initiation Age:

| | Cases | | | | | |
|---|---|---|---|---|---|---|
| | Valid | | Missing | | Total | |
| | N | Percent | N | Percent | N | Percent |
| At which age you did start to use the tobacco products? * Do you know tobacco consumption leads diseases? | 193 | 50.1% | 192 | 49.9% | 385 | 100.0% |

Table: 11

| | | Do you know tobacco consumption leads diseases? | | |
|---|---|---|---|---|
| | | yes | no | Total |
| At which age you did start to use the tobacco products? | Below 15 years of age | 19 | 8 | 27 |
| | 15-25 years of age | 101 | 43 | 144 |
| | 25-35 years of age | 16 | 0 | 16 |
| | 35-45 years of age | 6 | 0 | 6 |
| Total | | 142 | 51 | 193 |

Table: 12

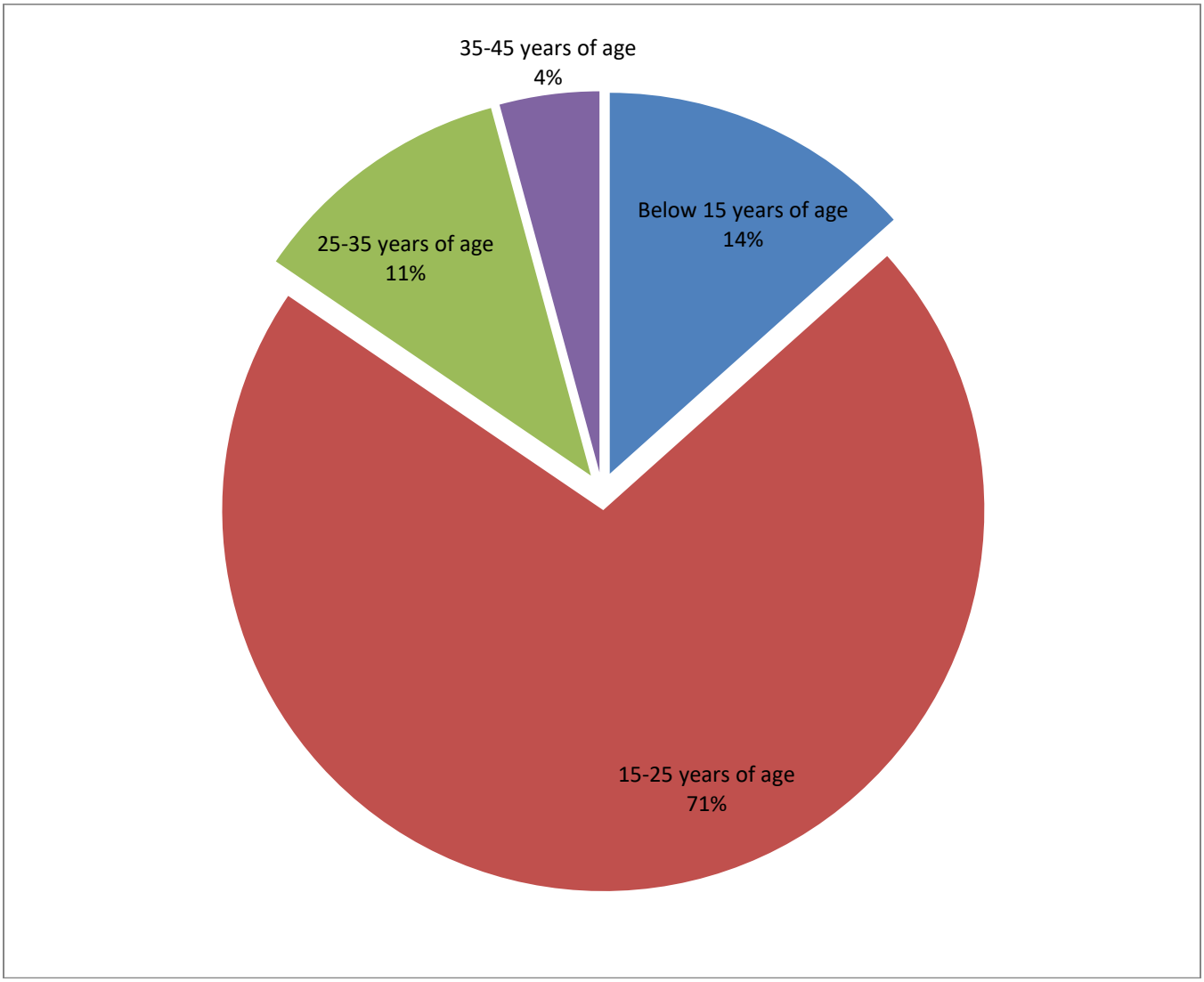



Figure: 6

In all of the tobacco users,71% are belong to 15-25 years of age,11% are 25-35 years of age,4% are 35-45 years of age group,14% are below 15 years of age group.

Distribution of Encouragement wise Tobacco use:

| | Cases | | | | | |
|---|---|---|---|---|---|---|
| | Valid | | Missing | | Total | |
| | N | Percent | N | Percent | N | Percent |
| Do you use tobacco products? * Who encourages you to start use of tobacco product? | 193 | 50.1% | 192 | 49.9% | 385 | 100.0% |

Table: 13

Count

| | | Who encourages you to start use of tobacco product? | | | |
|---|---|---|---|---|---|
| | | to look attractive | peer pressure | individual choice | Total |
| Do you use tobacco products? | Yes | 12 | 124 | 57 | 193 |
| Total | | 12 | 124 | 57 | 193 |

Table: 14

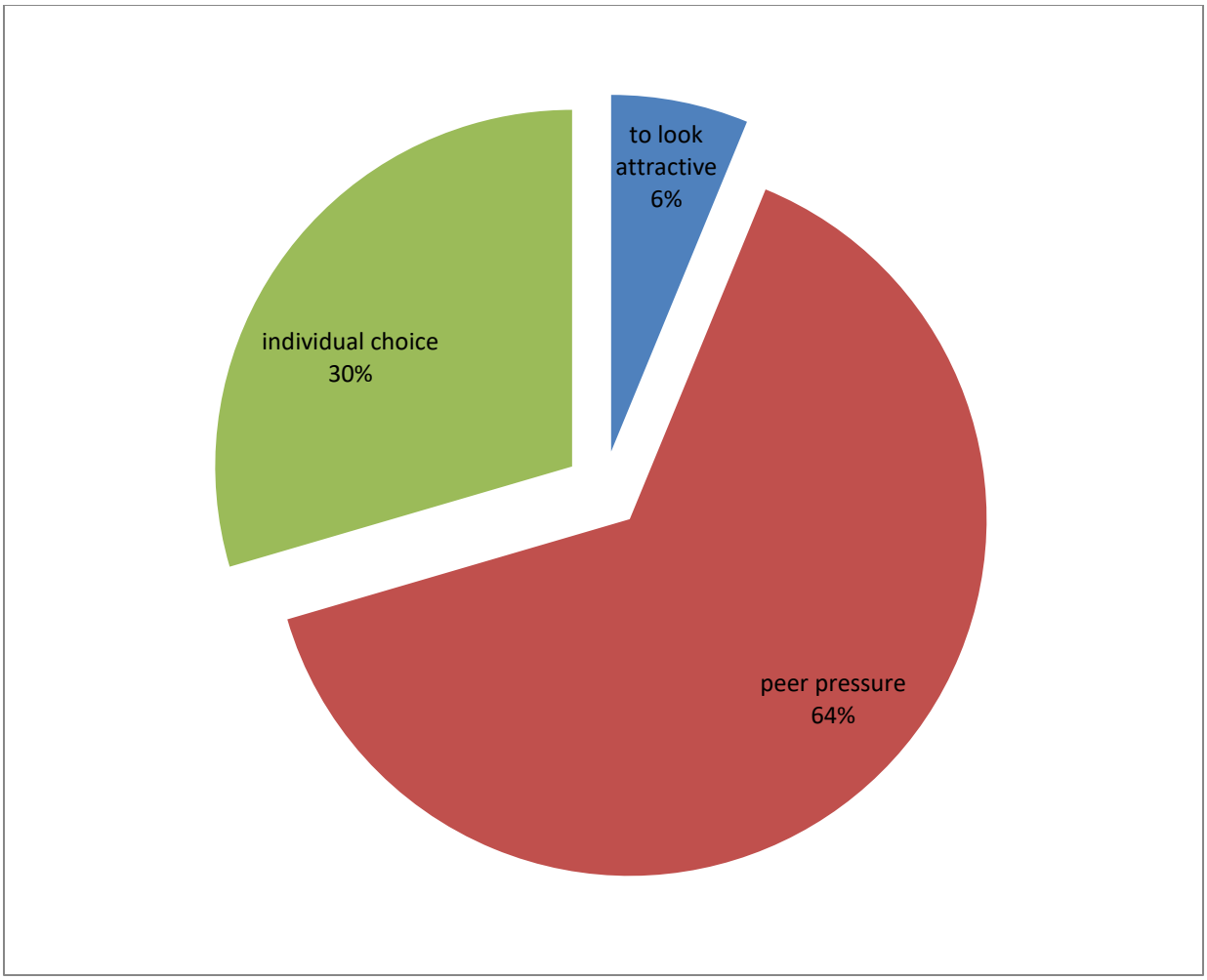



Figure: 7

In all of tobacco users, 64% are encourage to use tobacco by peer pressure, 30% are for individual choice and 6% are for look attractive.

Findings:

- About half of the males are tobacco users while 5% of the females are tobacco users.
- About half of the respondent ,who are tobacco users are belong to 25-44 years age group while one fourth of the tobacco users are belong to more than 59 years of age group.
- About more than half of the tobacco users are chewing tobacco users (Major contribution goes to khaini and marginally goes to Gutkha & Gul) while smoking tobacco use is very minimal.
- About one third of the Tobacco users have 3000-5000 INR income and about more than one third of the tobacco users have below 3000 INR Income. One more important finding that is tobacco users are very less in high income Group.
- About two fifth of the tobacco users are belong to agriculture as an occupation and almost one fifth of the tobacco users are self employed.
- About three fourth of the tobacco users have knowledge about the Tobacco hazards has initiated to use tobacco in 15-25 years of age.
- About three fifth of the tobacco users are encouraged to use tobacco products by peers while one third of the tobacco users are encouraged to use tobacco by individual choice.

## Conclusion:

The high prevalence rate of tobacco use in Bihar specifically Nalanda District calls for urgent action, taken into consideration its implication on public health including the huge health cost burden. The government of India enacted Cigarette and other tobacco products(Prohibition of advertisement & regulation of trade and commerce production supply & distribution) Act 2003 to prohibit the consumption of cigarettes and other tobacco products which are injurious to health with a view to achieve improvement of public health in general. But still this is not getting attention in the implementation. In Nalanda district, it is found Khaini is frequently used by the male population. This tobacco product is deepened in the society in such an extent that people are not able to accept it as tobacco products, so intervention measures need to be urgently explored.

## Recommendation:

- ✓ Analyse the state tobacco control situation (impact of tobacco use, political willingness, public awareness, etc.)
- ✓ Government should discourage the agriculture of Tobacco Products, which is the main cause of the frequently consumption of Khaini.
- ✓ Outline national tobacco control strategies based on priorities that consider the characteristics of the state tobacco epidemic and the socio-political environment
- ✓ Build a comprehensive state plan of action reflecting ground level priorities and realities.
- ✓ Establish through state regulation/legislation sustained funding mechanisms for tobacco control programmes.
- ✓ Incorporate specified IEC framework for tobacco control on local level.
- ✓ Develop strategies for monitoring and counteraction of tobacco industry activities in the state.
- ✓ Establish a system of monitoring and evaluation of tobacco control policies development and implementation

## Limitation of the Study:

- Sample is very small
- There is a huge variation in the population in district. So there is possibility that small sample will notable to present the whole universe.
- Women Respondent were found hesitated during the interview, which will definitely effect the result.
- Age group of 15 -24 years respondents were found hesitated during interview,which will definitely effect the result.

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## Individual Questionnaire

CONFIDENTIAL
For Research Purposes Only

**IDENTIFICATION**

QUESTIONNAIRE NUMBER: _____

BLOCK: _____

PSU (VILLAGE/WARD) NAME & NUMBER: _____

TYPE OF LOCATION: (1: RURAL, 2: URBAN)

ADDRESS OF Individual: _____

_____Phone No./Mobile No. _____

INTERVIEWER VISITS

RESULT CODE

RESULTS CODE:

1 – COMPLETED; 2 – NOT AT HOME; 3 – POSTPONED; 4 – REFUSED; 5 – PARTLY COMPLETED;

6 – OTHER (SPECIFY) _____

NAME:

DATE:

TIME:

INTERVIEWER

SUPERVISOR

RESEARCH OFFICER

OFFICE EDITOR

ANY COMMENTS:

INTRODUCTION AND INFORMED CONSENT

Namaskar, My name is _____ and I am here on behalf of "Manav Foundation". We are conducting a survey in Nalanda district of Bihar about the "Tobacco use in Nalanda district in Bihar". We would very much appreciate the participation of your individual in this survey. I would like to ask you some questions about your individual. The survey usually takes about 5 minutes to complete. Whatever information you provide will be kept strictly confidential. Participation in this survey is voluntary and you can choose not to answer any question or all of the questions. However, we hope that you will participate in this survey since your participation is important.

At this time, do you want to ask me anything about the survey?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.
In case you need more information about the survey, you may contact these persons.

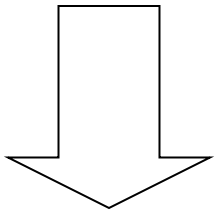
Provide the Contact Information.

May I begin the interview now Signature of interviewer
_____

Date…

RESPONDENT AGREES TO BE INTERVIEWED. ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2
END

Begin interview



| Q. No | Question | Coding | Skip To |
|---|---|---|---|
| 1 | Name of the respondent | | |
| 2 | Sex of the respondent | Male -……..1<br>Female…….……2 | |
| 3 | What is the age of the respondent?<br>(in completed years ) | | |
| 4 | What is the religion of the Individual? | Hindu ……....1<br>Muslim …….……2<br>Christian ……..…..3<br>Sikh ……..……..4<br>Other (specify) _____5 | |
| 5 | What is the caste of the Individual? | Scheduled caste …….....1<br>Scheduled tribe ……..2<br>OBCs …….……3<br>General……....4 | |
| 6 | Type of family | Nuclear ……....….....1<br>Joint …….2<br>Extended …….3 | |

| Q. No | Question | Coding | Skip To |
|---|---|---|---|
| 7 | What is the current marital status of the respondent? | Unmarried.....1<br>Currently Married.....….....2<br>Separated…….....3<br>Deserted…….....…..…4<br>Divorced …….....…5<br>Widowed…….……6 | |
| 8 | What is the educational status of the respondent? | No Schooling .....1<br>Up to Primary (up to 3rd )....……2<br>Up to Middle (4 to 8th) .....3<br>Up to Metric (10th). ……..……4<br>Up to Senior Secondary (12th)…..5<br>Graduation……..……...6<br>Post Graduation & Higher……..7<br>Other (specify) ……..8 | |
| 9 | What is the current occupation of the respondent? | Not Working …….1<br>Agriculture…….....……2<br>Permanent Service ……...……..3<br>Temporary Service…….4<br>Professional Work ....…….5<br>Self Employed ……...…....6<br>Other(specify)……7_____<br>_____ | |
| 10 | What is the income per month of your Family (Individual)? | Below 3000 INR……1<br>3000 -5000 INR…….2<br>5000 -10000 INR…….....3<br>10000-20000 INR …….4<br>More than 20000……5 | |
| 11 | Do you use Tobacco Products? | Yes…….1<br>No……..2 | |

| Q. No | Question | Coding | Skip To |
|---|---|---|---|
| 12 | Who encourages you to start use of Tobacco Product? | Actor smoking……1<br>To look attractive……2<br>Peer pressure ……..3<br>Parent's smoking…….4<br>Individual choice ……5<br>Others(Specify)……6_____ | |
| 13 | Which Product do you use? | Cigarette……..1<br>Beedi……2<br>Khaini……...3<br>Tobacco Tooth Powder (Gul)…4<br>Hookah…….5<br>Betel quid & Gutkha……6<br>Others (Specify)…….....7_____ | |
| 14 | At which age you did start to use the Tobacco Products? | Below 15 years of Age…….1<br>15-25 years of age……2<br>25-35 years of age……3<br>35-45 years of age……4<br>Above 45 years of age……..5 | |
| 15 | Where do you usually smoke? | At home ……..1<br>At school…….2<br>At friends house……..3<br>Public place…….4<br>At work Place……..5<br>Others (Specify) …….6 _____ | |

| Q. No | Question | Coding | Skip To |
|---|---|---|---|
| 16 | How many times do you use Tobacco products in a day? | More than 5 time…….1<br>3-5 times in a Day…….2<br>1-3 three in a Day…….3 | |
| 17 | Why you use Tobacco Products? | For status……1<br>For Habit…….2<br>For relaxation of mind…3<br>For Removal of tiredness…4<br>Others (Specify)……..5_____ | |
| 18 | Any elders in your Family Use Tobacco Products in your Family? | Yes…….1<br>No……..2 | |
| 19 | Do you get Tobacco products easily in the Market? | Yes…….1<br>No……..2 | |
| 20 | Do you know Tobacco Consumption leads diseases? | Yes……..1<br>No……2 | |
| 21 | If yes, then what are those diseases | Oral Cancer……1<br>Lung Cancer……2<br>Tuberculosis……3<br>Weakness……4<br>Others (Specify)…….5_____ | |

# "Thank You"