

“Assessing the behaviour and attitude of female regarding cigarette use”

A Dissertation submission in partial fulfilment of the requirements
For the award of

Post Graduate Diploma in Health and Hospital Management

By

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INTERNSHIP REPORT

1 INTRODUCTION:-

I did my internship from Octavo solution pvt. Ltd., New Delhi for the period of three months from February 1 to April 30, 2010. I am working here as a Management Trainee. As a part of my job I was placed in New Delhi where i have been involved in NABH Accreditation for Jeevan Jyoti institute of medical science and also involved in office work related to proposal writing, Expression of interest etc.

The objective of the internship at Octavo Solutions Pvt. Ltd. was to gather an exhaustive knowledge about the Dimensions of a Healthcare Consulting Organization and apply the insights so gained to succeed in the same industry. The Dimensions of a Healthcare Consulting Organization are Planning, System Development and Operation, Quality Healthcare Certification, Public Private Partnership, Capacity Building, Information and Technology, Knowledge Management and Public and Rural Health. Main objective of the internship was to understand the working of my Organization on Quality Management System and Quality Assurance Program.

2 Organization Profile

Octavo Solutions Pvt. Ltd. (OSPL) a multidisciplinary Health & Hospital Management Consulting firm, established and managed by health management experts, supported in its initiatives and efforts by experienced and reputed experts in field (like Architecture, Engineering, Public Health, Bio-medical Engineering, Clinical Experts, National and International Quality Gurus, Project Management experts), who have successfully undertaken health, hospital and other infrastructure projects ranging from small nursing homes to large medical college hospitals, including public health. We are associated with a number of reputed consulting organizations and thus can draw upon qualitative and latest expertise as and when required. With our ongoing in-house research and quality improvement efforts, we always strive to be up-to-date and able to provide the client qualitative, cost effective and comprehensive solutions. Our experts have worked with QCI, JCI and Australian Council of Health Standard International (ACHSI) and donor-funded projects like, the World Bank and the distinguished clients served includes the Ministry of Health, Govt. of India; State Governments, Private clients, Corporate House & Charitable Hospitals. Octavo Solutions Pvt. Ltd. is the first Consulting firm registered with Quality Council of India (National Accreditation Board for Education and Training) for providing consulting services in field of Healthcare.

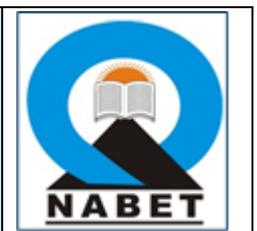
Vision:-

To focus on continuous development of processes for understanding the needs & expectations of the clients; leading to continual improvement and achievement of real client satisfaction. To redesign (existing) and develop (new) quality healthcare institutions and hospital with competitive process designs/models matching national and international standards.

Mission:-

To become the leader in healthcare consultancy in India by providing value for money; by providing value for money; effective, efficient solutions and hands on support.

Octavo Solutions Pvt. Ltd. is the first Consulting firm registered with Quality Council of India (National Accreditation Board for Education and Training) for providing consulting services in field of Healthcare (NC07 01)



Value:-

Client Delight

Sincere

Competent

Disciplined

Honest

Teamwork

Truthful

Focused

Ethical

Integrity

SERVICES

1. Public & Rural Health

We take up advisory/ consulting role on boards of NGO/ Government/ PSU/ Corporate for planning, implementing or monitoring of their projects in the fields of

- Epidemiology
- Bio Statistics
- Vital Statistics & Surveillance
- Environmental Health
- Health Services Administration
- Training & Education of Public health force
- Health Communication
- Maternal & Child Health

2. Project & Strategic Planning

- Business Case Writing
- Facility Plan Draft, Architect Briefs
- Equipment Planning
- Equipment Procurement

- Turn Key Project
- Vision Documents
- Resources Plan Draft

3. Development of Standards

- Development of standards for Quality, Safety, Infrastructure, Aesthetics

4. Capacity Building

- Manpower (Resource) Allocation & Planning
- Recruitment Contracts
- Continuous Education & Training

5. Developing BCC and IEC Strategies

- Preparing BCC and IEC Strategies
- Developing Posters/ Leaflets
- Facilitate events like swasthya mela, community awareness workshops, Folk play

6. Financial Model & studies

- Economic models
- Economic studies

7. Operations & Systems Development

- Managed Operations Contract
- Systems & Policy Development
- Cross Sectional Studies/ Audits

- Process Flow & Mapping
- Change Management
- Facilities Management
- Supply Chain Management

8. Public Private Partnerships

We partner with Deloitte Teusche/ Feedback Ventures/ Abacus Legal Group for taking up transaction advisors role in providing consulting services to Government for PPP projects

9. Knowledge Management

We collect, collate, analyze, store and share latest know how's within domain of healthcare sector.

3 Key Strengths and Salient Features of OSPL

The primary **strength** of our company is to partner the client organization to optimize resources & implement the improvement strategies successfully. An assignment begins with an accurate assessment of people, processes, performance and strategies. Our consultants define competitive strengths, threats and opportunities to define performance gaps and growth potential. To assure successful implementation and competitive advantage, we develop an execution action plan with essential controls for the management system under consideration, (PERT Chart). Unique Bottom-Up consulting **approach** of our consultants ensures success of our consulting assignments. This approach ensures that plans are accepted & practiced at all the levels of management. We have an unmatched 100% success rate for all the projects taken up so far in our journey.

Key Strengths:-

- A **Private Limited Company** (Reg. No. U72400DL2007PTC159745)
- Short listed firm with **NHSRC** (National Health Systems Resource Centre) under aegis of Ministry of Health & Family Welfare (Government of India)
- **Talented Leadership** from leading institutes like
 - All India Institute of Medical Sciences (Delhi),
 - School of Planning and Architecture (Delhi),
 - Tata Institute of Social Sciences, (Mumbai)
 - Indian Institute of Health Management and Research (Jaipur)
 - Symbiosis Institute of Health Sciences (Pune)
 - Jamia Hamdard University (Delhi)
- Great Team with all essential skills
- Dr. Bidhan Das- Member, Technical Committee of NABH for drafting standards
- Dr T. Venkatesh- Member, Technical Committee of NABL for drafting standards
- Dr Bidhan Das has Standards for Primary Healthcare (NABH) to his credit which is on its (likely) first test in State of Gujarat
- Dr. Bidhan Das- First ACHS International Surveyor (Australian Council for Health Standards) in India
- OSPL is **SE-Asia Partners for ACHSI**
- OSPL has presence in **14 states** (including Union Territories)
- We have working offices at **7** different locations across India.
- OSPL has one overseas (**International**) project to its credit.

- In short span of just 4 years, OSPL has rendered its **consulting services to over 30,000 beds** within the healthcare sector
- We have provided consulting services to over 100 Hospitals (bed range 30-1500), 7 Teaching Hospital & Medical Colleges, 1 Rehabilitation Hospital, 2 Dental Hospital & Colleges, 2 AYUSH Hospitals.
- Combined Years of Experience of our Technical Personnel is 68 Man-Years in ISO/ NABL/ NABH/ QMS and Hospital Planning assignments. Our Key Personnel have rich experience of having conducted over 720 Audits/ Assessments and provided consulting services to 497 client organizations for establishing QMS.
- Our mission is "To become the Leader in Healthcare Consulting in India by providing value for money, effective, efficient solutions and hands on support".

We are one stop solution company for healthcare sector .

DISSERTATION REPORT

1 EXECUTIVE SUMMARY

Tobacco is the second major cause of death in the world. Smoking is responsible for the death of one in ten adults all over the world. The habit of smoking among female is increasing with the time. Earlier the men were only one who were indulged in the habit of smoking but today, the women were also indulged in the habit of smoking

The study was carried out in South Delhi with the objective of determining the awareness about smoking among the youth to find out the age group most commonly influenced by it and to assess the level of knowledge or awareness about the smoking among female regarding the smoking habits. The Convenient Sampling technique was used for the study. The sample size of female was 100.

The study suggests that smoking remain high between the age group of 15-25 years predominantly with the highest prevalence seen in the age group of 18 to 22 years. Stress and peer pressure is one the main reason for the youngsters to adopt this habit. Friend or colleague and family member influence for smoking. Smoker do not share the information from parents. Awareness among the smoker and non-smoker regarding the ill affect of smoking were quite high but unfortunately the female were not familiar with the law or rule and regulation bounded with the smoking.

2 INTRODUCTION

Previously, the smoking was chosen by male but with change of trend and life-style, female also adopted the habit of smoking in a quite high ratio. Earlier male used to smoke 5 time more than female but now the scenario has changed dramatically as now the frequency of intake of smoking is similar in male and female in developed countries but on other side the condition is reversed in less developed countries as the female smoke quite less as compared to male but the scene is also expected to be change in the future.¹

Women mainly used to get attract by mainly on the same theme which is shown by the cigarette company through magazine, newspaper or through any advertising. The advertisement shown by the different brand of cigarette mainly focus on the style,weight control,independence and power which draw out the attention of women and forced them to indulge in such kind of habit.In market,there are two type of cigarette available(female brand and sex-dual brand) which give them a variety and keep them excited to choose according to their wish and mood.²

In India, average women smoke at the age of 17.5 year as compared to 18.8 years among men .The prevalence rate of smoking in female is eight time more as compare to men which show that acceptance of girls toward cigarette smoking at very high rate.³

Smoking harms nearly every organ of the body. Smoking causes many diseases and reduces the health of smokers in general.

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1. ¹ Centers for Disease Control and Prevention(Jan-2010)Smoking and Tobacco use DOA-25 April 2013
http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smokin_g/.
 2. ² Lorna Schmid Campaign for Tobacco-Free Kids (December-2012) DOA-25 April 2013,Page no-3, para-1 ,<http://www.tobaccofreekids.org/research/factsheets/pdf/0138.pdf>
 3. ³ Centre for Tobacco control and health promotion Public Health Foundation of India DOA- 25 April 2013
http://ctchp.org/index.php?option=com_content&view=article&id=561:indian-female-smokers-outpuff-males&catid=52&Itemid=118

Smoking is responsible for causing many of the disease and affect different organ of the body. The effect and relation of smoking is defined below-

Smoking and Death

Smoking causes death. More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.

Smoking is one of the major reasons of lung cancer as 90% of all deaths occur due to chronic obstructive lung disease.

An estimate of 90% and 80% of the disease lung cancer occur in men and women respectively.

Smoking and Increased Health Risks

Compared with nonsmokers, smoking is estimated to increase the risk of—

- coronary heart disease by 2 to 4 times.
- stroke by 2 to 4 times.
- men developing lung cancer by 23 times and women developing lung cancer by 13 times.

Smoking and Cardiovascular Disease

- One of the major affect of smoking occur on heart as it cause causes coronary heart disease.
- Cigarette smoking causes reduced circulation by narrowing the blood vessels (arteries) and puts smokers at risk of developing peripheral vascular disease (i.e., obstruction of the large arteries in the arms and legs that can cause a range of problems from pain to tissue loss or gangrene).

Smoking and Respiratory Disease

- Smoke also have bad affect on respiratory system and give birth to various of the disease like bronchitis, emphysema, chronic airway obstruction etc

Smoking and Cancer

Smoking also causes the following cancers:

- Acute myeloid leukemia
- Bladder cancer
- Cancer of the cervix
- Cancer of the esophagus
- Kidney cancer
- Cancer of the larynx (voice box)
- Lung cancer
- Cancer of the oral cavity (mouth)
- Pancreatic cancer
- Cancer of the pharynx (throat)
- Stomach cancer

Smoking and Other Health Effects

Smoking has many adverse reproductive and early childhood effects, including increased risk for—

- infertility,
- preterm delivery,
- stillbirth,
- low birth weight, and
- sudden infant death syndrome (SIDS).

Smoking is associated with the following adverse health effects:

- Postmenopausal women who smoke have lower bone density than women who never smoked.
- Women who smoke have an increased risk for hip fracture than women who never smoked.

While it is imperative that women's empowerment continue, attention must be paid to its potential link to increased smoking among women and to the ways in which the tobacco industry is capitalizing on societal changes to target women.⁴

4. ⁴ Centers for Disease Control and Prevention(Jan-2010)Smoking and Tobacco use DOA-25 April 2013

http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/.

Demographic Profile- According to Census report of 2011, Delhi has population of 1.67 Crore in which population of male and female are 8,976,410 and 7,776,825 respectively. The Literacy rate in Delhi is about 86.34 percent ,census. Of that, male literacy rate were high as about 91.03% and female literacy is about 80.93 percent. Delhi have an area of Total area of 1,483 sq. km. The Density of Delhi is 11,297 per sq km .The population of Delhi mainly include Hindus, Muslims, Sikhs and Christians .Hinduism is the main religion in Delhi.

According to 2011 census report, the population of South Delhi was about 2,733,752 in which male and female were 1,470,288 and 1,263,464 respectively. The sex ratio of South Delhi stood at 859 Female per 1000 male. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate. The literacy rate ofSouth delhi in rural and urban areawas about 8,232 and 2,089,591 respectively. South district is predominantly urban but also has a sizeable rural area. There are 25 villages in the district with all characteristics of rural India. Area wise, South District is the third largest District of Delhi spread over 249 Sq. Km & covering 16.7% of the total area of NCT of Delhi

4 REVIEW OF LITERATURE

1- A study was conducted by Rasińska.R et al. to analyse the anti-health behaviour on the basis of nicotine addiction among students. The individual on whom the study was carried out were student from the age of 19 to 35 years and it was found that Students already possess specific anti-health behaviour. Most of the students had started smoking and drinking at the time of schooling. Most of the student were aware regarding the harmful effect of smoking. Most of them were quite knowledgeable regarding addiction and have their state of health as good even there addiction was one of the existing problem.⁵

3- A study was conducted by Wilson. J et al to know the failure of habit to quit the cigarette smoke it was found that most of the smoker who tried to quit the smoke were unsuccessful. negative effect is one of the factor which contribute to smoking relapse as it interfere with some of psychological process that are essential for self regulating and coping. The evidence proved that negative affect may not be a big problem for smoker .⁶

4- A study was conducted by Centers for Disease Control and Prevention (CDC). to know the current status of smoker who were less than 18 year . Combined data from the 2009-2011 National Survey on Drug Use and Health (NSDUH) were used to calculate national and state estimates of cigarette smoking among adults aged ≥ 18 years and it was found that the prevalence of smoking is very high in men and among adult with any mental illness especially in youngster with low level of education and those were below poverty line.⁷

5. ⁵ Rasińska R, Nowakowska I. (2012) Smoking among students--the comparison of author's own investigations with literature DOA- 27 April 2013

<http://www.ncbi.nlm.nih.gov/pubmed/23421053>

6. ⁶ Wilson SJ (2013) Self-Control, Negative Affect, and Neural Activity During Effortful Cognition in Deprived Smokers.DOA- 25 April 2013

<http://www.ncbi.nlm.nih.gov/pubmed/23620601>

7.⁷ Centers for Disease Control and Prevention (CDC) (2013) current cigarette smoking among adults aged ≥ 18 years with mental illness .DOA-25 April 2013

<http://www.ncbi.nlm.nih.gov/pubmed/23388551>

5- A study was conducted by Chaaya.M et al to know the high-smoking rate among university students in Lebanon and the known adverse effects of second-hand smoking, a cross section design were done stratified sampling was used and sample size was 545 and respondent were student and it was found that smoker were against with the ban of smoking and non-smoker were in favour of the ban of smoking but over and all it was found that most of the student were in favour of this ban.⁸

6-A study was conducted by Tyc.L et al. to assess the prevalence of smoking restrictions among households of survivors of childhood and young adult cancer who smoke. The respondent were 374 in number consist of child and adult from the age group of 18 to 45 year and the sampling method was random sampling and more than half state that smoking were prohibited in their household. Socioeconomic behaviour and current smoking behaviour are associated with complete smoking restriction in the home of survivors.⁹

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8. ⁸ Chaaya M, Alameddine M, Nakkash R, Afifi RA, Khalil J, Nahhas G. (2013) Students' attitude and smoking behaviour following the implementation of a university smoke-free policy: a cross-sectional study. DOA-26 April 2013

<http://www.ncbi.nlm.nih.gov/pubmed/23585386>

9. ⁹ Tyc VL, Puleo E, Emmons K, de Moor JS, Ford JS.(2013) Smoking Restrictions Among Households of Childhood and Young Adult Cancer Survivors: Implications for Tobacco Control DOA-26 April 2013

<http://www.ncbi.nlm.nih.gov/pubmed/?term=study+assessed+the+prevalence+of+smoking+restrictions+among+households+of+survivors+of+childhood+and+young+adult+cancer+who+smoke>

3 RATIONALE OF THE STUDY

Prevalence of smoking has been on rise among female from last few years and hence it's of much concern for the health providers as the increased consumption is exposing the young adults to higher health risks.

Today we can take various step to decline the smoking among female if we understand their reason, attitude and perception toward smoking. A large number of female are taking a keen interest toward smoking and in future the scenario seem to be even more dangerous.

In this Study, the main focus is given on cigarette smoking among female due to increasing rate of intake of smoking among them. Current cigarette smoking mainly reflect heavy burden of disease with in a country which is a quite harmful especially for our young generation. Though many studies have been conducted on smoking but still there is a need to do more study on female to know the current status and main reason behind the acceptance of smoking.

5 OBJECTIVES:

General objective- To assess the behaviour and attitude of female regarding cigarette use in South Delhi from the age group of 15 to 20 years..

Specific objective

1-To find out the attitude of female toward smoking.

2-To understand the reason of indulging of female in smoking

3-To know the knowledge and awareness level among female regarding the bad affect of smoking.

6 METHODOLOGY:

Study design- The research design of the study was of descriptive cross-sectional design.

Study area-The study was carried out in south Delhi.

Sample size- 100 female had been selected for the sample size.

Study Population – The study had been conducted on female from the age group of 15 to 25.

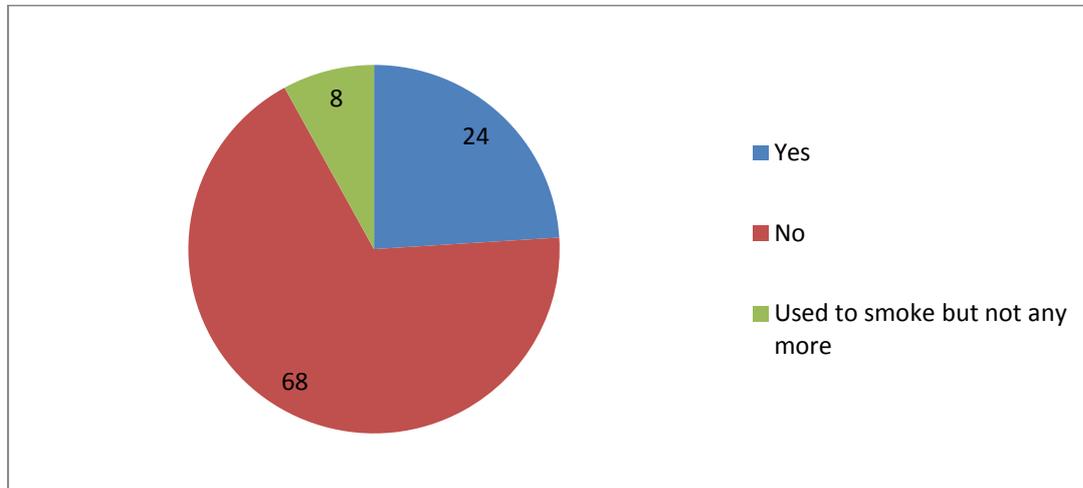
Sample technique- Convenient sampling was used for the stud and sample was selected according to the availability and convenience near the Metro station,colledges and market in the Safdarjung,Green Park,Saketa nd AIIMS

Data collection tool and technique-

Method of Data collection: In this study, the instrument which has been used for the collection of qualitative was of Interviewing of female and the excel was used out for the analysis.

7 STUDY FINDING

1-Do you smoke ?

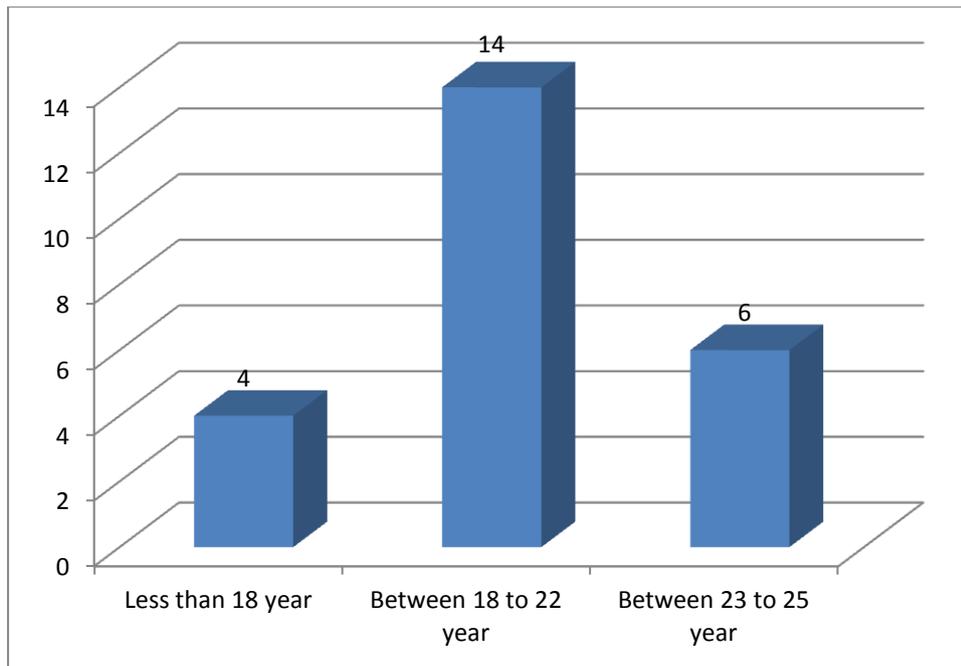


Acceptance of smoking among female -

Even though the number of non-smoker female were high but still the ratio of smoker is not less or could not be considered low which show that a large number of female is also indulged in smoking..

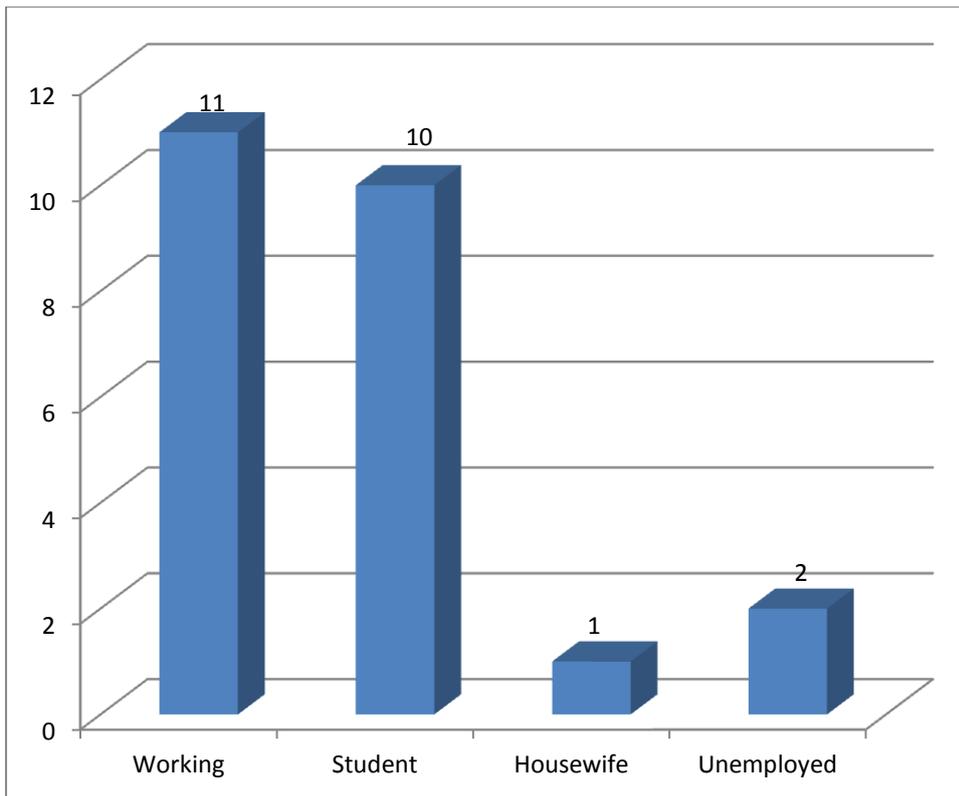
(Question for smoker)- Base value for smoker is 24

2-when did you start smoking?



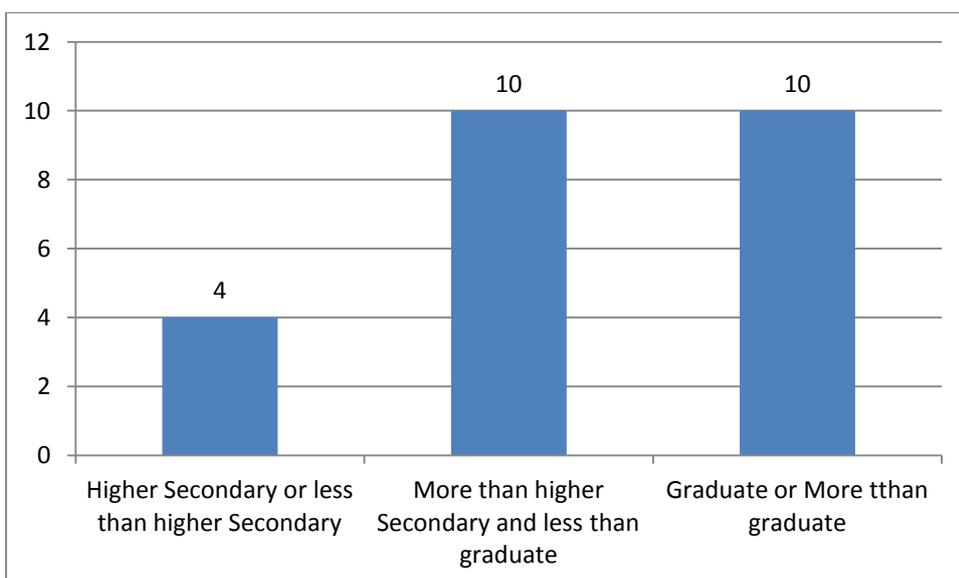
Female get more indulged toward smoking at the age of 18- When a girl pass out from the school or enter into the college it was found that such girls are highly prone or have high risk age because they entered into the new atmosphere(generally college) and feel that they are big enough and mature enough when they can start smoking so this age group (18 to 22 year) is the age when the female get influenced more than any other age. Female also get indulged at the age of 22 to 25 year(during their professional life) even the proportion was less than 18 year but it was quite high and the reason is quite worried as it show that the pressure of professional life also influenced the female for smoking so there is a great need to be concern on female as whenever they enter into new life or start to play a new role among different people the probability to be indulged in smoking get increased.

3-Occupation of smoker.



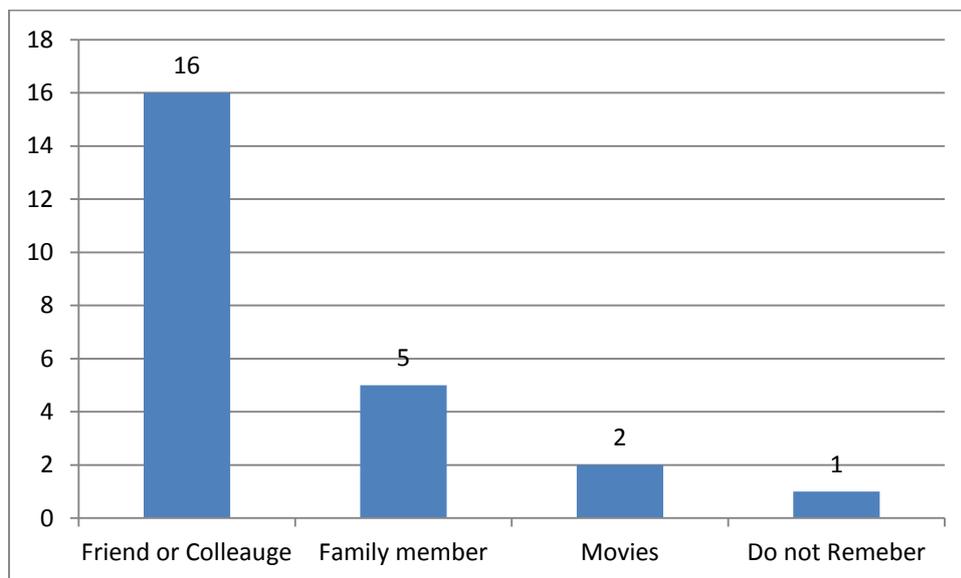
Working and student life are more dependent on smoking: From the study it was found that most of the smoker are either working or involved in studies and on other side housewife or unemployed smoke less which show that female are more dependent on smoking and more they are exposed or contact with other people than there will be more chance or probability of becoming smoker and smoking will become a part of their daily life or activity.

4-Qualification of smoker.



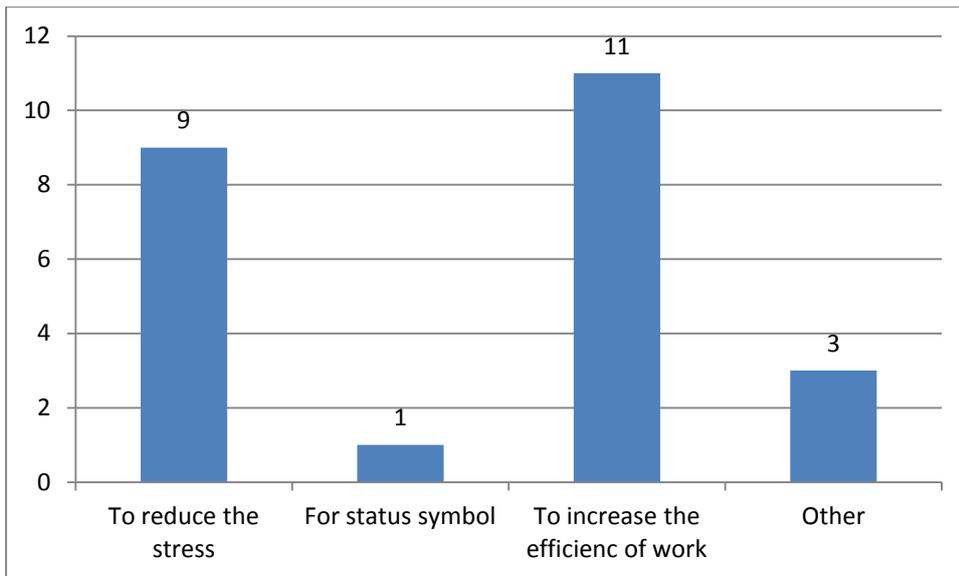
More educated-more probability of being smoker: From the study it was found that smoking tradition prevail more in educated people as these individual are those who are involved with the studies and under the pressure of the study they become more prone toward smoking or can say the student have adopted smoking in their life style or tradition.

5- Who influenced you for the smoking?



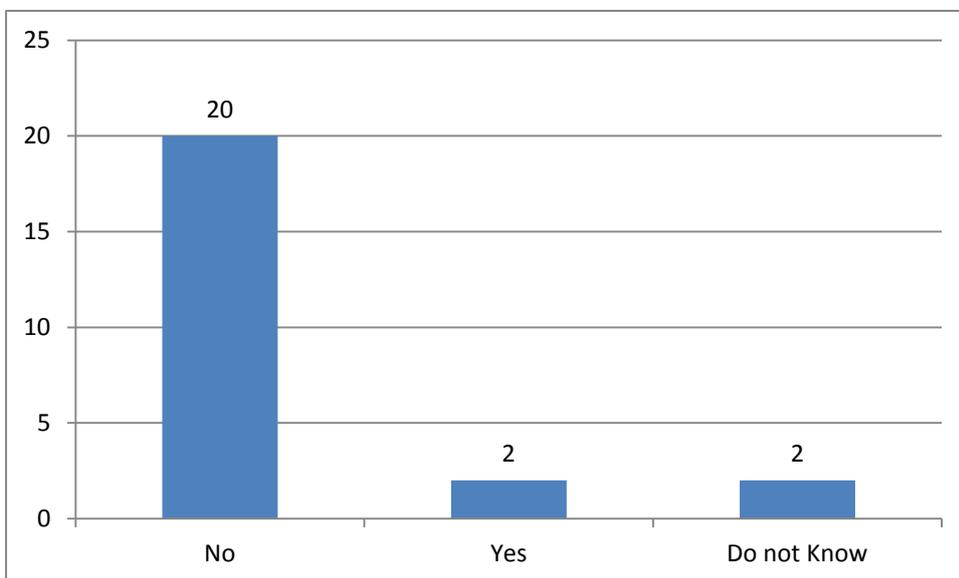
Friend or colleague and family member influence for smoking: In the study it was found that female get more influence by friend or colleague and family member for the smoking as due Friend are one who are much more nearer and dearer to everyone and if the friends are smoker than the probability is increased to make the other smoker as they can force them to indulged them in smoking and it can also said that the female start smoking by seeing their friend or family member.

5-why did you start smoking?



To reduce the stress and to increase the efficiency of work- In the study it was found that female smoke more to reduce the pressure from their mind or to increase the efficiency of work whether it is related to personal life or professional life. Female think smoking is the best way by which they can relax and could feel cool. They think with the help of smoking the efficiency of their work will be increased.

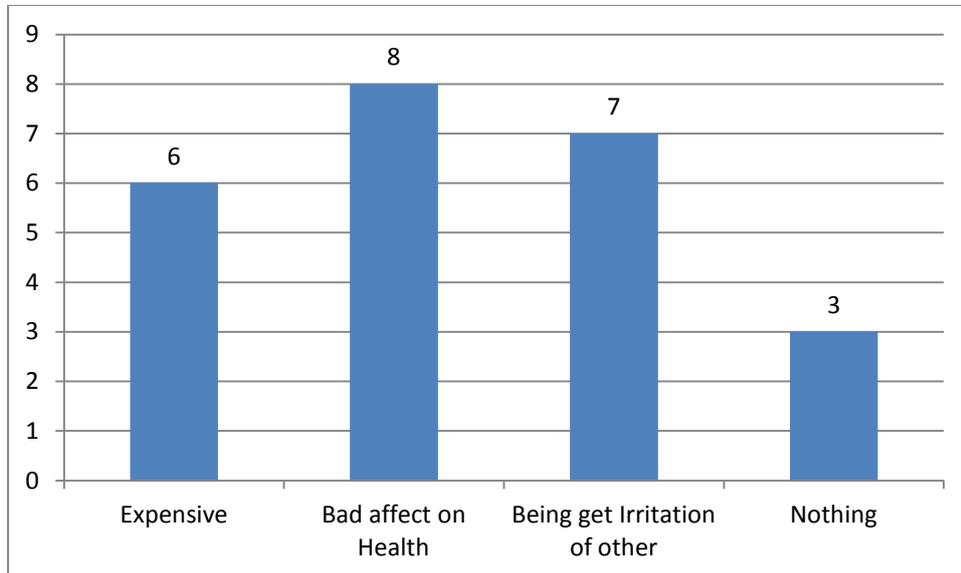
6-Do your parents know about your smoking.



Smoker do not share the information from parents:Most of the female do not share their habit(cigarette smoking) from their parent. They feel that their parent will not accept that their daughter is indulged in smoking and if they share the information of their their habit

then the parent can scold them or will restrict them or not to smoke or they will keep eyes on them and which will bound their freedom.

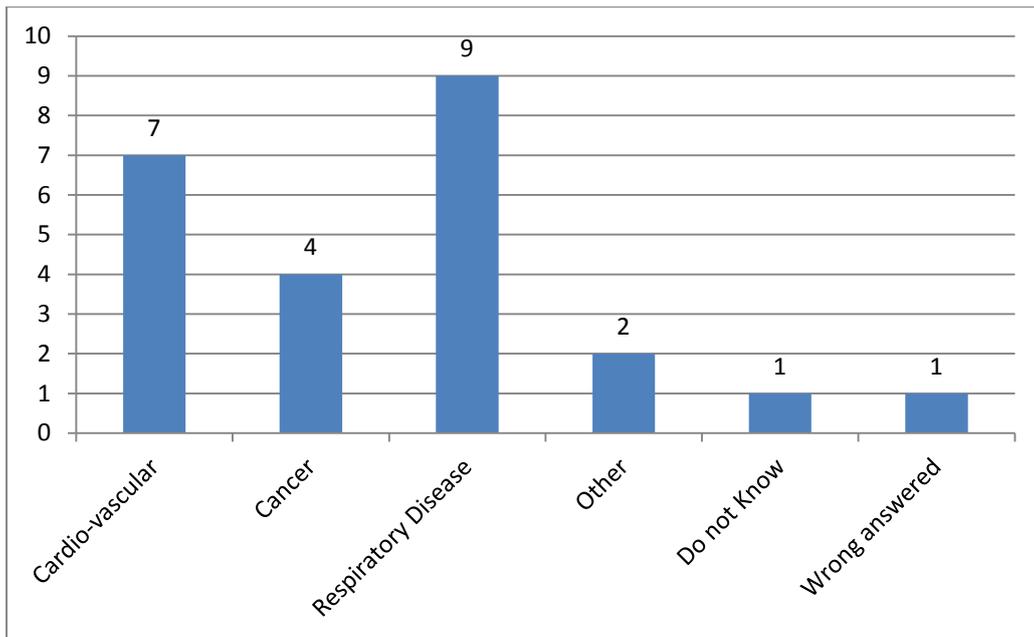
7- Which are thing you did not like about smoking?



Female Smoker does not like some of the thing like:

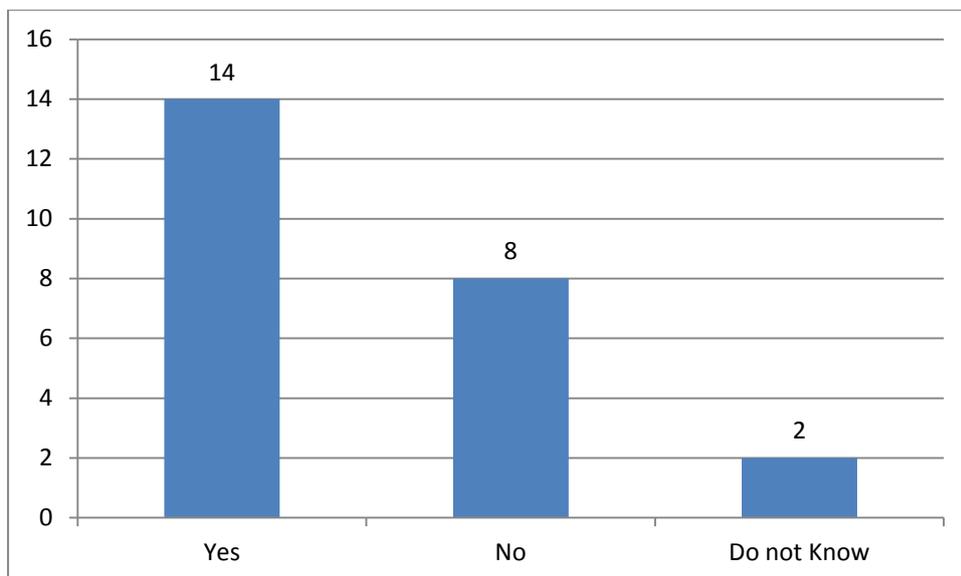
- a- Being get irritation of other as they did not like whenever second person interrupt or forced them to quit smoking and urged them to go away from the place when smoker smoke at any particular place which hinder their mood or make them low in front of other .
- b- Expensive- Female state that cigarette smoking habit is expensive for them as they have to pay regularly and daily for smoking which carry a certain percentage of their income.
- c- Bad affect on health- female also have some fear in their mind about the smoking as they are quite worried about their health during smoking which restrict them to a certain extent of the usage of smoking.

8- Name any health problems that smoke can cause.



High awareness among female regarding the ill effect of smoking: From the graph it is clear that female have knowledge about the ill effect of smoking even though they know smoking have bad affect on health but then also they are indulged in smoking it mean they are dependent on smoking a lot and they are ready to smoke at the cost of health.

9- Do you want to quit Smoking?

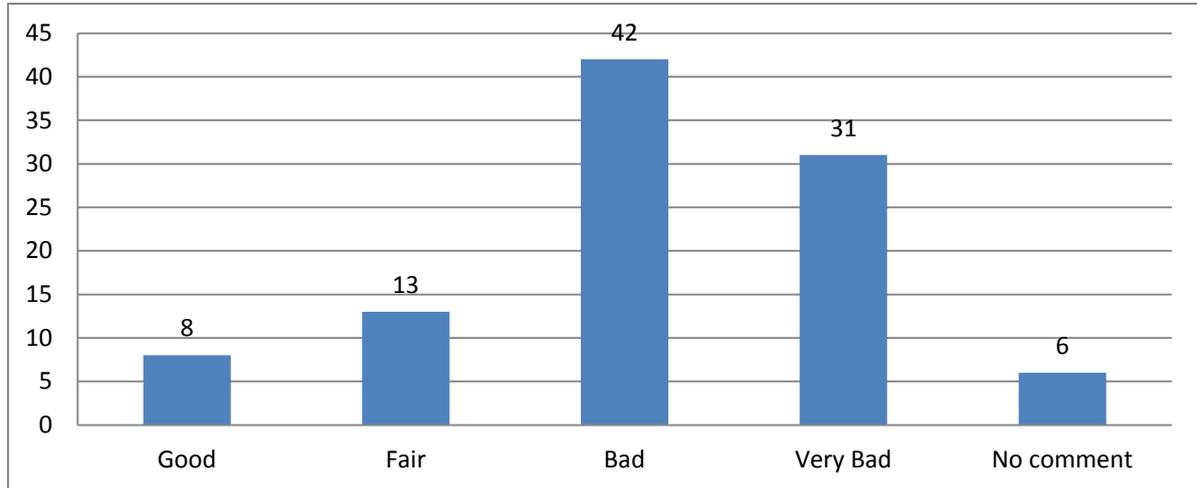


High number of smoker want to quit the smoking: About 57% of female want to quit smoking as they think that but on other side 32% of female are those who do not want to

quit smoking as they think there is no harm in smoking or did not feel that there is a need to quit the cigarette smoking.

(Question for smoker and Non-smoker)

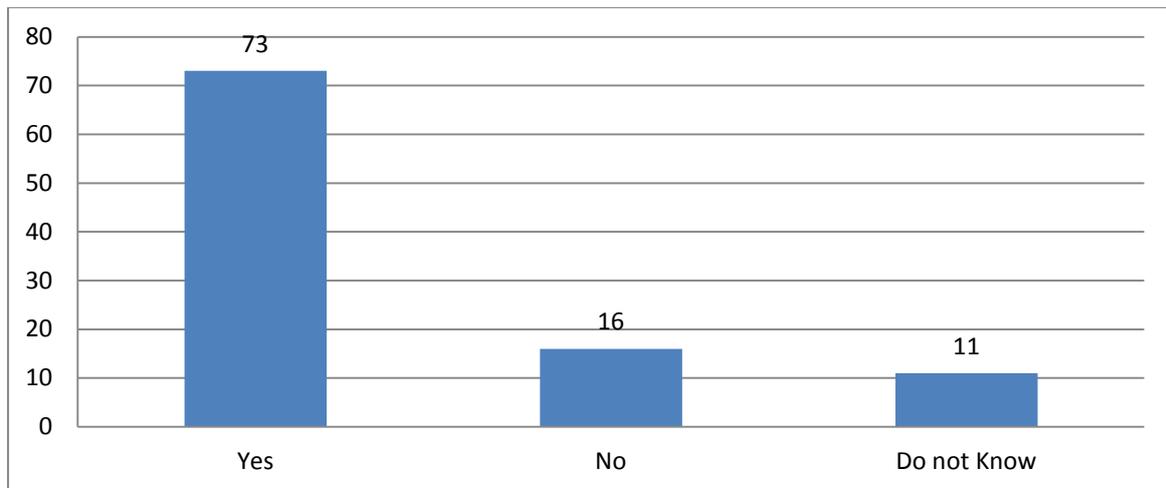
10- How do you feel about women smoking?



Most of the female believes smoking is not good:

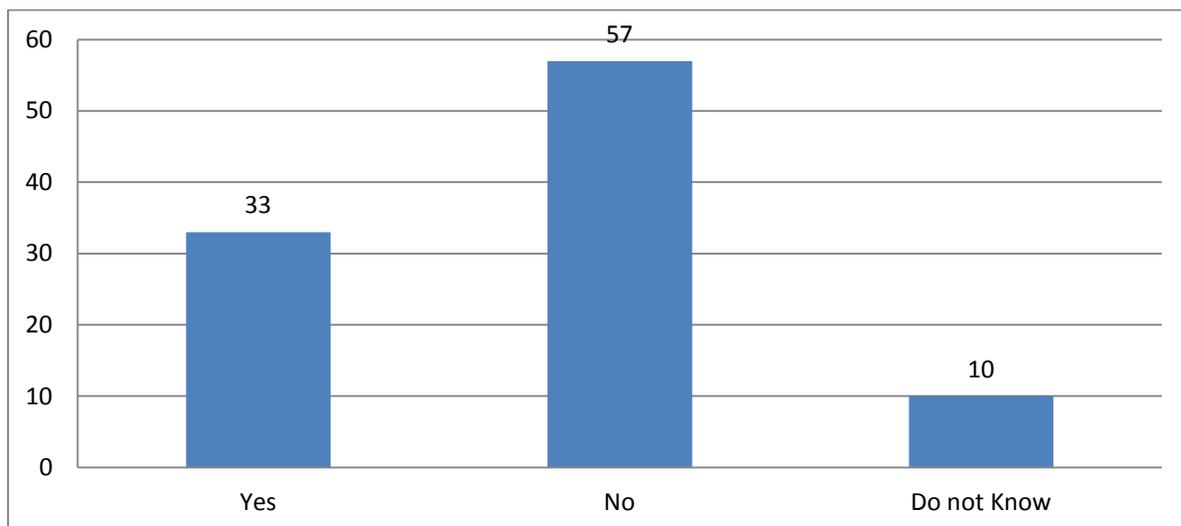
- 1- 73% of the female feel that cigarette smoking is bad or very bad as they think the Indian women should not adopt this habit as it does not suit to our Indian culture and Indian women should remain stick to ethics and emotional value.
- 2- Around 21 %of the female think that there is no harm in smoking - if a man can smoke then women should also have full liberty or freedom for smoking as there should be no differentiation between boys and girl when female get indulged in smoking and have no harm if the female want to smoke according to their wish.

11- Do you think smoking ruined the health of youngster.



Female believe smoking ruined the life of youngster: In the study it was found most of the female think smoke ruined the life of youngster as the youngster get easily attracted by such kind of thing or addiction or could not able to differentiate between good and bad so easily. Most of the female think our Indian tradition do not allow us to follow to smoke, whether the life style of youngster is becoming hectic day by day or have to face a lot of struggle but it did not mean that a youngster get aggravated toward smoking by seeing a western or modern culture.

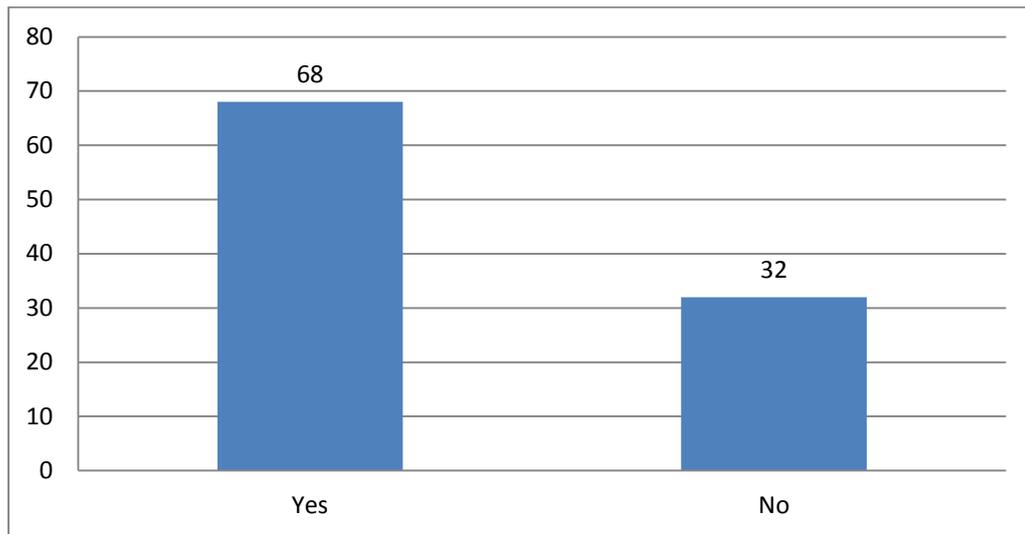
12- Do you think the message given in the radio, Television and Newspaper is enough to create awareness among the people.



Female believe message given b media is not enough to create awareness: In the study it was found that a large number of female believe whether the tax on cigarette get increased or

decreased, it will not keep the smoker away from the smoking because they think smoking is an addiction and if a smoker has a desire for smoking, the smoker is ready to reduce their saving but could not keep control on this addiction. On the other side, a large number of females think vice-versa as they believe that if the cost of cigarette gets increased, there may be a chance to reduce the number of non-smokers.

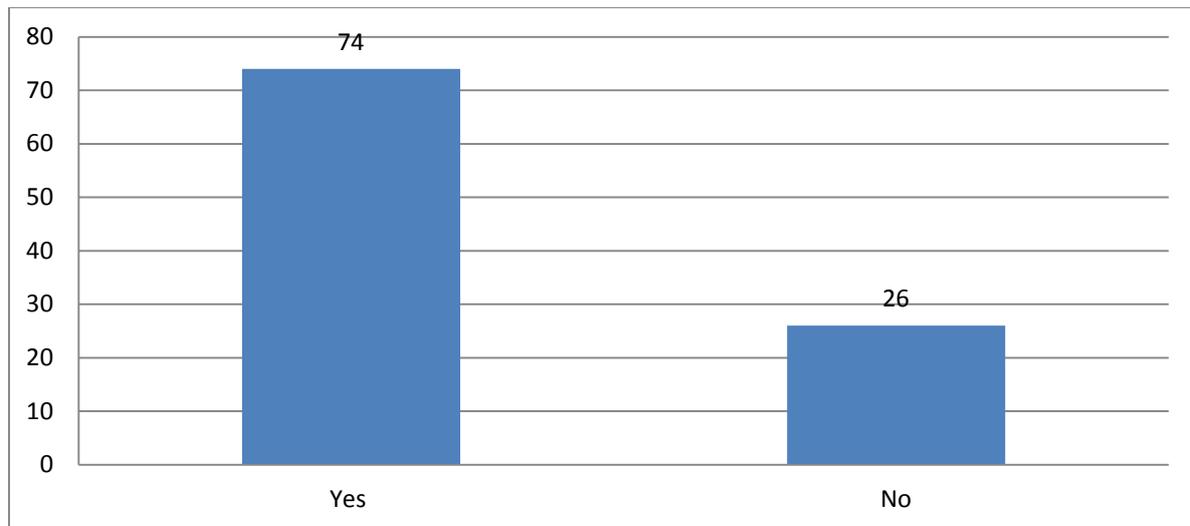
13- Can people smoke anywhere in our country.



Most of Female are not aware about restriction or law and regulation related to smoking:

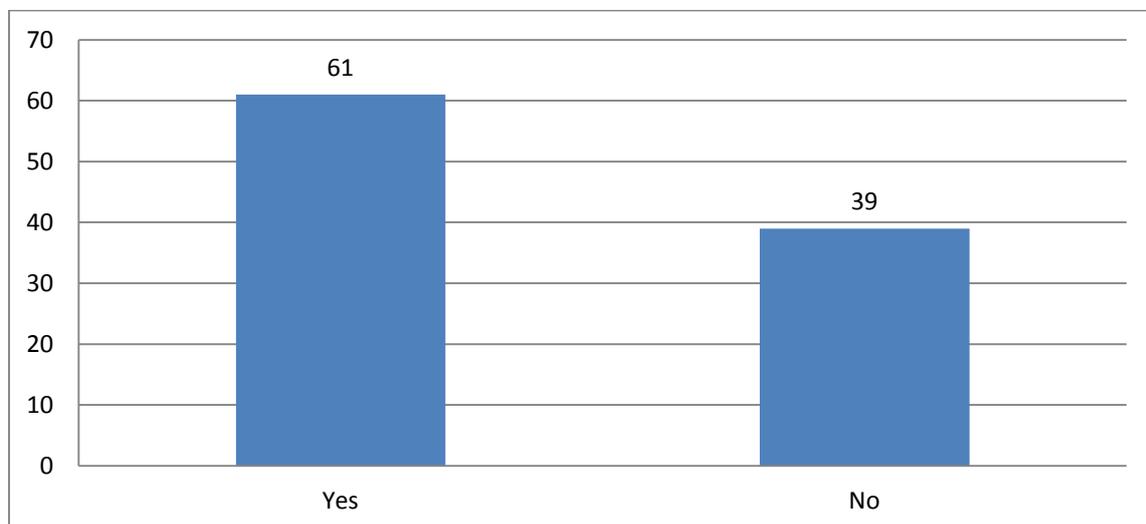
- 1- It was quite shocking when it was found that a large number of females (68%) did not know about the rule and regulation related to smoking (can people smoke anywhere in the country) which shows a lack of awareness or poor knowledge of females.
- 2- Only 32% of the females know that people can't smoke anywhere in the country, the number of females who know about the rule and regulation regarding restriction or rule and regulation regarding smoking.

14- Do you know it is not legal to show cigarette ads on TV or in magazines.



It was found that most of female know or aware about the advertisement which is related to smoking but on other side there were number of female which was not aware about this information.

15- Have you heard about the rehabilitation centre or what the services are provided to them.



Awareness level regarding rehabilitation centre among female is low-

- 1- Around 39% of the female did not heard or know about the services of rehabilitation centre which is very high in number and show that female had lack of knowledge about the services and centre of rehabilitation centre. The main reason was

unawareness among female as they had not received this information neither in school nor in college due to which they never came to know what are the services provided by such centre.

8 DISCUSSION

A study which was conducted by Rasińska. R et al. on the analysis of the anti-health behaviour among students with the evaluation of circumstances and motives of smoking. It was found that Students already possess specific anti-health behaviour. Most of the student has started smoking and drinking at the time of schooling. Most of the student have awareness regarding the harmful effect of smoking and also a study was conducted by Chaaya. M et al to know the high-smoking rate among university students in Lebanon to know the adverse effects of second-hand smoking. It was found that smoker were against with the ban of smoking and non-smoker were in favour of the ban of smoking but over and all it was found that most of the student were in favour of this ban as in this study also there were quite awareness among female about the ill affect of health and most of the girls also start smoking at the age around 18 as in this age they get easily get attracted by addiction or such kind of activity.¹⁰

This study differ from the study which was conducted by Zen wick .k et al to assess the prevalence of smoking among the nurses.It was found that most of the respondent were smoker and stress was one of the biggest reason for indulging in smoking. There were good knowledge among respondent regarding health life but even though the significance of their knowledge does not reflect on their habit and in this study the finding were matched as it is found that most of the smoker indulged in smoking due to the stress and pressure as they believe that they can handle the pressure or stress in a better way with the help of smoking and the efficiency of work is also increased.¹¹

A study was conducted by Zehjjang Centre for Disease Control and Prevention, Hangzhou, China.It was found that a large number of people who do not know about the harmful effect of smoking and relatively small number have awareness that the smoking can cause like lung cancer and cardio-vascular disease but this study does no aligned or differ from this result as there were quite awareness among people regarding the ill affect of smoking.

10. ¹⁰ Rasińska R, Nowakowska I. (2012) Smoking among students--the comparison of author's own investigations with literature DOA- 27 April 2013
<http://www.ncbi.nlm.nih.gov/pubmed/23421053>

11.¹¹ Adamek R, (2012) Prevalence of tobacco smoking among nurses and the awareness of harmfulness of smoking habit DOA-26 April 2013
<http://www.ncbi.nlm.nih.gov/pubmed/23421072>

9 CONCLUSION

Most of the female get indulged in smoking after the schooling as they believe now they have become quite mature to smoke and the same time they start hiding the various thing with their parent .They know smoking is not good for their health even than also they are not being able to keep them away from smoking. Friend or colleague and family member are more responsible as the female get influenced by them for smoking. Female also indulged in smoking to get the relief from mental stress and to increase the efficiency of work which is one of the biggest reason of the smoking for female as they are not being able to handle the pressure due to which they move toward addiction to get some relax and calmness to their body. The knowledge level was also not satisfactory. Even though most of the female(non-smoker and smoker) know about the ill effect of smoking or have not rite attitude but then also a large number of female smoke are indulged in such activity.

All above factor which are discussed for the smoking are main reason for smoking or show the awareness level of female which help to understand the main objective of the study.

10 RECOMMENDATION

1- **Proper counselling of girls should be done the age of 18:**

There is a great need to take care of girls after the age of 18 year or after the schooling as they are going to enter in the college where they came to know about new culture, trend and life-style or to new atmosphere. In such cases the probability increases to get indulged in smoking so there is a great need of proper counselling at this time, college can also play an important role by organizing special classes for the student in which student get information about the harmful effect of smoking where they get encouragement to keep themselves away from any kind of bad habit.

2- **Parents should encourage the girl(smoker) to quit the smoking :**

Parents should encourage their child to share the information from them without any hesitation so that a girl can always feel free if she is involved in any kind of bad habit. If any girl share such kind of information to their parent then it is a responsibility or duty of parent to not to scold them and teach them in a friendly manner to how to deal with such kind of situation.

3- **Acceptance of yoga and meditation instead of smoking:**

A female should not opt for cigarette at the time of stress or to increase the efficiency of work as most of the female smoker think that a stress is one of the biggest reason for the smoking, if the stress can be handled by some other way than the number or frequency of smoking could be reduced in a drastic manner. Smoker can go for the meditation or yoga as it will also help them to keep them physically and mentally fit and also save a lot of money for them.

4- **Good company and healthy environment keep individual away from addiction:**

A healthy atmosphere and friend always keep the individual to learn something good and innovative but if the individual is living in such society or company which is indulged in smoking, alcohol or other addiction which will attract anyone to do experiment with such kind of thing or they(non-smoker) will get pressurized by their friend(smoker) and then such kind of experienced change into their habit. Non-smoker should also avoid the party, occasion or event when there is a probability of having any kind of addiction like smoking, alcohol or drugs etc

- 5- **Govt. and Media should create more awareness regarding the ill effect of smoking:** A govt. should make an arrangement of camp, seminar at regular period of time or awareness programme to create awareness to the youngster regarding the ill effect of smoking by providing pamphlet ,book or through video which help them to understand this issue in better and effective way.
- b-Similarly media(electronic or print media)** can create awareness in much broader way as there might be possibility if any non-smoker or smoker could not reach to any place or event to gain the knowledge but this media can help common people to learn about the smoking very easily from their home which will help them to keep away from the addiction.
- 6- **Strict implementation of rule and regulation:** In India various law have been made by govt. to restrict the smoking but unfortunately these law has not been implemented in well manner as a large number of people used to smoke in open place and social place. A large number of female do not know about the rule and restriction regarding smoking so there is a great need to make aware to the female that smoking is not allowed in open or social place or in any kind of public event.
- 7- **More publicity required for the services of rehabilitation centre:** A large number of female were not aware about the rehabilitation centre as the govt. should make more publicity among people so that the smoker can prevail the service provided by the centre easily .Smoker should also take the help of rehabilitation centre when they are thinking or trying to quit such kind of addiction as they provide the help by proper counselling, suggestion or by medicine which help them to generate strong determination,recovery from bad health and to quit smoking.
- 8- **Tackling of the situation when non smoker pressurized by smoker for smoking:** There is a great need to teach the skill to youngster how to handle the situation when smoker give peer-pressure to them(non-smoker) for smoking as it is one of the main reason when non-smoker initiate the smoking.
- 9- **Family member should not smoke in front of the child or youngster:**Family member(smoker) should not smoke in front of their children because whenever family member smoke in front of them then child get attracted or get encouraged for smoking as it create more interest or eagerness toward the smoking and they think

smoking is something which exist in their tradition and moreover it also affect on the health of child and to other family member.

- 10- **Anti-smoking programme should run more actively:** Even a lot of anti-smoking programme is running in India but still now the effectiveness of such programme is not up to the mark so there is a great need to evaluate the reason or failure of such programme and rectify the problem so that effectiveness of the programme can be increased, utilization of all the resources and time could be handled in optimized and better way.

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12ANNEXURE

Assessing of the socio-behaviour and attitude of Female regarding cigarette use in South Delhi.

Objective- To assess the knowledge and attitude of female regarding the use of cigarette.

1- Do you smoke ?

- a- Yes b- NO c- Used to smoke, but not any more

2-What is your age?

- a-15-18yrs b-19-22yrs c-23-25yr

3-What is your education qualification?

- a-Illiterate b- Less than primary education c-Primary education d- Less than Secondary education e- Up to Secondary education f- Less than Higher Secondary g-Up to higher secondary h- Less than graduate I- Graduate

4-what is your current status about career?

- a-Working b- student c-House-wife d- unemployed

Question for smoker

5-when did you start smoking?

- a-Less than 18 year b- between 18 to 22 c- between 22 to 25.

6- how many cigarettes do you smoke per day?

- a-1 to 2 cigarette per day b- 2 to 5 cigareete per day
c- About 6 to 9 cigarette per day d-More than 10 cigarettes a day

7-Who influenced you for the smoking?

- a-Friend or colleague b-Family member c- Movies d- Do not remember

8-why did you start? What was the reason?

- a-To reduce the stress b-For status symbol c-To increase the efficiency of work
e-Time-pass F- other and specify

8-Do your parent know about your smoking?

- a- Yes b- No c- Do not know

9-Does smoking make you more beautiful?

a- Yes

b- No

c- Do not know

10-Which are thing you did not like about smoking?

a-Expensive

b-Bad effect on health

c-being get Irritation of other people.

d- Nothing

11Name any health problems that smoking can cause?(open ended question)

12- Do you want to quit Smoking?

a-Yes

b- No

c-can,t say

13- Have ever you tried to quit smoking?

a-Yes

b-No

c-Do not remember

Question for Smoker and Non-Smoker

13-How do you feel about women smoking?

a-Good

b-Fair

c-Bad

d- very Bad

c- No comment

14- Are you attracted to people who smoke?

a-Yes

b- No

15-In your view what is one of the major factor which will influence the habit of smoking among the following.

a-Peer pressure

b-Experimentation

c-Passion

d-Parental influence

e-Media

f-Stress/anxiety

g-Easy availability

h-Lack of awareness

i-Education

j-Carelessness

k-No strict rules

l-Other , please specify

16- Do you think smoking ruined the health of youngster?

a-Yes

b- No

c- Do not know

17-Do you think Smoking is a wastage of money and have bad effect of health?

a-Yes

b-No

c-Can,t Say

18- Do you think govt. is making enough anti-smoking programme to create awareness among the people?

a -Yes b- No c- Do not know

19- Do you think the message given in the radio,Television and Newspaper is enough to create awareness among the people?

a-Yes b- No c- Can,t Say

20-Do you think a high tax on cigarettes encourages people to quit?

a- Yes b- No c- Do not know

21-Can people smoke anywhere in our country?

a-yes b-no c-Do not Know

22- Do you know it is not legal to show cigarette ads on TV or in magazines?

a- Yes b- No

23- Have you heard about the rehabilitation centre?

a- Yes b- No