

Consumer Knowledge, Attitude and Behavior about Smoking and Tobacco Harm Reduction in Nepal

**Results of Baseline Survey
2023**



PRAKRITI PRAGYA NEPAL

🌐 www.prakritipragya.com

✉ ppn.thimi@gmail.com

Consumer Knowledge, Attitude and Behavior about Smoking and Tobacco Harm Reduction in Nepal

Results of Baseline Survey 2023

Prakriti Pragya Nepal
Bhaktapur, Nepal

2024

Publication: Consumer Knowledge, Attitude and Behavior about Smoking and Tobacco Harm Reduction in Nepal: Results of Baseline Survey 2023

Publisher: Prakriti Pragya Nepal Pvt. Ltd., Bhaktapur

Author(s): Prakriti Pragya Nepal

Cover Concept: Rupa Poudel

First Edition: 2024

Copyright: Prakriti Pragya Nepal Pvt. Ltd., Bhaktapur

ISBN: 987-9937-1-6770-3

Printing: Bijay Offset
Lalitpur-16, Dhapagal
01-5433191

Copyright © Prakriti Pragya Nepal, 2024

Declaration

This study was funded with a grant from the Foundation for a Smoke-Free World, Inc. ("FSFW"), a US nonprofit 501(c)(3) private foundation. FSFW had no role in the planning or execution of this survey/report/study, data analysis, or publication of results. For more information about FSFW, please visit its website.

Recommended Citation

Prakriti Pragya Nepal (PPN). (2024). Consumer Knowledge, Attitude and Behavior about Smoking and Tobacco Harm Reduction in Nepal. Bhaktapur, Nepal: Prakriti Pragya Nepal.

Technical Team

Trilochan Pokharel
Hari Dhungana
Sara Devkota
Anil Gupta
Mohan Khanal

Supervisors

Shreezal GC
Neesha Thapa

Enumerators

1. Chiranjibi Aryal
2. Prabha Balampu
3. Nirmala Bhatta
4. Jeevan Bhattarai
5. Rita Bhattarai
6. Sujan Bhattarai
7. Rekha Chaudhary
8. Sudarshan Gautam
9. Sanjeev Nemafulki
10. Hemanta Panthi
11. Suruchi Pokharel
12. Lal Bahadur Rawal
13. Ramsara Regmi
14. Manju Sapkota
15. Santosh Shah

Table of Contents

Acronyms	x
1 Introduction and objectives	1
1.1 Survey Design	2
1.1.1 Population	2
1.1.2 Sampling	3
2 Exposure to Tobacco and Smoking Habit	6
2.1 First Use Tobacco Product	6
2.2 Age of Initial Tobacco Product Experience	7
2.3 Age at First Try of Cigarettes	8
2.4 Age of Regular Smoking Initiation	9
2.5 Nicotine Dependency test (Fagerstrom Score)	10
2.6 Most Frequent Smoking Place	10
2.7 Smoking in Public Places	11
2.8 Smoking with Family Members	12
2.9 Cigarette Purchase Locations	13
2.10 Preferred Cigarette Purchase Quantity	14
2.11 Expenditure on Cigarettes in the Past Week	15
2.12 Asking Minors to Buy Cigarettes	16
2.13 Current Use of Smokeless Tobacco Products	16
3 Quitting Behavior	18
3.1 Smoking Quit Attempts in the Last Six Months	18
3.2 Methods Employed to Quit Smoking	19
3.3 Reasons for Not Attempting to Quit Smoking	20
3.4 Intention to Quit Smoking in the Next Six Months	20
3.5 Strategies Considered for Quitting Smoking	21
3.6 Ease of Quitting Smoking	22
3.7 Advice to Quit Smoking	23
3.8 Sources of Advice to Quit Smoking	23
3.9 Reasons for Quitting Smoking	24

4 Knowledge about Tobacco Harm Reduction Products	25
4.1 Awareness of Vape/E-Cigarettes	25
4.2 Sources of Information about E-Cigarettes/Vape Products	26
4.3 Experience with Vape/E-Cigarettes	27
4.4 Motivations for Trying Vape/E-Cigarettes	27
4.5 Satisfaction with Vape/Electronic Cigarette	28
4.6 Nicotine Level in Tried Vape	29
4.7 Availability of Vape/E-Cigarettes	30
4.8 Affordability of Vape/E-Cigarettes	31
4.9 Intention to Switch to Vape/E-Cigarette in the Next 6 Months	31
4.10 Reasons for Not Switching to Vape/E-Cigarette	32
5 Knowledge About The Health Effects Of Smoking	33
5.1 Awareness of Effects of Cigarette Smoking	33
5.2 Health Effects of Smoking Cigarettes	34
5.3 Mortality from Smoking-Related Diseases	35
5.4 Experience of Health Damage from Smoking Cigarettes	36
5.5 Concern about Future Health Damage from Smoking Cigarettes	37
5.6 Visiting a Doctor for Smoking-Related Health Problems	38
5.7 Health Issues When Visiting a Doctor for Smoking-Related Problems	38
5.8 Graphic Health Warnings on Cigarette Packs	39
5.9 Feeling on Graphic Health Warnings on Cigarette Packs	40
5.10 Trust on Graphic Warning Labels on Cigarette Packs	41
5.11 Impact of Graphic Warning Labels on Cigarette Packs on Quitting Intention	41
5.12 Opinion on Health Information on Cigarette Packs	42
6 Perception of Vape/E-Cigarette and Health Effects	44
6.1 Perception of Vape/E-cigarettes as Harmful	44
6.2 Opinions on Vape/E-cigarettes	45
6.3 Mortality from Smoking-Related Diseases	46
7 Knowledge about Regulation of Tobacco and Harm Reduction Products	48
7.1 Minors' Buying/Selling Tobacco Products	48

7.2 Pregnant Women's Buying/Selling Tobacco Products	49
7.3 Smoking in Public Places	50
7.4 Sale/Purchase of Single Stick Cigarettes	51
7.5 Tobacco Product Advertisements	51
7.6 Proximity of Tobacco Sales/Usage to Schools and Hospitals	52
7.7 Exposure to Anti-Tobacco Messages	53
7.9 Perception on Tobacco Control Policies	55
7.10 Effectiveness of Current Tobacco Control Policies	55
7.11 Suggestions to Reduce Tobacco Product Usage	56
8 Choices –Continue, Quit Or Switch To THR Products	58
8.1 Outlook of Quitting Cigarette Smoking	58
8.2 Factors for Considering Vape/E-Cigarette Usage	59
8.3 Effect of Price Increase on Combustible Cigarettes	60
8.4 Tobacco Consumption Trend for the Next Five Year	65

9 Annexes 68

List of Annexes

I. Identification Code	69
------------------------	----

List of Figures

Figure 2-1: Initial Tobacco Product Tried for Smoking (N=1514, %)	7
Figure 2-2. Age at First Try of Tobacco Product (N=1514, %)	8
Figure 2-3. Age at First Try of Cigarettes (N=440, %)	9
Figure 2-4. Age of Regular Smoking Initiation (N=1514, %)	9
Figure 2-5. Frequency of Smoking in Public Places (N=1514, %)	12
Figure 2-6. Smoking with Family Members (N=1514, %)	13
Figure 2-7. Preferred Cigarette Purchase Quantity (N=1514, %)	15
Figure 2-8. Percentage of Respondents Asking Minors to Buy Cigarettes (N=1514, %)	16
Figure 2-9. Percentage of Respondents with Current Use of Smokeless Tobacco Products (N=1514, %)	17

Figure 3-1. Respondents Who Attempted Quitting Smoking in the Last Six Months (N=1514, %)	19
Figure 3-2. Methods Employed to Quit Smoking (N=788, %)	19
Figure 3-3. Reasons for Not Attempting to Quit Smoking (N=726, %)	20
Figure 3-4. Intention to Quit Smoking in the Next 6 Months (N=1514, %)	21
Figure 3-5. Strategies Considered for Quitting Smoking (N=767, %)	22
Figure 3-6: Quitting Smoking Perceived as Very Difficult (N=1514, %)	22
Figure 3-7: Advice to Quit Smoking (N=1514, %)	23
Figure 3-8: Sources of Advice to Quit Smoking (N=1048, %)	24
Figure 3-9: Main Reasons for Considering Quitting Smoking (N=1514, %)	24
Figure 4-1: Awareness of Vape/E-Cigarettes (N=1514, %)	26
Figure 4-2: Sources of Information about E-Cigarettes/Vape Products (N=1087, %)	26
Figure 4-3: Respondents who Tried Vape/E-Cigarettes (N=1087, %)	27
Figure 4-4: Motivations for Trying Vape/E-Cigarettes (N= 807, %)	28
Figure 4-5: Availability of Vape/E-Cigarettes (N=1087, %)	30
Figure 4-6: Affordability of Vape/E-Cigarettes (N=1087, %)	31
Figure 4-7: Intention to Switch to Vape/E-Cigarette in the Next 6 Months (N=1087, %)	32
Figure 4-8: Reasons for Not Switching to Vape/E-Cigarette (N=912, %)	32
Figure 5-1: Respondents that Visited a Doctor for Smoking-Related Health Problems (N=1514, %)	38
Figure 5-2: Specific Health Issues When Visiting a Doctor for Smoking-Related Problems (N=124, %)	39
Figure 5-3: Observation of Graphic Health Warnings on Cigarette Packs (N=1514, %)	39
Figure 7-1: Understanding of Prohibition for Minors to Buy or Sell Tobacco Products (N=1514, %)	49
Figure 7-2: Understanding of Prohibition for Pregnant Women to Buy or Sell Tobacco (N=1514, %)	50
Figure 7-3: Understanding of Prohibition of Smoking in Public Places (N=1514, %)	50
Figure 7-4: Sale/purchase of Single Stick Cigarettes (N=1514, %)	51
Figure 7-5: Understanding of Prohibition of Tobacco Product Advertisement (1514, %)	52
Figure 7-6: Understanding of Prohibition of Tobacco Sales near Schools and Hospitals (N=1514, %)	52
Table 7-1: Exposure to Anti-Tobacco Messages in the Past 30 Days by Sources (N=1514, %)	53
Figure 7-7: Agreement on the Appropriateness of Tobacco Control Policies (N=1514, %)	55
Figure 7-8: Suggestions to Reduce Tobacco Product Usage (N=1514, %)	57

List of Tables

Table 1-1: Population Distribution in Provinces	3
Table 1-2: Smoking prevalence among men and women by province	3
Table 1-3: Sample Distribution Based on Prevalence Rate of Smokers	4
Table 1-4. Sample – Distribution of Respondents	5
Table 2-1. Nicotine Dependency test- Fagerstrom score test (N=1391, %)	10
Table 2-2. Most Frequent Smoking Locations (N=1514, %)	11
Table 2-3. Preferred Cigarette Purchase Locations (N=1514, %)	14
Table 2-4. Expenditure on Cigarettes in the Past Week (Average) (N=1514, %)	15
Table 4-1: Satisfaction with Vape/Electronic Cigarette (N=807, %)	29
Table 4-2: Nicotine Level in Tried Vape (N=807, %)	30
Table 5-1: Respondents' Ideas about Effects of Cigarette Smoking (N=1514, %)	34
Table 5-2: Health Effects of Smoking Cigarettes (N=1514, %)	35
Table 5-3: Perceived Mortality from Smoking-Related Diseases among 100 Smokers (N=1226)	35
Table 5-4: Health Damage from Smoking Cigarettes (N=1514, %)	36
Table 5-5: Concern about Future Health Damage from Smoking Cigarettes (N=1514, %)	37
Table 5-6: Feeling on Graphic Health Warnings on Cigarette Packs (N=1502, %)	40
Table 5-7: Trust on Graphic Warning Labels on Cigarette Packs (N=1502, %)	41
Table 5-8: Impact of Graphic Warning on Quitting Intention (N=1502)	42
Table 5-9: Opinion on Health Information on Cigarette Packs (N=1502, %)	43
Table 6-1: Vape/E-cigarettes Harmful (N=1087, %)	45
Table 6-2: Perceived Opinions on Vape/E-cigarettes (N=1087, %)	46
Table 6-3: Average Death from Smoking (Out of 100) (N=708)	47
Table 7-2: Impact of Advertisement on Quitting Behavior (N=1514, %)	54
Table 7-3: Effectiveness of Current Tobacco Control Policies (N=1493, %)	56
Table 8-1: Outlook of Smoking Status for the Next Year or More (N=1514, %)	59
Table 8-2: Attention Factors for Considering Vape/E-Cigarette Usage (N=1087, %)	60
Table 8-3: Effect of Price Increase (25%) on Combustible Cigarettes (N=1514, %)	61
Table 8-4: Effect of Price Increase (50%) on Combustible Cigarettes (N=1514, %)	63
Table 8-5: Effect of Price Increase (100%) on Combustible Cigarettes (N=1514, %)	64
Table 8-6: Tobacco Consumption Trend for the Next Five Year (N=1514, %)	67

Acronyms

CAPI	Computer Assisted Personal Interview
CBS	Central Bureau of Statistics
COPD	Chronic Obstructive Pulmonary Disease
CS	Cannot say
DALY	Disability-adjusted life year
DK	Don't Know
E-cigarette	Electronic Cigarette
FGD	Focus Group Discussion
FSFW	Foundation for a Smokefree World
KII	Key Informant Interview
LMICs	Low- and middle-income countries
NCD	Non-communicable disease
NDHS	Nepal Demographic and Health Survey
PPN	Prakriti Pragya Nepal
SMS	Short Message Service
STEPS	STEPwise Approach to NCD surveillance
THR	Tobacco harm reduction

1 Introduction and objectives

With increasing consumer awareness and scientific consensus on the harms of tobacco smoking, efforts are underway globally to support smoking cessation or harm reduction. While quitting is the best option to reduce the smoking harms, it may not work for those who may not want to or be unable to do it.¹ Accordingly, there has been a steady shift, on a widespread scale, toward tobacco harm reduction (THR) products, especially e-cigarettes and vaping.

In Nepal, the government has introduced a legislation that seeks to reduce, control and regulate the import, production, sales and distribution, and consumption of tobacco products.² But, while existing laws and policies do not differentiate between conventional tobacco products and THR products, media reports and anecdotal evidence show a surge in the import, sale and consumption of

THR products in Nepal. But little is known in the form of systematic study the consumers' smoking behaviors, their awareness of harm and quitting efforts as well as their awareness of THR products. There is a lack of documented evidence for addressing harm reduction objectives.

Tobacco prevalence in Nepal was 29% in 2019 (STEPS survey), which is considerably higher than the global prevalence of 22%.³ Tobacco use is attributed to 15% of deaths from non-communicable diseases (NCDs) and 8% of disability-adjusted life years (DALYs). While Nepal aims to reduce tobacco prevalence to 15% by 2030, tobacco products contribute a quarter of excise duty, and 4% of total tax revenue, consisting of a significant revenue contribution to the treasury. Tobacco users spend over USD 110 annually in a country with a per capita GDP of less than USD 1400. For a low- and middle-income country (LMIC) like Nepal, with one-fifth of the population below poverty, high levels of inequalities, and marginalization, the reduction of the financial burden

¹ Lindson-Hawley N, Hartmann-Boyce J, Fanshawe TR, Begh R, Farley A, Lancaster T. (2016). Interventions to reduce harm from continued tobacco use. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD005231. DOI: 10.1002/14651858.CD005231.pub3.

² Government of Nepal. 2011. Tobacco Products (Control and Regulation) Act, 2011. Nepal Law Commission. Available at <https://www.lawcommission.gov.np/en/wp-content/uploads/2021/01/Tobacco-Products-Control-and-Regulatory-Act-2068-2011.pdf>.

³ Dhimal M, Bista B, Bhattarai S, Dixit LP, Hyder MKA, Agrawal N, Rani M, Jha AK. (2019). Noncommunicable disease risk factors: STEPS Survey Nepal 2019. Available at <https://www.who.int/docs/default-source/nepal-documents/ncds/ncd-steps-survey-2019-compressed.pdf>

and health-related harms will be critical, especially for the lower income quintiles. Reducing tobacco prevalence and its harm requires effective and streamlined implementation of policies and measures for cessation or harm reduction.

Given this context, Prakriti Pragya Nepal undertook a comprehensive study on the economics of tobacco harm reduction (THR) in Nepal. The primary objective of this study is to gain insights into consumer preferences for THR items, awareness of harm reduction, the demand and supply dynamics of THR products, and the prevailing policy landscape in Nepal. The survey on “Consumer Knowledge, Attitude and Behavior about Smoking and Tobacco Harm Reduction in Nepal” consisted of one of the three strands of the study.

The overarching aim of the baseline survey is to investigate the extent of consumer awareness regarding tobacco and/ THR products among present tobacco users, with a particular focus on smoking. The specific objectives of the baseline study are mentioned as follows:

- To identify the determinants of consumer awareness regarding the health effects of cigarettes
- To assess the effect of knowledge of health risks of smoking on switching behavior of consumers
- To examine whether the consumer’s self-reported health effect explains the switching behavior.
- To examine the effect of perceived benefits of e-cigarette /vape on switching behavior of consumers.

1.1 Survey Design

1.1.1 POPULATION

The exact number of smokers in Nepal is uncertain. This survey utilized the provincial population ratios from the most recent Central Bureau of Statistics (CBS, 2021) data and the prevalence rates from Nepal's latest Demographic Health Survey (NDHS, 2016) to allocate the sample across various cities and genders. The NDHS of 2016 indicates that approximately 7% of women and 28% of men are smokers. Below, we present the province-specific breakdown:

Table 1-1: Population Distribution in Provinces

Province	Population	Proportion (%)
Koshi	4961412	17.01
Madesh	6114600	20.96
Bagmati	6116866	20.97
Gandaki	2466427	8.45
Lumbini	5122078	17.56
Karnali	1688412	5.78
Sudurpaschim	2694783	9.23
Total	29164578	100

Source: Central Bureau of Statistics, Nepal Population and Housing Census 2021.

Table 1-2: Smoking prevalence among men and women by province

Province	Men		Women	
	Nonsmokers, N = 2,928	smokers, N = 1,135	Nonsmokers, N = 12,044	smokers, N = 818
Koshi	445(15%)	165(15%)	1,779(15%)	58(7.1%)
Madesh	530(18%)	152(13%)	2,046(17%)	51(6.2%)
Bagmati	404(14%)	179(16%)	1,522(13%)	138(17%)
Gandaki	374(13%)	127(11%)	1,488(12%)	101(12%)
Lumbini	475(16%)	144(13%)	1,987(16%)	85(10%)
Karnali	362(12%)	152(13%)	1,548(13%)	213(26%)
Sudurpaschim	338(12%)	216(19%)	1,674(14%)	172(21%)

Source: Nepal Demographic and Health Survey, 2016

1.1.2 SAMPLING

The survey is based on the estimated sample of 1501 adult smokers in seven provinces: Koshi (Biratnagar, Itahari, Dharan), Madhesh (Birgunj, Janakpur), Bagmati (Kathmandu Valley, Bharatpur, Hetauda), Gandaki (Pokhara), Lumbini

(Butwal - Bhairahawa, Nepalgunj), Karnali (Surkhet), and SudurPaschim (Dhangadhi). The prevalence rate for smoking, as derived from Nepal's Demographic Health Survey, has been utilized to allocate the sample size across different provinces of Nepal and genders, as outlined in Table 1.3.

Table 1-3: Sample Distribution Based on Prevalence Rate of Smokers⁴

Province	Smokers	Male	Female
Koshi	252	201	51
Madesh	255	205	50
Kathmandu Valley	200	160	40
Bagmati	163	131	32
Gandaki	117	93	24
Lumbini	216	171	45
Karnali	94	75	19
Sudurpaschim	204	162	42
Total	1501	1198	303
Percentage (%)	100	80	20

To reduce selection bias and ensure representation of participant attributes, the survey team used subsequent selection and screening processes. The

potential respondents were asked a set of screening questions, as listed below, to determine their eligibility for the survey:

EQ. ELIGIBILITY QUESTIONS

QN	Questions	Options	Code	Selection
EQ1	How old are you?	(Completed years) In words:		If 18-70 years, proceed
EQ2	In your lifetime, have you smoked at least 100 sticks of cigarette?	Yes No Do not want to say	1 2 3	If yes (1), proceed
EQ3	Have you participated or refused to participate in tobacco related survey as a respondent in the past three months?	Yes No	1 2	If yes (1), terminate; if no (2), proceed
EQ4	Do you work for any tobacco related industry / market? (Selling tobacco products, employed in tobacco company, tobacco marketing, promotion)	Yes No	1 2	If no (2), proceed

⁴ Due to the truncation of sample distribution, the final sample has been fixed at 1514 adult smokers. This report presents the result from the 1514 adult smokers.

Enumerators conducted interviews with eligible smokers in various interview spots in the selected towns and cities. Respondent were considered “eligible” if they met four criteria: Their age fell between 18 and 70, were current smokers, hadn't recently participated in market research, and were not presently affiliated with the tobacco industry. Enumerators also ensured a range of characteristics among respondents by selecting individuals who differed across age, gender, education level, occupation, and socioeconomic status. To locate the interview spots, enumerators first identified the available spots in the urban center, then divided the area into segments along NSEW (North-South-East-West) directions, and finally visited

the spots at intervals of 200 meters, moving from one to the next. The survey team visited main locations commonly visited by smokers, such as tea/coffee shops, pan pasals (betel shops), cafes/restaurants/pubs, grocery shops, and open spaces. To capture diversity, a single interview spot contained less than five respondents.

The sample estimation, as shown in Table 1-3, was adjusted for truncation and the availability of eligible respondents in the provinces' cities. Accordingly, our total sample was 1514 respondents - the final sample and the distribution of respondents for each province are shown in Table 1-4.

Table 1-4. Sample – Distribution of Respondents

Province	Gender				Total	
	Male		Female			
	Number	Row N %	Number	Row N %	Number	Row N %
Koshi	202	87.4	29	12.6	231	100
Madhesh	207	90.0	23	10.0	230	100
Bagmati	334	67.9	158	32.1	492	100
Gandaki	99	86.8	15	13.2	114	100
Lumbini	171	93.4	12	6.6	183	100
Karnali	73	98.6	1	1.4	74	100
Sudurpaschim	164	86.3	26	13.7	190	100
Total	1250	82.6	264	17.4	1514	100

2 Exposure to Tobacco and Smoking Habit

Chapter Highlights

- Factory-made cigarettes were the most commonly tried initial tobacco product (71%).
- The majority of respondents (59%) tried tobacco products before turning 18, with consistent trends among genders and education levels.
- The Nicotine dependency test score showed 70% respondents were low nicotine dependent except for respondents above age 36 (52%) and respondents with only a literacy education (52%).
- Two-third of respondents (65%) never smoked in public places, with consistency across genders and age groups, and higher avoidance among those with higher education.
- More than half of respondents (62%) purchased cigarettes from local groceries, with variations by gender, age, and education.
- Over two-thirds of respondents (70%) chose to purchase cigarettes in the form of loose/single sticks, with gender, age, and education differences.
- One-tenth of respondents (9%) occasionally asked minors to buy cigarettes, with slight variations by gender, age, and education.

2.1 First Use Tobacco Product

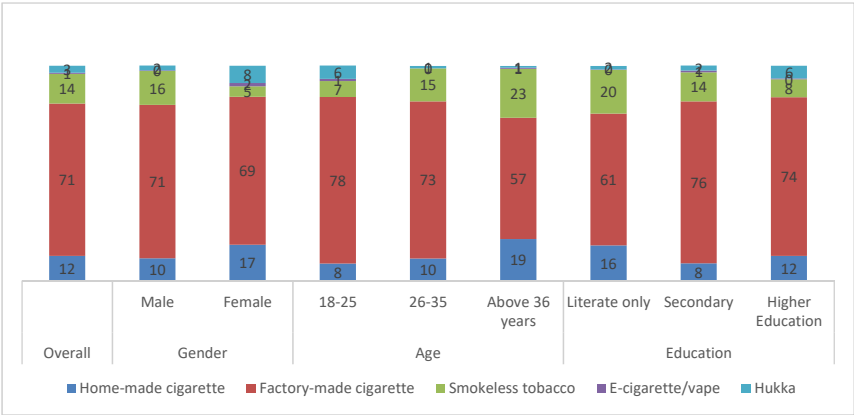
Factory-made cigarettes were the most prevalent option, with a notable 71% of respondents having initially tried them (Figure 2-1). Homemade cigarettes came next at 12%, followed by smokeless tobacco at 14%. Remarkably, the use of e-cigarettes/vapes and hukkah remains relatively small, 1% and 3% of the responses, respectively. Both males and females showed somewhat similar inclinations. Around

71% of males and 69% of females tried with factory-made cigarettes as their first choice. However, a significant gender disparity emerged in the case of smokeless tobacco, where 16% of males and a mere 5% of females reported having tried it initially. Respondents aged 26-35 showed the highest proportion (73%) of trying factory-made cigarettes as their first tobacco product. Conversely, those above 36 years of age demonstrated a preference for smokeless tobacco (23%) and a relatively lower preference (57%) for

factory-made cigarettes. Respondents with only literate, there was a leaning towards factory-made cigarettes (61%) for their initial tobacco experience. For respondents with secondary education, factory-made cigarettes were the predominant choice (76%), followed by smokeless tobacco (14%) and

homemade cigarettes (8%). Those with higher education exhibited a tendency towards factory-made cigarettes (74%) and homemade cigarettes (12%). In this group, smokeless tobacco, e-cigarettes/vapes, and hukkah were less favored options, each chosen by fewer than 10% of respondents.

Figure 2-1: Initial Tobacco Product Tried for Smoking (N=1514, %)

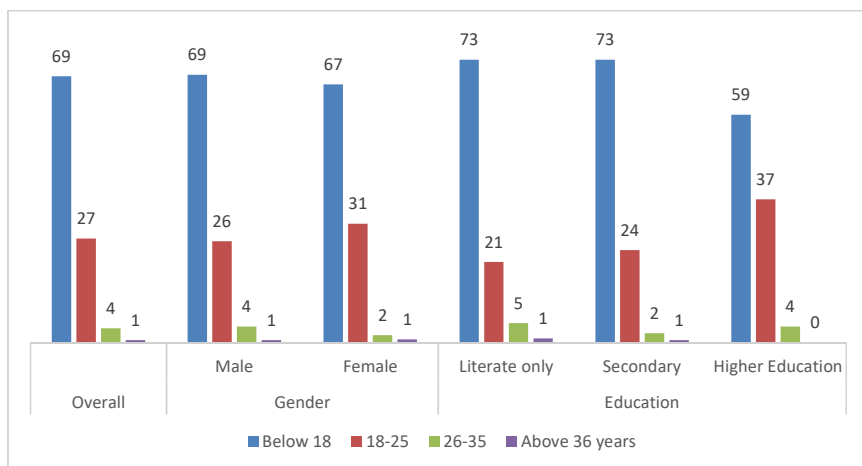


2.2 Age of Initial Tobacco Product Experience

Approximately seven out of ten (69%) respondents tried tobacco products before turning 18, whereas three out of ten (27%) did so between the ages of 18 and 25. A smaller proportion (4%) reported trying tobacco products between the age of 26 and 35. In terms of gender, both males and females followed a similar trend, with 69% of males and

67% of females tried tobacco products before the age of 18. By education, the pattern remained consistent. Seventy-three percent of those with “literate only” as well as “secondary education” initiated tobacco product before turning 18. In contrast, those with higher education showed a lower likelihood of trying tobacco products at a younger age, with 59% having done so before turning 18 years old, and 37% in the 18-25 age range.

Figure 2-2. Age at First Try of Tobacco Product (N=1514, %)

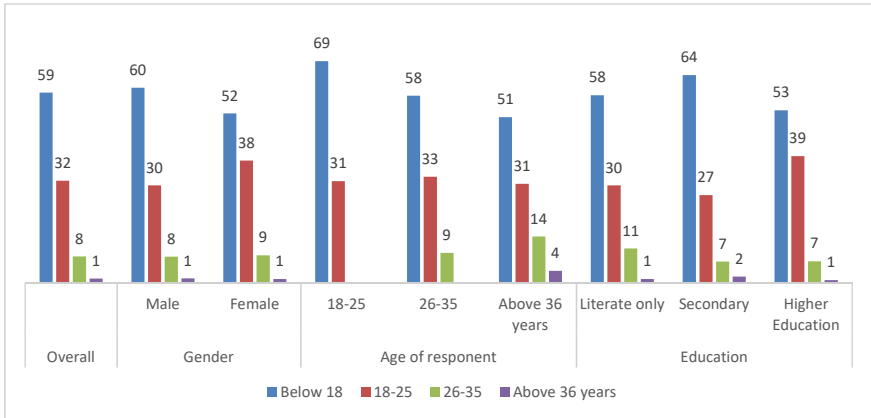


2.3 Age at First Try of Cigarettes

Nearly six out of ten (59%) of respondents tried cigarettes before turning 18, while 32% did so between the ages of 18 and 25. A smaller proportion (8%) of the respondents reported trying cigarettes between the ages of 26 and 35, and only 1.4% attempted it after 36 years of age. Gender differences were noticeable in the data. Among males, 60% tried cigarettes before turning 18, while the percentage was higher for females (69%). Similarly, 30% of males and 38% of females tried cigarettes between 18-25 age group. By age group,

a higher percentage of respondents (69%) aged 18-25 tried cigarettes before turning 18, followed by the 26-35 age groups (58%), and those above 36 years (51%). The data highlights a clear trend of cigarette experimentation at a young age, specifically below 18. By education, a higher percentage of respondents with secondary education (64%) tried cigarettes before turning 18, followed by literate-only individuals (58%) and those with higher education (53%). Among respondents with higher education, 39% tried cigarettes between the ages of 18-25, while this percentage decreased to 27% for respondents with secondary education and 30% for those who are literate only.

Figure 2-3. Age at First Try of Cigarettes (N=440, %)

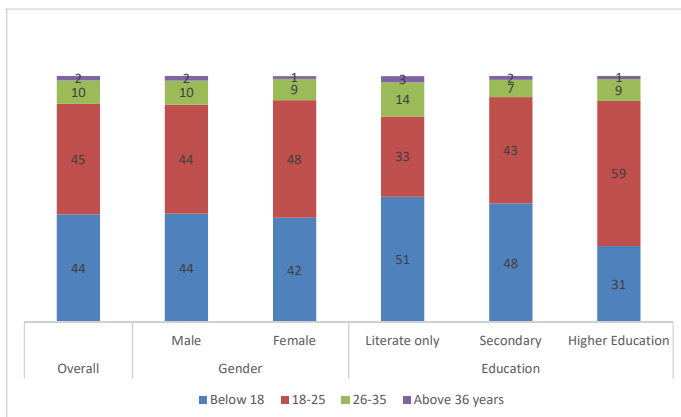


2.4 Age of Regular Smoking Initiation

Forty four percent of respondents started regular smoking before turning 18, while 45% started it when they were in the range of 18-25 years of age. A smaller proportion (10%) of respondents initiated regular smoking between the ages of 26 and 35, and merely 2% reported starting after 36

years of age. Gender differences were apparent within the data. Among males, 44% initiated regular smoking before 18, while this percentage was slightly lower for females (42%). By education, half of respondents (51%) who were literate only initiated regular smoking before 18, whereas this figure decreased to 48% for respondents with secondary education and further dropped to 31% for those with higher education.

Figure 2-4. Age of Regular Smoking Initiation (N=1514, %)



2.5 Nicotine Dependency test (Fagerstrom Score)

The Nicotine dependency test score calculated with Fagerstrom Score showed that over 70 percent of respondents had low dependence. Approximately 80 percent of respondents from the 18 to 25 age group reported low

dependency. The findings also showed that respondents with higher levels of education were low dependent smokers inclusive of 52 percent respondents from age group 36 and above, and the literate only. Whereas between 13 to 15 percent of respondents were highly or moderately dependent on nicotine.

Table 2-1. Nicotine Dependency test- Fagerstrom score test (N=1391, %)

	Fagerstrom Score Category			Total
	High dependence	Moderate Dependence	Low Dependence	
Overall	13.5	15.4	71.1	100
Gender				
Male	13.4	15.8	70.8	100
Female	13.9	13.5	72.5	100
Age Group				
18-25	9.1	11	79.9	100
26-35	13	14.1	72.9	100
Above 36	22	25.1	52.9	100
Education				
Literate	22.5	25.8	51.6	100
Secondary	12	12.9	75.1	100
Higher Education	7.2	9.1	83.7	100

2.6 Most Frequent Smoking Place

Forty six percent of respondents reported that they smoked most frequently at tea/coffee shops, while 21% reported they smoked when they were with friends and 14% at

the workplace. A smaller proportion of respondents (14%) smoked most frequently at home. Notable differences in smoking locations existed between males and females. Males (48%) tended to smoke most frequently at tea/coffee shops, while females (28%) reported higher frequencies of smoking at home.

Respondents aged between 18 to 25 showed a preference for smoking at tea/coffee shops (52%), whereas those above 36 years of age smoked most frequently at home (25%) and at workplace (22%).

Respondents with higher education (58%) tended to smoke more frequently at tea/coffee shops, while those with lower education levels were more likely to smoke at home (26%).

Table 2-2. Most Frequent Smoking Locations (N=1514, %)

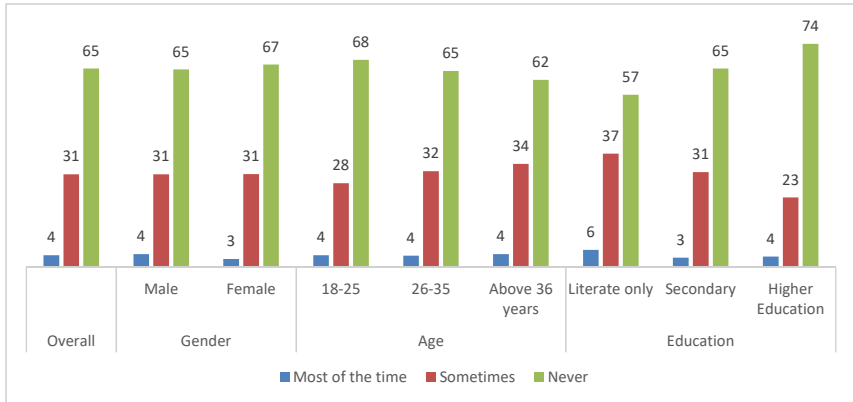
	Home	Tea/coffee shops	With friend	Workplace	Others	Total
Overall	13.9	45.6	20.8	14.3	5.4	100
Gender						
Male	11	48.1	20.6	14.3	6.1	100
Female	28	34.1	22	14	1.6	100
Age Group						
18-25	9.3	52.2	27.2	7.5	3.8	100
26-35	12.1	47.1	18	16.7	6.1	100
Above 36	24.5	32.3	13.9	22.3	7	100
Education						
Literate	26.3	27.6	13	24.7	8.5	100
Secondary	10.7	49.4	23.1	12.3	4.6	100
Higher Education	6.5	57.8	25.2	7	3.1	100

2.7 Smoking in Public Places

A two-third (65%) of respondents indicated that they never smoked in public places, suggesting a prevalent avoidance of smoking in shared environments. Notably, males and females showed similar tendencies, with 65% of males and 67% of females reporting never smoking in public places. The age-based analysis highlighted a consistent trend of

avoidance, as respondents aged 18-25, 26-35, and those above 36 years largely reported never smoking in public places (68%, 65%, and 62% respectively). Respondents with higher education (74%) showed a higher percentage of never smoking in public places, compared to those with only secondary education (65%) and literate-only respondent (57%), reflecting a potential link between higher education and responsible smoking behavior.

Figure 2-5. Frequency of Smoking in Public Places (N=1514, %)

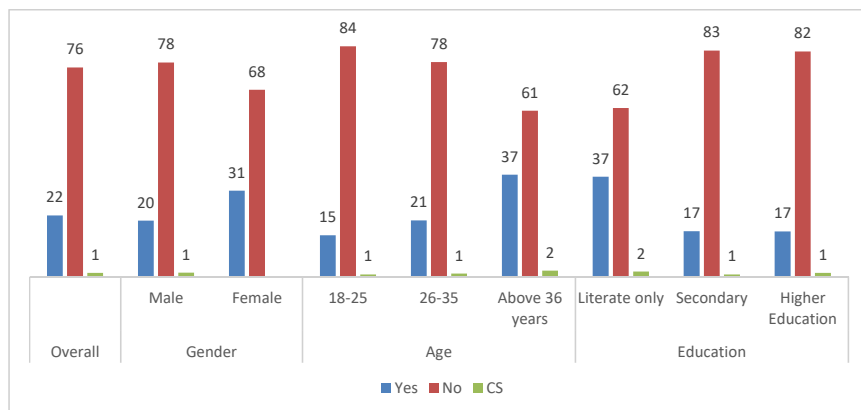


2.8 Smoking with Family Members

Approximately one in five (22%) of respondents reported smoking together with their family members, while three quarters (76%) did not engage in such behavior. Gender-based differences existed between males and females. A higher percentage of males (78%) stated that they did not smoke in the company of family members, while only 68% of females reported the same. By age group, respondents above 36 years of age showed the highest percentage (37%) of

smoking together with family members, followed by the 26-35 age groups (21%). In contrast, those aged 18-25 reported a lower percentage (15%) of smoking in the presence of family members. The findings indicate a positive correlation in that as age decreases, the tendency of smoking in the presence of family members also decreases. Respondents with higher education (17%) and those with secondary education (17%) shared similar percentages of smoking with family members, while the majorities (82% and 83%, respectively) did not engage in this behavior.

Figure 2-6. Smoking with Family Members (N=1514, %)



2.9 Cigarette Purchase Locations

More than half of the respondents purchased cigarettes from local groceries (62%), followed by tea shops (34%), pan pasals (betel shops/kiosks) (3%), and department stores (1%). Street vendors also account for a minor proportion (1%) of cigarette purchases. In terms of gender, both males and females bought cigarettes from local groceries (61% and 62% respectively). Respondents aged 18-25 showed a slightly different pattern, with a larger proportion (45%) choosing to purchase from tea/coffee

shops. Conversely, respondents above 36 years showed a higher preference for local groceries (76%) and a significantly lower preference for tea shops (16%). By education, literate-only respondents showed a substantial preference (83%) for buying cigarettes from local groceries, while those with secondary education shared their preferences more evenly between local groceries (59%), tea/coffee shops (36%), and pan pasals (3%). Interestingly, respondents with higher education showed a higher inclination (52%) to purchase cigarettes from local groceries, with tea shops being their second choice (44%).

Table 2-3. Preferred Cigarette Purchase Locations (N=1514, %)

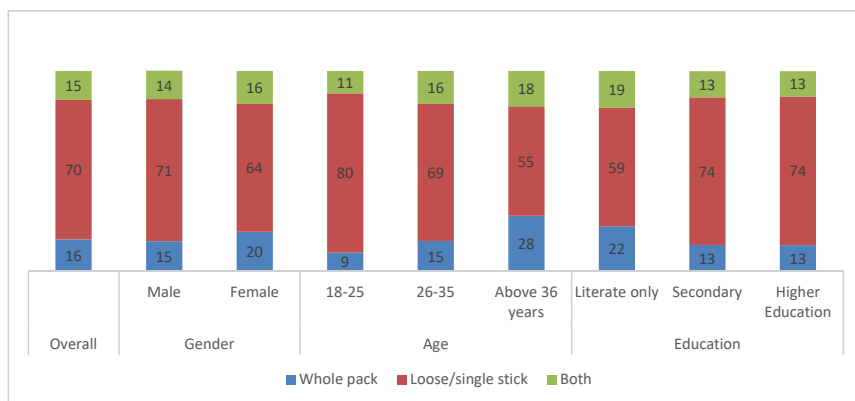
	Local Grocery	<i>Pan Pasal</i>	Tea Shop	Others	Total
Overall	61.5	3.1	33.6	1.9	100
Gender					
Male	61.4	3.4	33.5	1.7	100
Female	62.1	1.5	33.7	2.6	100
Age Group					
18-25	52.9	1.0	44.7	1.5	100
26-35	61.7	4.0	33.0	1.4	100
Above 36	75.9	5.4	15.5	3.2	100
Education					
Literate	83.1	4.3	10.5	2.1	100
Secondary	58.9	3.1	36.0	2.0	100
Higher Education	44.3	2.0	52.2	1.5	100

2.10 Preferred Cigarette Purchase Quantity

Seven out of ten respondents (70%) chose to purchase cigarettes in the form of loose/single sticks, indicating a prevalent inclination towards buying smaller quantities. Conversely, 16% of respondents preferred to buy whole packs, while 15% opted for both options. Females were more likely to buy whole packs compared to males (20% vs. 15%), whereas males showed loose/single

sticks (71% vs. 64% for females). Among age groups, those aged above 36 years showed a relatively higher preference for whole packs (28%) compared to the 18-25 age groups (9%) and the 26-35 age groups (15%). The findings indicated that educational background influenced preferences. For example, literate-only respondents showed a greater tendency (22%) to buy whole packs compared to those with secondary education (13%) and higher education (13%).

Figure 2-7. Preferred Cigarette Purchase Quantity (N=1514, %)



2.11 Expenditure on Cigarettes in the Past Week

The respondents, on average, spent approximately Rs. 744.68 on cigarettes during the week before the survey. Males allocated more money (Rs. 789.43) for cigarettes compared to females (Rs. 704.79). Notably, respondents aged between 26 and 35 years reported an average expenditure on cigarettes amounting to Rs. 789.67, followed by respondents above 36 years old (Rs. 844.21) and those in the 18-25 age group (Rs. 721.12). The findings suggested that expenditure on cigarettes increased with the level of education. On average, individuals with higher education spent Rs. 825.79, followed by those with secondary education (Rs. 781.40) and individuals who were literate only (Rs. 711.52).

Table 2-4. Expenditure on Cigarettes in the Past Week (Average) (N=1514, %)

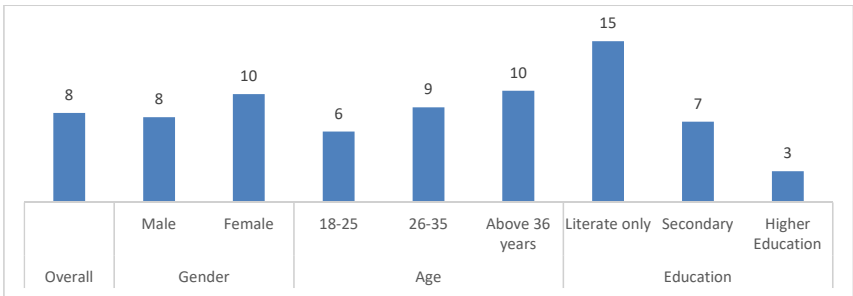
	Rs.
Overall	744.68
Gender	
Male	789.43
Female	704.79
Age Group	
18-25	721.12
26-35	789.67
Above 36	844.21
Education	
Literate	711.52
Secondary	781.4
Higher Education	825.79

2.12 Asking Minors to Buy Cigarettes

Ninety one percent of respondents claimed that they never asked minors to buy cigarettes. In terms of gender, there was a slight variation, with females (10%) being more likely to occasionally ask minors compared to males (8%). The age groups also showed slight

differences, as respondents aged above 36 years (10%) and those in the 18-25 age groups (6%) seemed to ask minors to buy cigarettes at times. Respondents with only a literate education (15%) and those with secondary education (7%) tended to ask minors to buy cigarettes occasionally, while those with higher education (3%) are the least likely to do so.

Figure 2-8. Percentage of Respondents Asking Minors to Buy Cigarettes (N=1514, %)

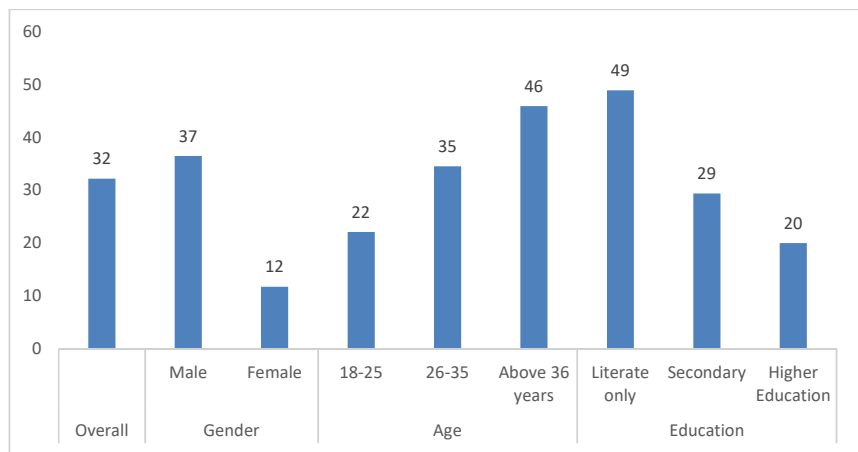


2.13 Current Use of Smokeless Tobacco Products

One third of respondents (32%) acknowledged using smokeless tobacco products such as khaini, gutka, and paan masala. Males (37%) were more likely to use these products compared to females (12%). By age groups, 46% of

respondents aged above 36 years used smokeless tobacco products, followed by the 26-35 age group (35%), and the 18-25 age group (22%). Respondents with only a literate background were more likely to use smokeless tobacco products (49%), compared to those with secondary education (29%) or higher education (20%).

Figure 2-9. Percentage of Respondents with Current Use of Smokeless Tobacco Products (N=1514, %)



3 Quitting Behavior

Chapter Highlights

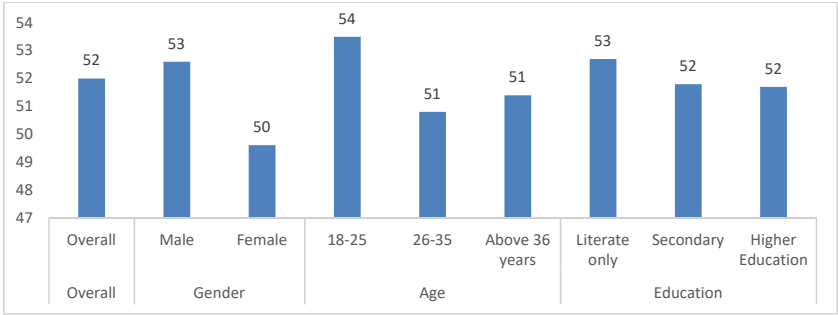
- More than half of the respondents (52%) attempted to quit smoking in the last six months, with a slightly higher proportion of males (53%) and individuals aged 18-25 (54%) showing the strongest inclination to quit.
- Most prevalent reason for not attempting to quit was a preference for smoking (60%). Nicotine addiction (48%) and difficult to leave friend circle (18%) were also noteworthy factors.
- Half of the respondents (51%) expressed their intention to quit smoking in the next six months.
- A substantial number of respondents indicated their willingness to quit through various methods. Noteworthy methods included reducing cigarette intake (65%) and distancing themselves from social circles (18%).
- About one in four respondents (24%) found quitting smoking easy, while 27% found it difficult.
- About seven out of ten respondents (69%) received advice to quit smoking at some point, with a slightly higher percentage among females (72%) and those aged above 36 years (73%).
- Family members and relatives (57%) were the most mentioned sources of advice for quitting smoking, followed by friends (55%). Health professionals accounted for a smaller proportion (4%) of advice sources.
- Health concerns were the primary drivers for quitting (58%), followed by personal choice (47%).

3.1 Smoking Quit Attempts in the Last Six Months

Just over half of the respondents (52%) made an attempt to quit smoking within the past six months, while the remaining 48% did not try it. In terms of gender, a slightly higher proportion of males (53%) attempted to quit in comparison to females (50%). Respondents belonging to the 18-25 age group (54%)

showed the highest inclination to quit, closely followed by those aged 36 and above (51%) and respondents falling within the 26-35 age range (51%). The findings suggested that education did not seem to be playing a significant influence on efforts to quit smoking as all three categories—literate-only, secondary, and higher education—showed similar trends, with 52 to 53% attempting to quit.

Figure 3-1. Respondents Who Attempted Quitting Smoking in the Last Six Months (N=1514, %)

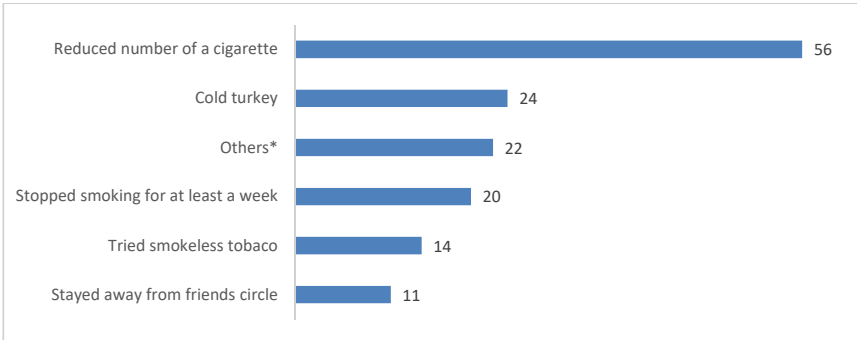


3.2 Methods Employed to Quit Smoking

Over half of the respondents (56%) shared that the method of quitting smoking was by reducing the number of cigarettes consumed every day. A significant proportion of respondents (24%) chose the 'cold turkey' approach,

closely followed by quitting smoking for at least a week (20%), trying smokeless tobacco (14%), and distancing themselves from their social circle (11%). Altogether, almost 20% stayed away from friends' circle, consumed cardamom, betel nuts, used nicotine replacement therapy, did yoga, and took medications.

Figure 3-2. Methods Employed to Quit Smoking (N=788, %)



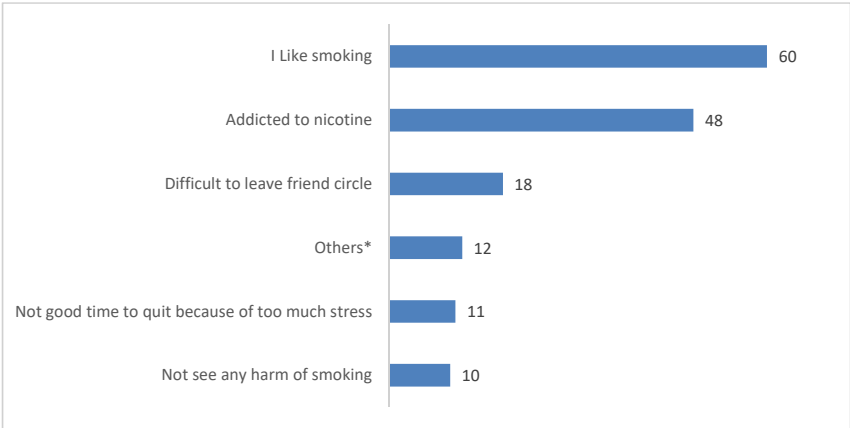
* Others include "stayed away from friends' circle", "used cardamom," "betel nuts," "used nicotine replacement therapy," "yoga fitness," and "used medications."

3.3 Reasons for Not Attempting to Quit Smoking

The primary reason cited by respondents for not attempting to quit smoking was a strong preference for it, with a significant 60% of respondents expressing their liking for smoking. Additionally, nearly half (48%) of respondents mentioned nicotine addiction as a key factor in their

reluctance to quit. It is worth noting that 18% of respondents attributed their difficulty in leaving their circle of smoking friends as a barrier to quitting. Almost 12% respondent found existing alternative expensive and harmful and they did not have good counseling services. About 11% of respondents stated high stress levels as a reason for not quitting, followed by 10% of respondents who did not perceive any harm in smoking.

Figure 3-3. Reasons for Not Attempting to Quit Smoking (N=726, %)



* Others include “not find existing alternative suitable,” “find the existing alternative expensive,” “alternatives are harmful” and “no good counseling services.”

3.4 Intention to Quit Smoking in the Next Six Months

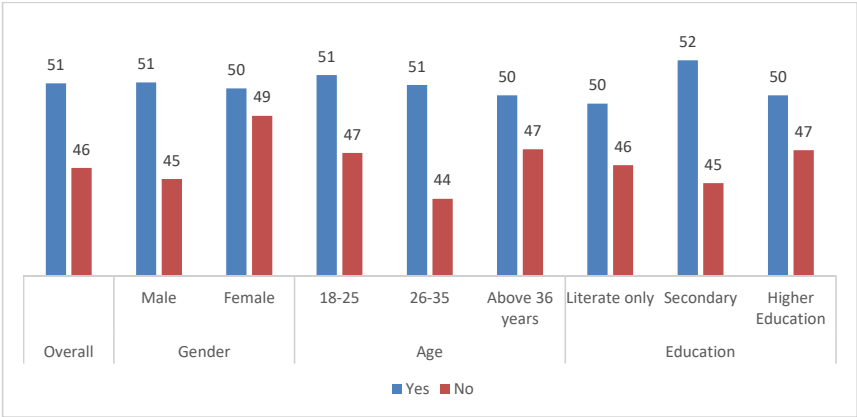
Over half of the respondents (51%) expressed their intention to quit smoking within the next six months, while 46% shared that they had no plans to do so. In terms of gender, both

males (51%) and females (50%) showed a similar pattern for quitting smoking, with a slightly higher percentage of males showing an inclination to quit. By age groups, respondents aged 18-25 (51%) and those above 36 years (50%) expressed the strongest intent to quit, while those aged 26-35 (51%) were the most resolute in their contemplation.

The respondents' educational background does not appear to be an influential factor in their inclination to quit. Individuals with only a secondary

education (52%), those with higher education (50%), and those with basic literacy (50%) showed similar tendencies.

Figure 3-4. Intention to Quit Smoking in the Next 6 Months (N=1514, %)

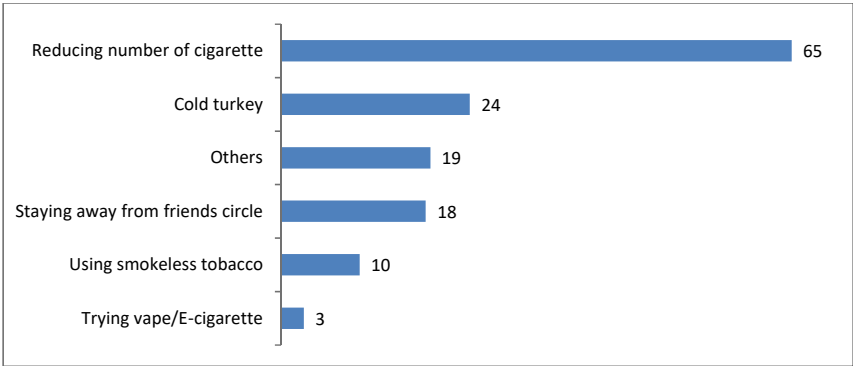


3.5 Strategies Considered for Quitting Smoking

Almost two-third of respondents (65%) expressed a preference for gradually reducing their cigarette consumption as their chosen method for quitting. Approximately, one in four (24%) respondents indicated a willingness to quit abruptly, using the 'cold turkey' method. Notably, 18% of respondents mentioned distancing themselves

from their social circles, followed by 10% using smokeless tobacco and 9% practicing yoga. Additionally, a low proportion (4%) expressed interest in trying nicotine replacement therapy, while 3% mentioned counseling or attempting vape/e-cigarettes. Only 2% of respondents shared that they engaged in addressing health problems and 1% shared that they tried medication as strategies for quitting smoking.

Figure 3-5. Strategies Considered for Quitting Smoking (N=767, %)



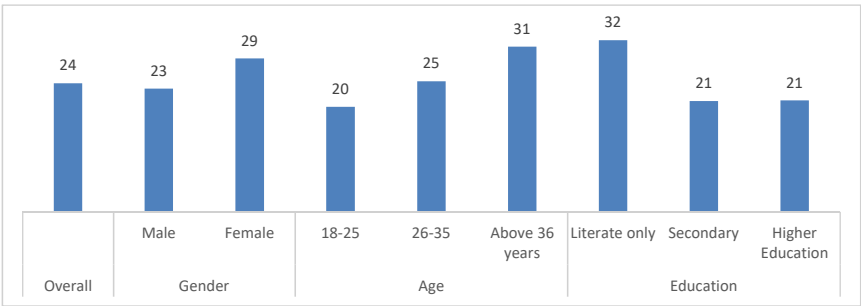
* Others include staying away from friends' circle, counseling, yoga fitness, trying medications.

3.6 Ease of Quitting Smoking

Overall, one in four respondents (24%) found quitting smoking to be very difficult. More females (29%) than males (23%) found quitting very difficult. Respondents over age 36

were more likely to find quitting very difficult compared to those aged 26-30 (25%) and 18-25 (20%). By education level, those with only basic literacy (32%) were more likely to find quitting very difficult compared to those with secondary education (21%) and higher education (21%).

Figure 3-6: Quitting Smoking Perceived as Very Difficult (N=1514, %)

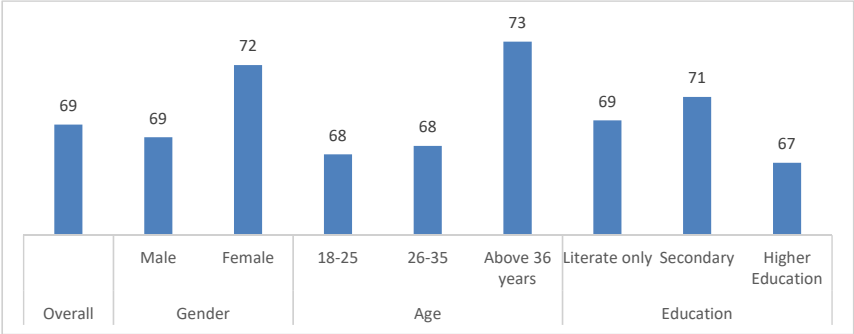


3.7 Advice to Quit Smoking

Overall, seven out of the ten respondents (69%) received advice to quit smoking at some point, while the remaining 31% did not receive any advice. There was a slight variation by gender, with 69% of males and 72% of females having received such advice. By age, those over

age 36 (73%) were slightly more likely to receive advice compared to those aged 18-25 (68%) and 26-35 (68%). Across education levels, the percentage who received advice was consistent, ranging from 71% for those with secondary education to 67% for those with higher education.

Figure 3-7: Advice to Quit Smoking (N=1514, %)

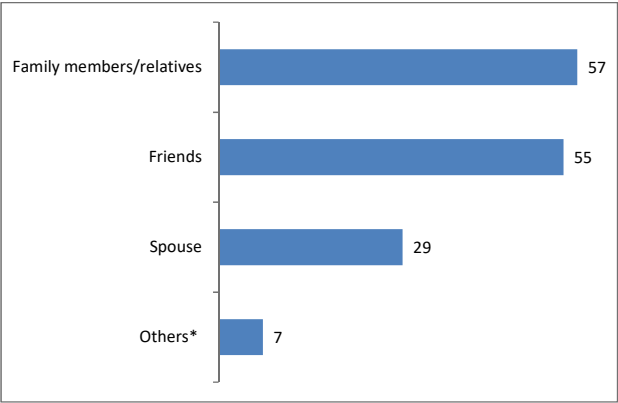


3.8 Sources of Advice to Quit Smoking

Over half of the respondents (57%) received advice from family members or relatives to quit smoking. Friends also had a significant influence, with 55% of respondents stating that they received

advice from friends. Spouses were the next most mentioned source, with 29% of respondents indicating them as the source of advice to quit smoking. Only seven percent of respondents received advice from health professionals, teachers or professional counsellors.

Figure 3-8: Sources of Advice to Quit Smoking (N=1048, %)



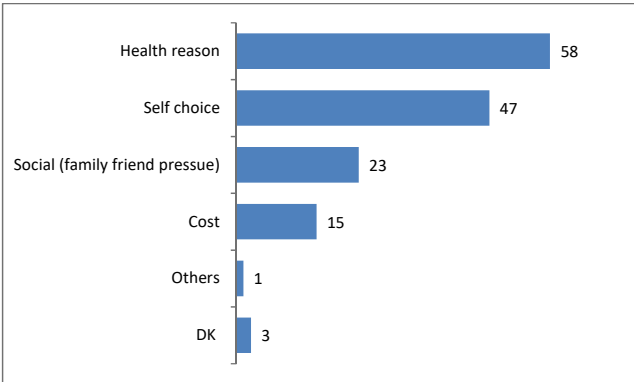
** Others include Health Professional, Teachers and Professional Counsellors.*

3.9 Reasons for Quitting Smoking

Health-related reasons were the most prevalent factors for the respondents to think about quitting smoking, with 58% of respondents stating concerns about their health as the main driver for quitting. Personal choice also played a substantial role, with 47% of

respondents indicating their individual decision to quit as a primary reason. Social, family, and friend influences were mentioned by 23% of respondents as contributing factors to their decision to quit smoking. Cost was also identified as a significant consideration, with 15% of respondents mentioning financial factors as a reason for quitting.

Figure 3-9: Main Reasons for Considering Quitting Smoking (N=1514, %)



4 Knowledge about Tobacco Harm Reduction Products

Chapter Highlights

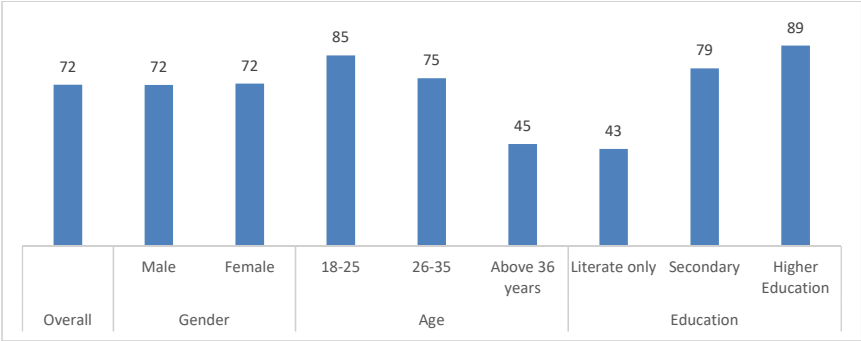
- Approximately, seven out of ten respondents (72%) were familiar with vape/e-cigarettes. Awareness varies across age and education levels, with younger individuals and those with higher education were found to be more informed.
- Friends and family (82%) were the primary sources of information about e-cigarettes, followed by the Internet and mass media (44%), and social media (26%).
- Three out of four respondents (74%) experimented with vape/e-cigarettes. Usage was more common among males, younger individuals, and those with secondary education respondents.
- Personal curiosity (84%) was the main reason for trying vape/e-cigarettes, followed by peer pressure (33%) and effort to quit smoking (9%).
- Seven out of ten respondents (70%) perceived vape/e-cigarettes to be easily available. The perception of availability was higher among younger individuals and those with secondary education.
- Three out of ten respondents (30%) considered vape/e-cigarettes to be affordable. Affordability perception was linked to gender, age, and education, with younger individuals and those with higher education more likely to find them affordable.
- Only 12% of respondents expressed an intention to switch to vaping in the next six months.

4.1 Awareness of Vape/E-Cigarettes

Approximately seven out of ten (72%) respondents were familiar with vape/e-cigarettes, while the remaining 28% were not familiar with them. By gender, awareness was equal among males and females, with 72% having knowledge about vape/e-cigarettes, and 28% remaining unaware. In terms of age, there was variation about awareness:

85% of those aged 18-25 heard of vape/e-cigarettes, compared to 75% of those aged 26-35, and a lower 45% of those above 36 years. Respondents with higher education showed the highest level of awareness, with 89% having heard about vape/e-cigarettes, while 79% of those with secondary education and 43% of those with literacy-only. The findings suggested a positive correlation between the level of awareness of vape/e-cigarettes and the level of education.

Figure 4-1: Awareness of Vape/E-Cigarettes (N=1514, %)

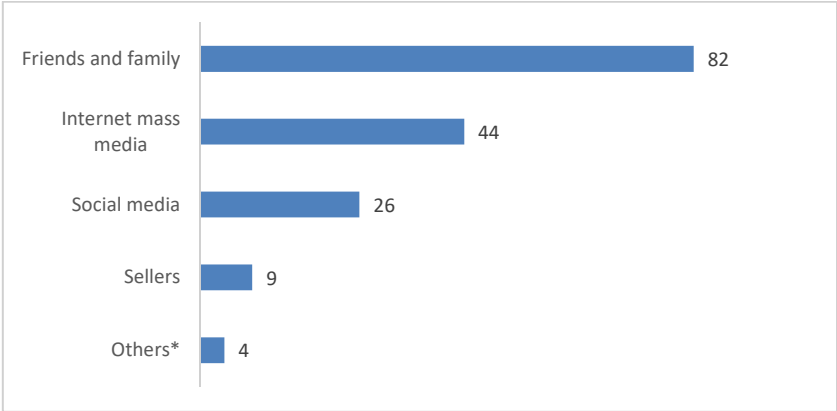


4.2 Sources of Information about E-Cigarettes/Vape Products

Friends and family were the most prominent source of information about e-cigarettes/vape products, with 82% of respondents relying on them for

information. The Internet and mass media were the sources of information for 26% of respondents. Social media was seen as a supplementary source, utilized by 16% of respondents. Other sources like sellers, advertisements, professional counselors, and health professionals were also mentioned by a smaller percentage of respondents.

Figure 4-2: Sources of Information about E-Cigarettes/Vape Products (N=1087, %)



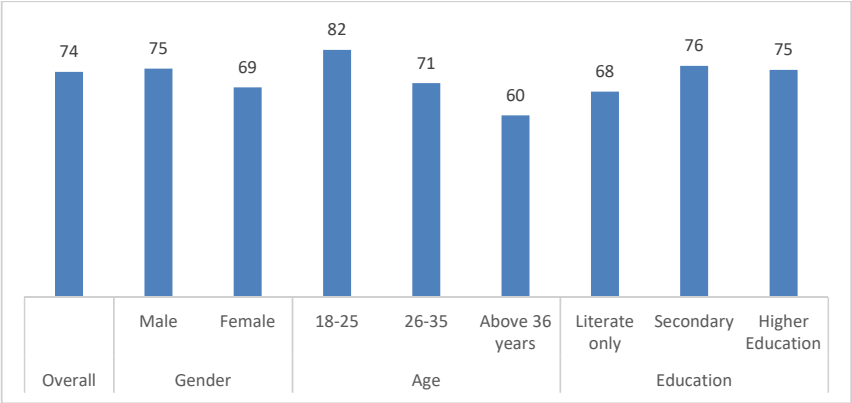
**Others include Health professionals, professional counsellors, advertisement.*

4.3 Experience with Vape/E-Cigarettes

Nearly three-quarters (74%) of respondents reported having experimented with vape/e-cigarettes. A slightly higher proportion of males (75%) had tried them compared to females (69%). Experiment of vape/e-cigarettes declined gradually with age

- 82% of 18–25-year-olds tried vapes or e-cigarettes, compared to 71% of 26–35 year olds and 60% of those over 36. In terms of education, about three out of ten (29%) respondents with literate-only level of education tried these products. The usage rate was notably higher among those with secondary education (76%) and higher education (75%).

Figure 4-3: Respondents who Tried Vape/E-Cigarettes (N=1087, %)

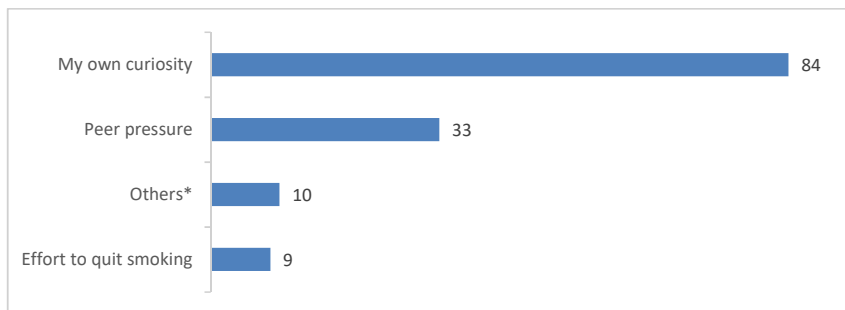


4.4 Motivations for Trying Vape/E-Cigarettes

The most prevalent reason for trying vape/e-cigarettes was personal curiosity, indicated by 84% of respondents. Peer pressure was the second most influential factor, mentioned by 33% of respondents. Nine percent of respondents tried vape/e-cigarettes

as part of an effort to quit smoking traditional cigarettes. A smaller portion (5%) of respondents reported trying vape/e-cigarettes as a means to reduce the harm associated with cigarette smoking. Four percent (4%) shared that the social media exerted a minor influence and impacted their decision to try vaping/e-cigarettes

Figure 4-4: Motivations for Trying Vape/E-Cigarettes (N= 807, %)



**Others include influence by social media and reducing the harm of cigarette.*

4.5 Satisfaction with Vape/Electronic Cigarette

Overall, eighty-one percent of respondents found that using vape/e-cigarettes was less satisfying than smoking traditional cigarettes. Smaller percentages found them equally satisfying (9%) or much more satisfying (8%). There were different levels of satisfaction between males and females. Among males, 83% found vape/e-cigarettes to be less satisfying, 9% found them as satisfying, and 8% found them much more satisfying. Conversely,

among females, 71% felt less satisfied, 13% felt as satisfied, and 11% felt much more satisfied. Furthermore, age appeared to be playing a role with the levels of satisfaction. For instance, among those aged 18-25, 78% perceived vape/e-cigarettes as less satisfying, compared to 83% of 26-35-year-olds, and 85% of those over 36. Respondents with higher education expressed the highest level of dissatisfaction; 82% found vape/e-cigarettes less satisfying compared to 77% of those with literate-only and 81% of those with secondary education.

Table 4-1: Satisfaction with Vape/Electronic Cigarette (N=807, %)

	Less satisfying	About as satisfying	Much more satisfying	DK/CS	Total
Overall	81	9	8	1	100
Gender					
Male	83	9	7	1	100
Female	71	13	11	5	100
Age Group					
18-25	78	10	10	2	100
26-35	83	8	7	1	100
Above 36 years	85	9	4	2	100
Education					
Literate only	77	12	9	2	100
Secondary	81	9	7	2	100
Higher Education	82	9	8	1	100

4.6 Nicotine Level in Tried Vape

Overall, only 8% of respondents reported trying vape products with zero nicotine content, while 20% preferred low nicotine levels (1-6mg/ml). A smaller portion of respondents (4%) had tried vape products with medium nicotine levels (7-12 mg/ml), and another 4% had tried vaping with high nicotine content (12 mg/ml or more). A significant portion (63%) of respondents claimed uncertainty or lack of awareness regarding the

nicotine levels in the vape products they had tried. By gender, the pattern was consistent, with both males and females showing similar distributions across nicotine levels. Respondents aged 26-35 had the highest prevalence (24%) of trying vape products with low nicotine levels, while those above 36 years (23%) also preferred low nicotine products. In terms of education, respondents with higher education stood out, with 24% having tried vape products with low nicotine levels (1-6mg/ml), and 7% having tried high nicotine (12 mg/ml) products.

Table 4-2: Nicotine Level in Tried Vape (N=807, %)

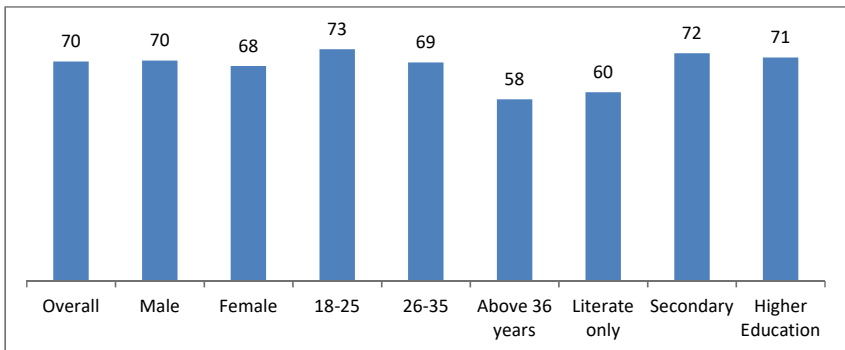
	Zero nicotine	Low (1-6mg/ ml)	Medium (7-12 mg/ml)	High (12 mg/ ml) +	DK/CS	Total
Overall	8	20	4	4	63	100
Gender						
Male	8	21	4	4	63	100
Female	9	17	5	6	64	100
Age Group						
18-25	7	18	4	6	65	100
26-35	9	24	6	3	59	100
Above 36 years	9	23	3	1	64	100
Education						
Literate only	9	12	3	1	76	100
Secondary	8	21	4	4	64	100
Higher Education	8	24	5	7	57	100

4.7 Availability of Vape/E-Cigarettes

For seven out of ten respondents (70%), vape/e-cigarettes are easily available in the market. Looking at gender, both males and females showed almost similar pattern, with 70% of males and 68% of females confirming the ease of availability. Notably, the highest

proportion of respondents (62%) aged 18-25 found vape/e-cigarettes easily accessible, closely followed by those aged 26-35 (69%) and those above 36 years (58%). Education level also played a role, as 71% of respondents with higher education believed these products were easily available, compared to 60% of those with literate-only level of education.

Figure 4-5: Availability of Vape/E-Cigarettes (N=1087, %)

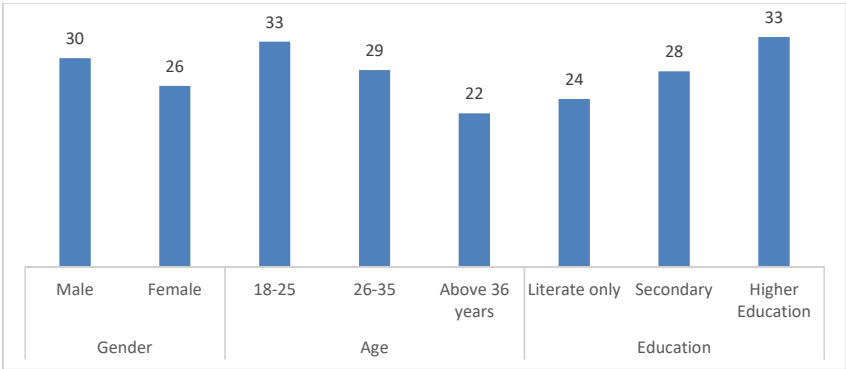


4.8 Affordability of Vape/ E-Cigarettes

Three out of ten (30%) respondents considered vape/e-cigarettes to be affordable. Thirty percentage of males found them affordable, compared to 26% of females. Vaping appeared more affordable for the 18-25 age group (33%) compared to the 26-35 age group (29%)

and those above 36 years (22%). By the level of education there was a clear trend regarding views on vaping affordability. Those with higher education (33%) were more likely to see vaping as affordable, in contrast to those with secondary education (28%) and respondents with literate-only level of education (24%).

Figure 4-6: Affordability of Vape/E-Cigarettes (N=1087, %)

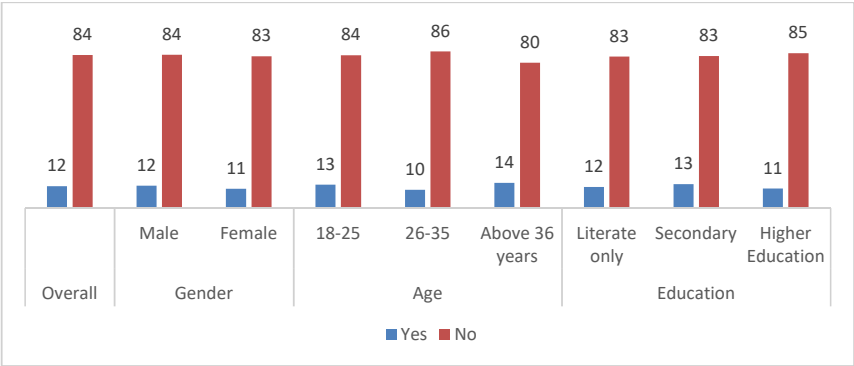


4.9 Intention to Switch to Vape/E-Cigarette in the Next 6 Months

Overall, only twelve percent of respondents expressed an interest in transitioning to vaping or e-cigarettes in the next six months. Interestingly, this inclination was consistent among both male and female respondents, with 12% of males and 11% of females expressing

the desire to switch. The highest willingness to switch (13%) was found among respondents aged 18-25, while the 26-30 age groups showed the lowest intention (10%). Respondents with secondary education (13%) showed the slightly higher willingness to switch, followed by those with literate only level of education (12%). Surprisingly, respondents with higher education had the lowest intention to switch (11%).

Figure 4-7: Intention to Switch to Vape/E-Cigarette in the Next 6 Months (N=1087, %)

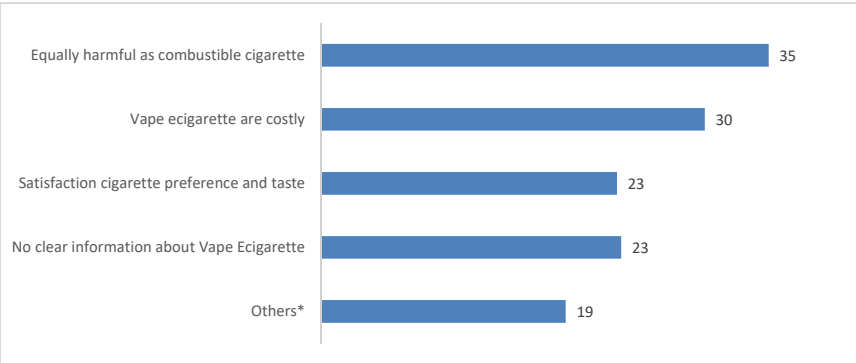


4.10 Reasons for Not Switching to Vape/E-Cigarette

Thirty five percent of respondents believed that vapes/e-cigarettes were just as harmful as traditional combustible cigarettes, which prevented them from switching to vape/e-cigarette. Additionally, 30% of the respondents mentioned the cost of vape/e-cigarette products as a problem in making the switch. Furthermore,

23% of respondents expressed concerns about the lack of clear information regarding vapes/e-cigarettes. Similarly, an equal percentage (23%) mentioned their satisfaction with the taste and preference of traditional cigarettes as a reason for not switching to vape/e-cigarette. Other reasons were cited by 23%, including issues with accessibility, charging devices, not being ready to quit smoking, and not taking health issues seriously.

Figure 4-8: Reasons for Not Switching to Vape/E-Cigarette (N=912, %)



**Others include “not accessible,” “charging device issue,” “quit smoking” and “health problem.”*

5 Knowledge About The Health Effects Of Smoking

Chapter Highlights

- Overall, 93% respondents were aware that cigarette smoking reduced lifespan, and an even higher proportion (98%) understood its threat to well-being.
- Nearly four out of ten respondents (39%) report experiencing minor health issues due to smoking, while 11% indicated significant damage. Females (13%) reported slightly more significant damage than males (11%).
- Approximately one-third of respondents (31%) expressed high concerns about future health damage from smoking, with a slightly higher proportion of females (33%) than males (30%) showing high concern.
- Only 8% of respondents visited a doctor due to smoking-related health problems, with a higher percentage among those aged 36 and older (12%).
- Respiratory problems (57%) and lung issues (40%) were the most prevalent smoking-related health issues, followed by asthma (19%), and heart disease (15%).
- A quarter of respondents (25%) were more inclined to quitting smoking due to graphic warning labels on cigarette packs, with a higher impact on older respondents and those with lower education levels.

5.1 Awareness of Effects of Cigarette Smoking

In total, 93% of respondents were aware that cigarette smoking was likely to reduce a person's lifespan, and an even greater proportion (98%) understood that it posed a threat to a person's well-being. Interestingly, a smaller segment of respondents (19%) reported that smoking was bad for health but not dangerous. Across gender, both males and females showed similar levels of awareness regarding all four concepts. Nonetheless, it's worth noting that

slightly fewer females (91%) were conscious of the fact that smoking was likely to shorten life compared to males (94%). By age groups, the older category—those above 36 years—demonstrated a heightened awareness of health risks (99%), but interestingly, a lower proportion (13%) was aware of the idea that smoking was harmful to health without being inherently dangerous. By the levels of education, the study found that higher education levels correlated with greater awareness - 97% of the higher educated respondents demonstrated high awareness.

Table 5-1: Respondents’ Ideas about Effects of Cigarette Smoking (N=1514, %)

	Cigarette smoking will most likely shorten a person’s life	Cigarette smoking is dangerous to a person’s health	Cigarette smoking is bad for a person’s health but not dangerous	Cigarette smoking is not bad for a person’s health
Overall	90	98	19	9
Gender				
Male	94	98	19	9
Female	91	99	21	10
Age Group				
18-25	92	98	23	10
26-35	94	98	19	9
Above 36 years	93	99	13	7
Education				
Literate only	91	99	16	8
Secondary	92	98	19	8
Higher Education	97	98	22	9

5.2 Health Effects of Smoking Cigarettes

Many respondents believed that smoking causes various health problems and diseases. Remarkably, 99% of respondents were convinced that smoking was a cause of lung cancer, closely followed by chronic obstructive pulmonary disease (97%), harm to unborn babies (95%) and throat cancer (89%). In terms of gender, females generally held stronger convictions than males regarding the adverse health effects of smoking. For instance, 91% of women believed that smoking causes mouth cancer, compared to 83%

of men. However, both genders had similar perceptions about the impact of smoking on most health issues, such as lung cancer, coronary heart disease, and chronic obstructive pulmonary disease. By age groups, respondents aged 26-35 had the strongest beliefs about most health effects. For example, 99% of respondents in this age group associated lung cancer with smoking. Respondents aged 18-25 and those above 36 years were slightly less convinced about certain health effects, such as lung cancer (98%). Education-wise, respondents with higher education attributed more health effects to smoking than those with secondary or literacy education.

Table 5-2: Health Effects of Smoking Cigarettes (N=1514, %)

	Stroke	Mouth cancer	Lung Cancer	Throat Cancer	Coronary heart disease	Chronic Obstructive Pulmonary disease	Pulmonary Tuberculosis	Impotence in male smokers	Harm to unborn baby
Overall	70.8	84.5	98.5	88.8	85	96.5	83.5	68.9	94.6
Gender									
Male	71.3	83.3	98.6	88.8	84.9	96.2	84.2	69.9	94.3
Female	68.6	90.5	97.7	89	85.6	97.7	80.3	64.4	96.2
Age Group									
18-25	69.5	84.9	98.2	86.8	85.6	94.9	77.4	69.5	94.9
26-35	73	84.5	99.4	91	85.6	98.5	87.7	70.9	95.4
Above 36 years	70	83.9	97.5	89.1	83.1	96.5	88.0	65.1	93.2
Education									
Literate only	65.1	84.6	97.7	89.4	85.3	97	86	66.1	92.4
Secondary	68.7	84.4	98.2	85.6	82.6	95.1	81.7	67.7	95
Higher Education	79.1	84.6	99.6	92.6	87.8	97.8	83.7	73.3	96.3

5.3 Mortality from Smoking-Related Diseases

Respondents believed, on average, that 40 out of every 100 individuals would die from lung disease followed by heart disease, throat cancer, and other illnesses due to smoking.

Table 5--3: Perceived Mortality from Smoking-Related Diseases among 100 Smokers (N=1226)

Disease	Mortality (Median Value)
Lung disease	40
Heart disease	20
Throat cancer	15
Other Illness because of smoking	15
Total	100

5.4 Experience of Health Damage from Smoking Cigarettes

Approximately four out of ten respondents (39%) reported experiencing minor health issues due to smoking. A smaller portion of respondents (11%) indicated that they suffered more significant damage. Notably, nearly half of the respondents (48%) claimed no harm, suggesting a possible tendency to underestimate smoking's health risks. Gender differences were small- men and women had similar views. However, slightly more female (13%) than male

(11%) reported significant damage. Respondents over 36 years seemed to perceive a more noticeable damage, with the highest percentage (16%) in this group reporting significant harm. Among those aged 26 to 35, over four out of ten respondents (43.5 %) reported minor damage. By education level, those with higher education reported the lowest percentage (9%) of significant harm, followed by those with a secondary education (11%) and those with only basic literacy (14%). The data suggests that as the level of education increases, individuals tend to perceive less health damage from smoking cigarettes.

Table 5-4: Health Damage from Smoking Cigarettes (N=1514, %)

	A lot	A little	Not at all	DK/CS	Total
Overall	11.2	39.2	48.3	1.3	100
Gender					
Male	10.8	38.6	49.3	1.4	100
Female	13.3	42	43.6	1.1	100
Age Group					
18-25	10.7	38.3	50.3	0.6	100
26-35	8.6	43.5	46.7	1.1	100
Above 36 years	15.8	34.5	47	2.7	100
Education					
Literate only	14.2	39.5	43.8	2.5	100
Secondary	11.2	36.7	51.3	0.8	100
Higher Education	8.5	42.2	48.5	0.9	100

5.5 Concern about Future Health Damage from Smoking Cigarettes

Three out of ten respondents (30%) indicated a high level of concern about future health damage from smoking cigarettes, while an additional 28% expressed moderate worry. On the other hand, 19% admitted to feeling slightly concerned, while 22% were not worried at all. There was subtle gender variation, with both males and females showing similar degrees of worry. However, a slightly larger proportion of females (33%) expressed a high level of concern compared to males (30%). Moreover,

fewer females (16%) reported slight concern, possibly suggesting differences in risk perception. Respondents aged 36 and over were the most worried, with 36% being very concerned about future health problems from smoking. Respondents aged 26-35 were less worried, with 32% being moderately worried. This suggested that younger respondents had higher level of acceptance rate of the risks of smoking. The respondents with higher education were very concerned (31%) about future health problems from smoking, compared to 29% of respondents with secondary education and 34% of respondents with literate only.

Table 5-5: Concern about Future Health Damage from Smoking Cigarettes (N=1514, %)

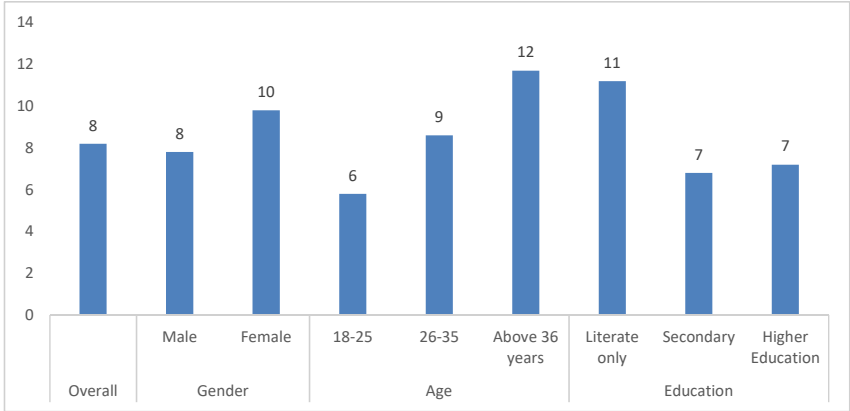
	Very worried	Moderately worried	A little worried	Not worried at all	Total
Overall	30.8	28.2	18.5	22.2	100
Gender					
Male	30.4	28.2	19	22.2	100
Female	33	28.4	16.3	22.3	100
Age Group					
18-25	28.8	27.7	15.9	27.2	100
26-35	29.3	31.6	22	16.7	100
Above 36 years	36.4	24.2	17.9	21.5	100
Education					
Literate only	33.8	25.3	20.8	20.1	100
Secondary	28.6	30.5	17.2	23.4	100
Higher Education	31.1	27.8	18	22.6	100

5.6 Visiting a Doctor for Smoking-Related Health Problems

Overall, eight percent of respondents acknowledged having consulted a doctor due to health problems related to smoking. The survey shows that 8% of males and 10% of females visited doctors. However, a slight variation was observed among age groups. Respondents aged 36 years and over

showed a higher rate (12%) of doctor visits in comparison to younger age groups, specifically 18-25 (6%) and 26-35 (9%). In terms of education level, those with secondary or higher education showed similar percentages (7%) for seeking medical care for smoking issues. Conversely, literate only respondents indicated a slightly higher occurrence (11%) of visiting doctors for such issues.

Figure 5-1: Respondents that Visited a Doctor for Smoking-Related Health Problems (N=1514, %)

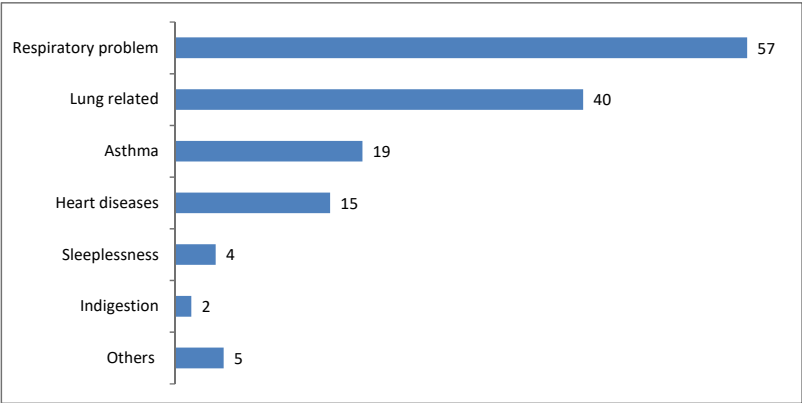


5.7 Health Issues When Visiting a Doctor for Smoking-Related Problems

From within those who confirmed experiencing health problems from smoking, respiratory issues were reported by 57% of respondents. Lung problems were another major concern, reported by 40% of respondents.

Asthma, a well-recognized consequence of smoking, was reported by 19% of respondents, followed by heart diseases (15%), sleeplessness (4%), and indigestion (2%).

Figure 5-2: Specific Health Issues When Visiting a Doctor for Smoking-Related Problems (N=124, %)

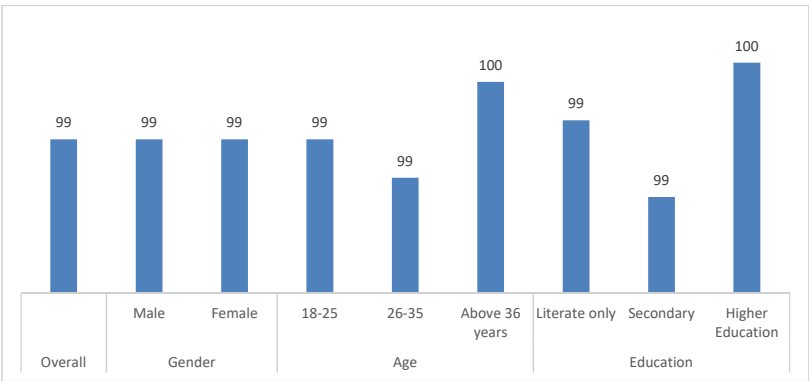


5.8 Graphic Health Warnings on Cigarette Packs

Almost all respondents (99%) across all categories- overall, gender, age groups, and education levels, reported having observed graphic health warnings on cigarettes. This widespread recognition highlighted the effectiveness of such

visual warnings in communicating the smoking risks. Notably, awareness remained close to 100% even among respondents over 36 and those with higher education. This emphasized the value of such visual cues in conveying health risks and potentially influencing smoking-related behaviors, even among groups showing higher smoking attachments.

Figure 5-3: Observation of Graphic Health Warnings on Cigarette Packs (N=1514, %)



5.9 Feeling on Graphic Health Warnings on Cigarette Packs

One in four respondents (25%) indicated that the graphic health warnings on cigarette packs did not elicit worry from them. However, gender differences were observed, with 26% of males and 22% of females expressing that they were not worried at all due to the graphic warnings. Distinct patterns were evident across age groups. Respondents aged 36 years and above showed a relatively lower level of non-worry sign, with 20% indicating that the graphic warnings did not make them

worried. In contrast, 18-25 age groups showed a higher percentage of non-worry sign (32%). As age increased, the level of non-worry signs also decreased. In terms of education, respondents with only literate and those with secondary education showed a low level of non-worry sign, 8% and 25%, respectively. Conversely, those with higher education showed a notably higher rate of non-worry sign (33%). This divergence suggests a possible connection between higher education and a reduced response to the warnings, potentially indicating a greater skepticism or differing priorities among more educated respondents.

Table 5-6: Feeling on Graphic Health Warnings on Cigarette Packs (N=1502, %)

	Extremely worried	Very worried	Somewhat worried	A little worried	Not worried	Total
Overall	22.8	26	20.1	5.7	25.4	100
Gender						
Male	21.5	26	20.4	5.9	26.1	100
Female	28.6	26	18.7	4.6	21.8	100
Age Group						
18-25	17.6	23.6	20.0	6.5	32.1	100
26-35	24.8	26.5	22.1	5.2	21.3	100
Above 36 years	28.7	29.2	17.5	4.9	19.7	100
Education						
Literate only	28.3	30.3	17.5	4.8	19.1	100
Secondary	20.7	26.8	22.7	5.3	24.5	100
Higher Education	20.3	20.7	19.2	7	32.5	100

5.10 Trust on Graphic Warning Labels on Cigarette Packs

Over one-third (37%) of respondents found graphic warning labels on cigarette packs to be extremely realistic. Gender differences were apparent, as 38% of males and 34% of females considered the warnings to be

extremely realistic. Across age groups, respondents aged 36 years and above (43%), those in 26-35 years (39%) and those in 18-25 (33%) trusted the graphic warning labels as extremely realistic. Respondents with higher education levels demonstrated lower percentages in finding the warnings extremely realistic (36%) compared to literate-only respondents (39%).

Table 5-7: Trust on Graphic Warning Labels on Cigarette Packs (N=1502, %)

	Extremely realistic	Very realistic	Somewhat realistic	Little realistic	Not realistic	DK/ CS	Total
Overall	37.2	28.8	18.4	6.4	8.2	1.1	100
Gender							
Male	37.7	27.9	18.4	6.9	8.2	0.9	100
Female	34.4	33.2	18.3	4.2	8.0	1.9	100
Age Group							
18-25	32.5	27.1	21.0	6.8	11	1.6	100
26-35	38.5	31.7	16.6	6.2	6.2	0.8	100
Above 36 years	43.2	27.6	16.4	6.0	6.3	0.5	100
Education							
Literate only	39.5	34.3	13.6	3.9	7.6	1.1	100
Secondary	36.1	29.9	18.7	6.4	7.9	1.0	100
Higher Education	36.2	22.3	22.5	8.7	9.2	1.1	100

5.11 Impact of Graphic Warning Labels on Cigarette Packs on Quitting Intention

One quarter (25%) of respondents indicated that graphic warning labels on cigarette packs made them feel significantly more inclined to quit

smoking. This suggests that the labels may have a positive effect on individual's intention to quit. In terms of gender, the responses were relatively consistent, with 25% of males and 24% of females reporting feeling substantially more likely to quit smoking due to these labels. By age groups, individual aged 36 and over (32%) were most likely

to quit because of the labels, while individual aged 18-25 (21%) were least likely. Respondents with higher levels of education (20%) showed quitting intentions by the labels compared to those with secondary education (23%)

or literate-only respondents (32%). This suggests that as the level of education increases, the impact of graphic warning labels on cigarette packs on quitting intention decreases.

Table 5-8: Impact of Graphic Warning on Quitting Intention (N=1502)

	A lot	A little	Not at all	DK/CS	Total
Overall	24.6	39.8	34.2	0.6	100
Gender					
Male	24.6	39.6	34.4	0.6	100
Female	24.2	40.9	33.3	0.8	100
Age Group					
18-25	21.2	37.2	40.4	0.5	100
26-35	23.8	42.7	32.0	0.6	100
Above 36 years	31.5	40.2	26.9	0.8	100
Education					
Literate only	32.2	41.6	24.7	0.9	100
Secondary	22.9	43.5	32.5	0.0	100
Higher Education	19.6	33.3	45.7	1.1	100

5.12 Opinion on Health Information on Cigarette Packs

Forty-three percent of respondents believed that cigarette packs should include more health information than they currently have. In terms of gender, males (44%) and females (38%) held differing views on this matter, with a slightly higher percentage of males advocating for more information. When considering age, respondents aged above 36 years (46%) were the most inclined to support the inclusion of more health

information, which might reflect a greater sense of health consciousness among older respondents. Conversely, the 26-35 age groups (45%) was also particularly interested in more information, potentially indicating that this age range was more receptive to anti-smoking messages. Respondents' educational level also showed differences in their perspectives. Those with only a secondary education (39%) or higher education (42%) were more likely to desire additional health information, while literate-only respondents (48%) expressed the strongest preference for this.

Table 5-9: Opinion on Health Information on Cigarette Packs (N=1502, %)

	More health information	About the same	Less health information	DK/CS	Total
Overall	42.7	33.1	21.5	2	100
Gender					
Male	43.8	32.7	20.9	1.9	100
Female	37.5	34.8	24.2	2.2	100
Age Group					
18-25	38.5	33.8	25	2.3	100
26-35	45.4	33.1	18.6	1.6	100
Above 36 years	45.9	31.8	19.6	2.2	100
Education					
Literate only	48.4	29.7	18.9	2.3	100
Secondary	39.4	36.9	20.9	1.6	100
Higher Education	41.5	31.3	24.6	2.2	100

6 Perception of Vape/E-Cigarette and Health Effects

Chapter Highlights

- Nearly three out of ten respondents (28%) held the belief that using vape/e-cigarettes was more harmful than smoking traditional cigarettes. Gender differences were evident, with males (17%) perceiving vaping as less harmful compared to females (9%).
- About 44% of respondents agreed that vape/e-cigarettes represent a safer alternative, while a similar proportion agreed that these products emitted harmful chemicals.
- Age group 18-25 was more likely to perceive vaping as harmful (27%), believing it negatively impacts health. However, this group also agreed that vaping was a safer alternative to smoking.
- On average, out of 100 smokers, 37 were perceived to die from lung disease, making it the most commonly perceived fatal outcome of smoking.

6.1 Perception of Vape/E-cigarettes as Harmful

Twenty eight percent of respondents believed vaping was more harmful than smoking cigarettes, following closely by 22% of respondents who considered it to be considerably more harmful. Interestingly, 16% of respondents saw vaping as less harmful than smoking, while 12% thought the harms were equal. In terms of gender, males and females showed different viewpoints. Males were more likely to see vaping as less

harmful (17%) compared to females (9%). By age groups, respondents aged 18-25 (30%) and 26-35 (27%) were more likely to see vaping as more harmful. However, 11% of respondents aged 36 and above saw vaping as significantly less harmful. Furthermore, education level played a role in shaping perspectives, as respondents with higher education (30%) were more likely to see vaping as more harmful, compared to those with only a secondary education (27%), and literate-only ones (24%).

Table 6-1: Vape/E-cigarettes Harmful (N=1087, %)

	Much less harmful	Less harmful	Just as harmful	More harmful	Much more harmful	DK/ CS	Total
Overall	13	16	12	28	22	10	100
Gender							
Male	14.3	17	12.1	26.3	20.8	9.6	100
Female	8.9	8.9	9.9	33.5	29.8	8.9	100
Age group							
18-25	11.5	16.2	9.8	29.6	27.2	5.7	100
26-35	14.1	16.4	13.3	27.4	17.2	11.5	100
Above 36 years	17.4	11.4	13.8	21.6	19.2	16.8	100
Education							
Literate only	17.5	12.2	12.2	24.3	16.9	16.9	100
Secondary	12.3	17	12.5	27.1	23.6	7.4	100
Higher Education	12.7	15.3	10.5	29.7	23.4	8.5	100

6.2 Opinions on Vape/E-cigarettes

Forty-four percent of respondents concurred that vape/e-cigarettes represented a safer alternative. But a similar proportion agreed that these products emitted harmful chemicals. Furthermore, 24% reported that vape/e-cigarettes aided in quitting traditional cigarettes, while 45% agreed that these products had an adverse impact on health. Additionally, 41% agreed that vape/e-cigarettes incurred a higher cost compared to traditional cigarettes, and 22% agreed that these products would eventually replace combustible cigarettes. Both genders shared similar levels of agreement for most statements, with a slightly more females (24%) agreeing that vape/e-cigarettes would

eventually supplant combustible cigarettes, compared to males (22%). However, females expressed a slightly more cautious perspective regarding the belief that vaping assisted in quitting smoking, with 18% in agreement. Respondents aged 18-25 showed the highest level of agreement (46%) that vape/e-cigarettes had a negative impact on health. Conversely, the same age group (18-25) demonstrated a relatively lower agreement (18%) that vape/e-cigarettes were more costly than traditional cigarettes. This disparity may reflect varying financial considerations and priorities among younger respondents. Respondents with higher education (46%) were more inclined to agree that vape/e-cigarettes provided a safer alternative, compared to those with secondary education (44%) or

respondents with literate-only (42%). Moreover, respondents with higher education (23%) were more likely to

concur that these products facilitated quitting smoking, as opposed to those with secondary education (24%).

Table 6-2: Perceived Opinions on Vape/E-cigarettes (N=1087, %)

	Vape/e-cigarette are a safer alternative in general	Vape/e-cigarette are a safer alternative to combustible cigarettes	Vape/e-cigarettes produce harmful chemicals	Vape/e-cigarette help quitting smoking cigarettes	Vape/e-cigarettes have negative effect on health	Vape/e-cigarettes are more costly than cigarettes	Vape/e-cigarette will replace combustible cigarettes in future
Overall	44.2	21.2	43.5	23.6	44.6	40.9	22.3
Gender							
Male	44.3	21.3	43.9	21.3	44.7	41	21.9
Female	43.7	20.4	41.6	17.8	44.2	40.3	24.1
Age Group							
18-25	44.4	18.2	43.8	26.2	45.8	41.3	21.5
26-35	31.3	15.4	30.4	20.4	31.4	29.2	18.4
Above 36 years	42.2	24.6	41.3	18.0	41.9	39.5	22.2
Education							
Literate only	41.8	24.3	41.3	24.6	42.1	37.8	7.8
Secondary	43.8	20.5	43.8	24	45.1	42.4	9.7
Higher Education	45.6	20.4	44.2	22.6	45.3	40.4	8.9

6.3 Mortality from Smoking-Related Diseases

The findings indicated that, on average, 37 out of every 100 smokers were perceived to die due to lung disease, marking it as the most commonly

perceived fatal outcome of smoking. Subsequently, heart disease, throat cancer, and other smoking-related illnesses each shared an average estimation of 21, 20, and 21 individuals' deaths out of 100 smokers, respectively.

Table 6-3: Average Death from Smoking (Out of 100) (N=708)

Disease	Average Death
Lung Disease	37
Heart Disease	21
Throat Cancer	20
All other Illness because of smoking	21

7 Knowledge about Regulation of Tobacco and Harm Reduction Products

Chapter Highlights

- Approximately, nine out of ten respondents (91%) believed that individuals under the age of 18 were prohibited from purchasing or selling tobacco products.
- Nearly nine out of ten respondents (86%) believed that pregnant women were not allowed to purchase/sell tobacco products.
- Almost all respondents (95%) believed that smoking should not be allowed in public spaces. Slightly more females (9%) and individuals aged 18-25 (6%) were inclined to support smoking in public places, though most others opposed it.
- Six out of ten respondents (63%) believed that single stick cigarette sales should be allowed, with variations based on gender, age, and education.
- Eight out of 10 respondents (81%) opposed tobacco product advertisements, with only 16% in favor.
- Approximately, nine out of ten respondents (91%) disagreed with allowing tobacco sales near schools and hospitals. Variations existed by age and education levels, but a strong societal consensus prevailed on keeping tobacco products away from educational and medical facilities.
- Online platforms (76%), TV (67%), and newspapers (66%) were the primary channels for anti-tobacco messages, and exposure varies by gender and education, emphasizing the role of education in raising awareness.
- Roughly half of respondents (48%) felt inclined to quit smoking due to advertisements, with variations based on gender, age, and education.
- Over six out of ten respondents (65%) believed that the government's tobacco control policy was effective.

7.1 Minors' Buying/Selling Tobacco Products

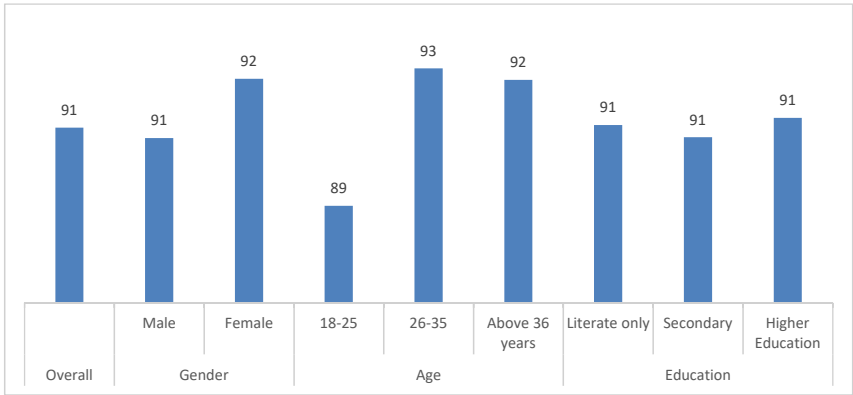
Ninety-one percent of respondents (91%) believed that individuals under the age of 18 were prohibited from

purchasing or selling tobacco products. This belief remained consistent across genders and age groups, showing only minor deviations in distribution. Respondents aged 18 to 25 showed the highest inclination to think that

minors could engage in such activity, albeit their percentage was low at 9%. Respondents with secondary education and those with higher education shared the same perception, with 91% concurring that minors should not be permitted to buy or sell tobacco products. Notably, respondents who

were literate-only showed a slightly lower percentage (6%) holding this perspective. This might indicate a comparatively lower level of awareness among this subgroup or necessitate for more targeted educational campaigns regarding tobacco-related regulations.

Figure 7-1: Understanding of Prohibition for Minors to Buy or Sell Tobacco Products (N=1514, %)

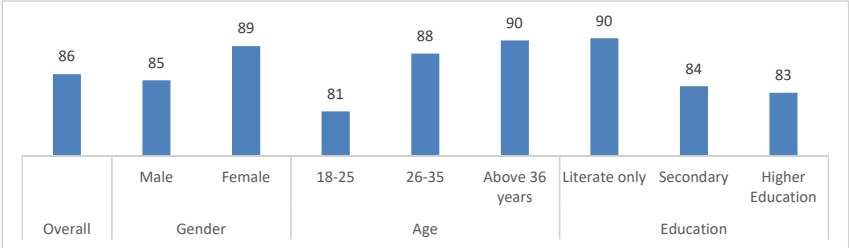


7.2 Pregnant Women's Buying/Selling Tobacco Products

The majority of respondents (86%) believed that pregnant women should not be permitted to purchase or sell tobacco products. A slightly larger percentage of males (12%) thought that pregnant women could buy/sell tobacco products, compared to 9% of females. In terms of age groups, those aged 18-25 had the highest percentage (14%) believing that pregnant women should be allowed

to do so. This may indicate a dearth of awareness or misunderstanding of these restrictions in this age group. In contrast, individuals aged 36 and older showed a lower percentage (8%) sharing this perspective, perhaps due to their accumulated knowledge and life experience shaping their view. In terms of the level of education, respondents with higher levels of education (14%) and those with only secondary education (13%) were more inclined to believe that pregnant women could buy/sell tobacco products.

Figure 7-2: Understanding of Prohibition for Pregnant Women to Buy or Sell Tobacco (N=1514, %)

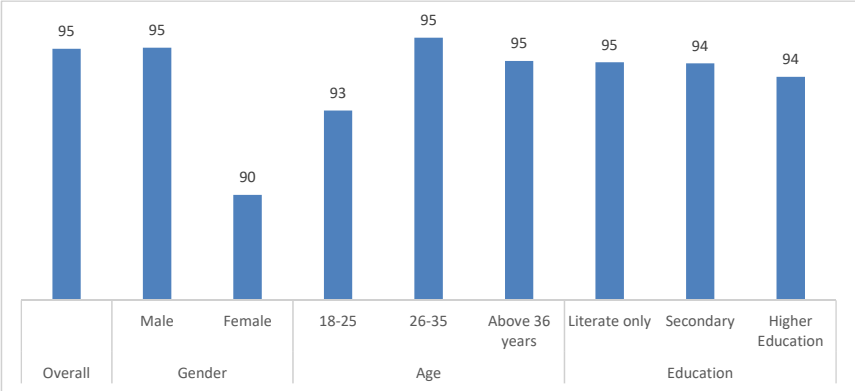


7.3 Smoking in Public Places

An overwhelming majority of respondents (95%) expressed the view that smoking should be prohibited in public spaces such as parks, workplaces, and schools. This sentiment remained consistent across genders and age groups, with only minor variations. Interestingly, a slightly higher percentage of females (9%) than males

(4%) expressed that smoking should be permitted in public places. Moreover, respondents aged 18-25 exhibited a slightly stronger proclivity (6%) towards permitting smoking in public areas compared to other age categories. Conversely, those possessing higher education showed a marginally greater tendency (7%) to endorse smoking in public places, although this difference was negligible.

Figure 7-3: Understanding of Prohibition of Smoking in Public Places (N=1514, %)

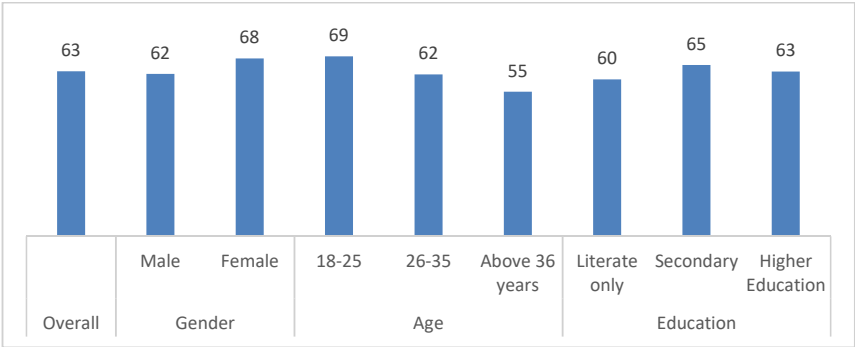


7.4 Sale/Purchase of Single Stick Cigarettes

Sixty-three percent of respondents believed that cigarettes could be sold or purchased as single stick, while 34% held the opposite view. This variance in perception was more prominent among females, as 68% supported the notion of single stick sales, in comparison to 29% who disagreed. Notably, respondents

aged 18-25 groups showed the highest percentage (69%) in favor of single stick sales, while the older age group above 36 years showed a lesser inclination (55%) towards this practice. Of interest, respondents with higher education (63%) were more prone to agree with the sale of single cigarette sticks, whereas those with only secondary education (65%) showed the highest percentage in favor of this practice.

Figure 7-4: Sale/purchase of Single Stick Cigarettes (N=1514, %)

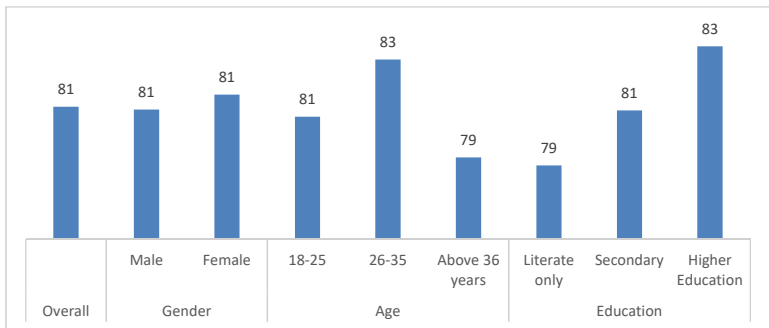


7.5 Tobacco Product Advertisements

Only 16% of respondents believed that advertisements for tobacco-related products should be permitted, while a substantial majority (81%) expressed their disagreement. This sentiment remained consistent across genders, with 17% of males and 13% of females in favor of allowing such advertisements.

Interestingly, respondents within the 18-25 age group and the 26-35 age group both showed slightly higher support at 17% and 15%, respectively. Nonetheless, even within these age brackets, the majority were opposed to such advertisements. Older respondents aged above 36 years and those with higher levels of education tended to show slightly lower support, at 15% and 16% respectively.

Figure 7-5: Understanding of Prohibition of Tobacco Product Advertisement (1514, %)

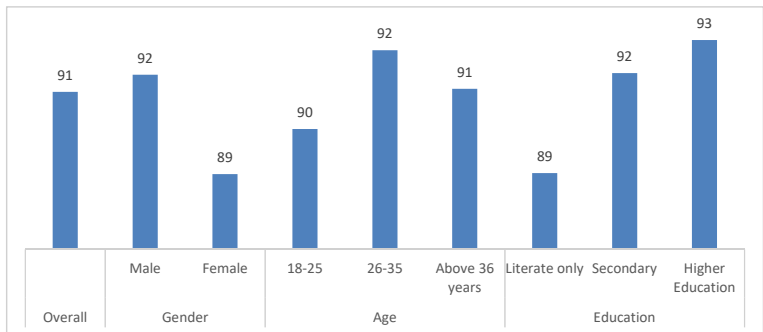


7.6 Proximity of Tobacco Sales/Usage to Schools and Hospitals

Only 7% believed that tobacco products should be allowed for sale and used within 100 meters of school and hospital areas, 91% expressed their disagreement. This sentiment remained consistent across genders, with both males and females largely opposing this practice. In terms of age groups, respondents aged 18-25 (8%) and 26-35 (6%) showed slightly higher rates, but these figures remained low overall.

Older participants above 36 years (6%) shared a similar disagreement. Interestingly, respondents with higher levels of education tended to be marginally more against the practice, with only 7% in favor of allowing tobacco products near schools and hospitals. However, the prevailing trend strongly opposed this idea across all demographic factors — gender, age, and education. This underscored a general societal inclination towards preserving school and hospital environments by keeping tobacco products at a distance.

Figure 7-6: Understanding of Prohibition of Tobacco Sales near Schools and Hospitals (N=1514, %)



7.7 Exposure to Anti-Tobacco Messages

A significant proportion of respondents reported seeing anti-tobacco messages across various venues. Notably, the Internet emerged as the most prominent channel, with 76% of respondents indicating that they came across such messages online. Television and newspapers also provided high levels of exposure at 66.5% and 46%, respectively. Public campaigns and hospitals also stood out as significant sources of anti-tobacco messages, with 73% and 54%, respectively. Females showed slightly lower exposure to anti-tobacco messages compared to males

on various platforms. For instance, 62% of females reported seeing such messages on television, in contrast to 67% of males. Similarly, just 40% of females mentioned seeing anti-tobacco messages in restaurants/bars, while 42% of males did the same. Respondents with higher education levels showed a greater percentage of exposure across most platforms, indicating that education may contribute to increased awareness of anti-tobacco messaging. For example, 83% of those with higher education reported seeing anti-tobacco messages on the internet, compared to 38% among those with secondary education.

Table 7-1: Exposure to Anti-Tobacco Messages in the Past 30 Days by Sources (N=1514, %)

	TV	Radio	Inter-net	Cinema Hall	Newspaper	Public transportation stations	Restaurants/Bars	Hoarding board/wall painting	Work-place	Tobacco package	Text/SMS	Public campaign	Hospital	School/College
Overall	66.5	45.7	76	64.9	46	65.9	41.9	47	51.5	96.8	12.2	33.2	72.6	53.6
Gender														
Male	67.4	46.2	76.2	65.6	47.6	67	42.2	46.4	51.7	96.8	12.5	33.7	73.2	53.4
Female	62.5	43.2	75	61.4	38.6	60.6	40.2	49.6	50.4	97	10.6	30.7	69.7	54.5
Education														
Literate only	63.7	54.1	58.4	49.1	40.2	62.6	39.5	41.8	46.6	95.7	8.2	28.1	69.4	48.4
Secondary	68.2	45.1	83.3	66.6	49.7	67.7	41.4	49.8	52.3	97.6	12.7	33.3	73.2	54.5
Higher Education	67	38.5	82.8	77.6	46.7	66.7	44.8	48	55	97	15.2	37.8	74.8	57.4

7.8 Impact of Advertisement on Smoking Quitting Behavior

Forty-eight percent of respondent reported feeling inclined to quit smoking due to the advertisement, with 11% indicating a higher likelihood of quitting. Conversely, 41% stated that the advertisement did not affect their thinking. Females, for instance, seemed slightly more receptive to the advertisement's message, with 12% indicating a greater likelihood

of quitting, compared to 10% among males. Within the age group of 26-35, respondents stood out, with 53% asserting that the advertisement made them more inclined to quit smoking. Interestingly, a noticeable connection appeared between education levels and the perceived impact of the advertisement. Respondents with only secondary education and those with basic literacy demonstrated higher tendencies towards being influenced. This is evident with 50% and 13% respectively, expressing a stronger inclination to quit.

Table 7-2: Impact of Advertisement on Quitting Behavior (N=1514, %)

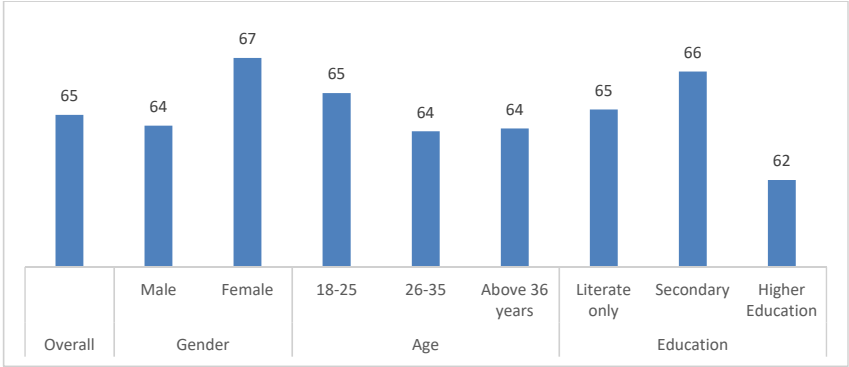
	More likely to quit smoking	Likely to quit smoking	Made no difference	DK/ CS	Total
Overall	10.5	48.3	40.6	0.6	100
Gender					
Male	10.2	49.4	40.3	0.2	100
Female	12.1	43.6	41.7	2.7	100
Age Group					
18-25	10.4	44.7	44.7	0.2	100
26-35	9.4	52.5	37.5	0.6	100
Above 36 years	12.2	48.6	37.8	1.4	100
Education					
Literate only	13.2	49.5	35.6	1.6	100
Secondary	10.7	50	39.1	0.2	100
Higher Education	7.6	45	47.2	0.2	100

7.9 Perception on Tobacco Control Policies

Almost two-thirds (65%) of respondents believed that the government adopted the right policy for tobacco control, while 33% held a dissenting opinion. In terms of gender, 67% of females perceived the policy as appropriate, compared to 64% of males. Age-wise, respondents aged between 18 and 35 showed slightly higher percentages in agreement, ranging from 64% to

65%. Respondents aged above 36 years maintained a similar perspective, with 64% supporting the policy. Considering education level, literate-only respondents and those with secondary education both expressed positivity regarding the government's tobacco control policy, at 65% and 66% respectively. However, respondents with higher education showed a slightly lower agreement (62%), accompanied by a relatively higher percentage (36%) expressing disagreement.

Figure 7-7: Agreement on the Appropriateness of Tobacco Control Policies (N=1514, %)



7.10 Effectiveness of Current Tobacco Control Policies

The findings indicated that most respondents expressed doubts about the effectiveness of tobacco control policies in Nepal. Overall, only a small proportion (8%) believed the tobacco control policies were very effective, while a larger percentage (33%) considered them partially effective.

Notably, a substantial number of respondents (58%) held the view that the current policies were not very effective in curbing tobacco-related issues. In terms of gender, both males and females shared similar opinions, with 8% and 9% respectively finding the policies very effective, and 59% and 55% believing they were not very effective. Age groups did not demonstrate significant variation in opinions, maintaining consistency across the spectrum. Respondents above

36 years old displayed a slightly higher inclination (10%) to view the policies as very effective compared to those aged 18-25 and 26-35 (both at 8%). Respondents with higher education showed lower positivity towards the current tobacco control policies, with only 6% finding them very effective and

a notable 62% indicating they were not very effective. Conversely, literate-only respondents and those with secondary education showed similar patterns, with 9% viewing the policies as very effective and 55% considering them not very effective.

Table 7-3: Effectiveness of Current Tobacco Control Policies (N=1493, %)

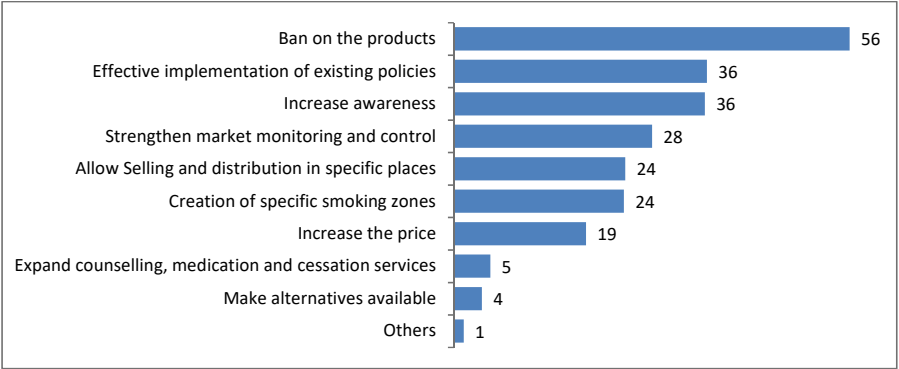
	Very effective	Partial effective	Not very effective	Total
Overall	8	33.1	58.9	100
Gender				
Male	9.3	35.7	55	100
Female	7.6	34.6	57.8	100
Age Group				
18-25	8.1	32.9	59	100
26-35	9.5	32.7	57.8	100
Above 36 years	9.4	35.6	55	100
Education				
Literate only	9.5	33.2	57.3	100
Secondary	5.5	32.1	62.4	100
Higher Education	8.2	33.6	58.2	100

7.11 Suggestions to Reduce Tobacco Product Usage

Over half of respondents (56%) believed banning the products would help reduce tobacco product consumption. Additionally, over one-third (36%) opined that effective implementation of existing policies and increasing awareness would help reduce the

consumption of tobacco products. Nearly three out of ten (28%) suggested strengthening market monitoring and control. Nearly one quarter (24%) of respondents suggested allowing selling and distribution in specific places only. Price escalation was also put forth as a strategy to reduce consumption, with approximately one fifth (19%) of respondents preferring this approach.

Figure 7-8: Suggestions to Reduce Tobacco Product Usage (N=1514, %)



8 Choices –Continue, Quit Or Switch To THR Products

Chapter Highlights

- Despite ongoing efforts to reduce tobacco consumption, 54% of respondents planned to continue smoking in the upcoming year or beyond, suggesting a significant attachment to smoking habits.
- While both males and females anticipated continuing smoking at a rate of 54%, a slightly higher percentage of females (40%) expressed an intention to quit smoking, compared to 34% of males.
- Respondents with higher education levels (40%) displayed a greater inclination to quit smoking completely compared to those with basic literacy (30%).
- Attributes related to switching to vape/e-cigarettes, such as flavor (41%), ease of use (37%), and nicotine levels (35%), received significant attention from respondents. Both genders prioritized flavor, with females showing slightly more attention to cost (39%) and nicotine levels (39%).
- If the price of combustible cigarettes increases, a significant percentage of respondents are likely to reduce consumption, or switch to vaping/e-cigarettes (1-2%) or opt for cheaper brands (2-4%).
- Over four-fifths of respondents anticipated an increase in cigarette consumption (84%), vape/e-cigarette usage (60%), and smokeless tobacco consumption (68%) over the next five years.

8.1 Outlook of Quitting Cigarette Smoking

Over half of respondents (54%) anticipated that they would continue smoking in the coming year or beyond. This indicated a significant level of smoking habits entrenchment despite ongoing public health efforts to reduce tobacco use. While 54% of both males and females anticipated continuing smoking, a slightly higher percentage of females (40%) expressed the intention to quit smoking, compared to 34% of males. By age groups, respondents aged 26-35 showed the highest percentage (55%) of intending to continue smoking,

suggesting a potentially stronger attachment to smoking within this group. Conversely, respondents aged 18-25 showed the highest percentage (38%) of intention to quit smoking, possibly indicating a greater willingness to change among younger individuals. In terms of education level, respondents with higher education (40%) displayed a greater inclination to quit smoking completely, compared to 30% among those with literate-only. This might imply that higher education is linked to increased awareness of the health risks and stronger desire to quit.

Table 8-1: Outlook of Smoking Status for the Next Year or More (N=1514, %)

	Continue smoking	Switch to vape/e-cigarette	Switch to Smokeless Tobacco	Quit smoking	DK/ CS	Total
Overall	53.9	2.4	1.7	34.7	7.2	100
Gender						
Male	54.3	2.5	2.0	33.6	7.6	100
Female	51.9	2.3	0.4	40.2	5.3	100
Age Group						
18-25	51.8	3.2	1.3	37.8	5.9	100
26-35	55.2	2.1	1.5	33.0	8.2	100
Above 36 years	55.7	1.6	2.7	32.1	7.9	100
Education						
Literate only	56.6	0.7	2.7	29.5	10.5	100
Secondary	53.6	3.2	1.9	34.6	6.7	100
Higher Education	51.7	3.0	0.4	40	4.8	100

8.2 Factors for Considering Vape/E-Cigarette Usage

The data indicated that respondents generally paid significant attention to attributes related to switching to vape/e-cigarettes. The attributes with the highest attention levels were flavor (41%), closely followed by ease of use (37%) and nicotine levels (35%). Both cost and accessibility received attention from 38% of respondents, while social acceptance garnered attention from 37% of respondents. Both genders prioritized flavor (41% for males, 43% for females) and assigned similar levels of attention to other attributes. However, females showed slightly more attention to cost (39% compared to 38% for males) and nicotine levels (39% compared to

35% for males). Notably, respondents' attention to attributes varied across different age groups. Those aged 26-35 seemed to pay the least attention to most attributes, with flavor being the exception. Conversely, respondents above 36 years of age showed the highest attention to flavor (41%) and ease of use (37%), but relatively lower attention to accessibility (35%) and social acceptance (36%). Considering education level, respondents with higher education show less attention to most attributes compared to the overall averages. Specifically, those with secondary education showed the highest attention to cost (40%) and ease of use (39%). Literate-only respondents allocated lower attention to all attributes, with flavor being the highest at 39%.

Table 8-2: Attention Factors for Considering Vape/E-Cigarette Usage (N=1087, %)

	Level of Nicotine		Cost		Easy to use		Accessibility		Social Acceptance		Flavor		Total
	Attention	Not at all	Attention	Not at all	Attention	Not at all	Attention	Not at all	Attention	Not at all	Attention	Not at all	
Overall	34.8	19.8	38.2	15.2	37.3	14.9	35.9	19.4	36.6	19	41.2	9	100
Gender													
Male	34.8	20	38.1	15.2	37.6	14	35.7	19.3	36.8	18.1	40.8	9.4	100
Female	34.8	21.3	38.7	15.2	35.9	19.4	36.6	19.9	35.6	24.4	42.9	73.3	100
Age group													
18-25	33.5	22.8	37.5	17.2	37	16.6	35.4	21.3	36.2	19.4	41.2	9.4	100
26-35	25.1	17.1	27.2	12.5	27	12.1	26.1	15.7	26.6	14.3	29.2	6.7	100
Above 36 years	35.9	16.8	38	15.6	37.1	13.2	35.9	18	35.3	21.6	41.3	6.6	100
Education													
Literate only	30.7	22.8	37.8	13.8	34.4	16.4	33.6	18.5	34.4	21.7	39.2	10.1	100
Secondary	35.8	19.5	39.6	14.2	38.8	14.0	37.7	18.5	38.3	16.8	42.3	8.2	100
Higher Education	35.4	18.7	36.6	17	36.7	15.3	34.8	20.9	35.5	20.2	40.9	9.5	100

8.3 Effect of Price Increase on Combustible Cigarettes

Over four out of ten (44%) respondents indicated that a 25% price increase would not substantially impact their smoking habits. Interestingly, a small proportion (1%) of respondents indicated they would switch to vaping or e-cigarettes. Few (2%) would consider switching to cheaper brands or smokeless tobacco. In terms of gender, half (50%) of female respondents indicated that the price increase wouldn't matter, while 42%

of males shared the same sentiment. Additionally, 36% of females would reduce consumption, compared to 42% of males. This pattern continued as 1% of both genders expressed a potential switch to vaping/e-cigarettes, and 2% of both groups would contemplate switching to a cheaper brand.

By age groups, respondents aged 18-25 showed the highest percentage (43%) for intending to reduce their consumption, followed by the 26-35 age group (42%) and those above 36 years (36%). The intention to switch to vaping/e-cigarettes and to switch to a cheaper

brand remained relatively consistent across the age groups. However, the intention to quit tobacco was notably higher among those aged 36 and above (13%) compared to the other two age groups, 18-25 and 26-35, at 12% and 11% respectively.

By education level, secondary schooled respondents showed a higher inclination to reduce consumption (43%) compared to literate-only individuals (42%) and those with higher education (38%). The intention to switch to vaping/e-cigarettes was consistent for both literate-only and higher education respondents (1%). However, the desire

to quit tobacco was notably lower among respondents with higher education (10%) compared to those with only literate education (14%). The findings suggested a negative correlation: as the level of education increases, the chances of desiring to quit tobacco decreases. Respondents with literate-only education exhibited a slightly higher inclination to consider switching to a cheaper brand (3%) compared to those with secondary education (2%) and higher education (2%). The intention to reduce consumption was lower for higher education respondents (38%), compared to those with literate-only (42%) and secondary (43%) education.

Table 8-3: Effect of Price Increase (25%) on Combustible Cigarettes (N=1514, %)

	Price increases by 25%							Total
	It does not matter	Will reduce the consumption	Switch to vape/e-cigarette	Switch to cheaper brand	Switch to smokeless Tobacco	Quit Tobacco	DK/CS	
Overall	43.9	41	0.6	1.9	0.4	12	0.3	100
Gender								
Male	42.5	42.2	0.6	1.9	0.5	12.1	0.3	100
Female	50.4	35.6	0.8	1.9	0.0	-11.4	0.0	100
Age Group								
18-25	41.2	42.6	1.0	2.7	0.3	12.2	0.0	100
26-35	43.9	42.3	0.2	1.1	0.8	11.1	0.6	100
Above 36 years	48.4	36.4	0.5	1.6	0.0	12.8	0.3	100
Education								
Literate only	40.2	41.6	0.7	2.5	0.2	14.2	0.7	100
Secondary	42.4	43	0.3	1.6	0.3	12.2	0.2	100
Higher Education	49.3	37.8	0.9	1.7	0.7	9.6	0.0	100

If the price hike increase by 50%, about half (46%) reduce their consumption. The percentage of respondents indicating a potential switch to vaping or e-cigarettes remained low, around 1%, and switching to a cheaper brand is at 4%. Furthermore, 21% shared that they had an intention to quit tobacco while 27% indicated that the price increase wouldn't affect their smoking behavior.

In terms of gender, nearly three out of ten (28%) female respondents stated that the price increase wouldn't matter, compared to 27% of males. However, 47% of females expressed their intention to reduce consumption, while 46% of males would do the same. Both females (1%) and males (1%) showed similar percentage in considering a switch to vaping/e-cigarettes. However, females (5%) outnumbered males (3%) in the consideration of switching to a cheaper brand. Notably, a lower proportion of females (19%) expressed their intent to quit tobacco, compared to males (22%).

Regarding age, the age group 26-35 maintained the highest percentage

(49%) for intending to reduce consumption, followed by 46% for the age group 18-25 and 42% for those above 36 years. The inclination to switch to vaping/e-cigarettes remained relatively consistent, with the highest percentage among the youngest age group (2%). The intention to quit tobacco was the highest among those aged 36 and above (23%), while the other two age groups, 18-25 and 26-30, showed intentions of 20% and 21% respectively.

Looking by education level, respondents with secondary education maintained the highest intention to reduce consumption (49%), while higher education followed closely with 45%, and literate-only respondents at 44% for the same. The interest in switching to vaping/e-cigarettes remained consistent across all education groups at 1%. The desire to quit tobacco decreased as education level increased, with the highest intention among literate-only individuals (25%) and the lowest among those with higher education (17%). The desire to switch to a cheaper brand was most prominent among literate-only individuals (3%).

Table 8-4: Effect of Price Increase (50%) on Combustible Cigarettes (N=1514, %)

	Price Increase by 50%							Total
	does not matter	reduce the consumption	Switch to vape/e- cigarette	Switch to cheaper brand	Switch to smokeless Tobacco	Quit Tobacco	DK/ CS	
Overall	27.1	46.1	1.1	3.5	0.8	21.1	0.4	100
Gender								
Male	26.9	46	1	3.3	0.9	21.5	0.4	100
Female	28.0	46.6	1.1	4.5	0.4	18.9	0.4	100
Age Group								
18-25	26.4	46.3	1.6	3.8	0.6	21.0	0.2	100
26-35	25.9	48.7	1	3.1	0.8	20.1	0.6	100
Above 36 years	29.9	42.1	0.3	3.5	1.1	22.6	0.5	100
Education								
Literate only	23.5	43.6	0.7	4.6	1.4	25.1	1.1	100
Secondary	25.0	48.7	1.1	2.9	0.6	21.4	0.2	100
Higher Education	33.3	45	1.3	3.3	0.4	16.7	0.0	100

If the price increase by 100%, two-fifths of respondents (38%) would quit tobacco altogether. The percentage of respondents suggesting a switch to vaping or e-cigarettes remained at 2%. However, for 18% of respondents price increase would not significantly alter smoking habits.

In terms of gender, both males and females followed similar patterns. Nineteen percent of females and 17% of males believed that the price increase wouldn't matter. However, 28% of females and 36% of males expressed their intent to reduce consumption. The percentage of females considering a

switch to vaping/e-cigarettes was higher than that of males (2% compared to 1%). Concerning the consideration of switching to a cheaper brand, females (9%) again showed a higher inclination compared to males (6%). Notably, a higher percentage of females (41%) compared to males (37%) expressed an intent to quit tobacco.

Looking at age groups, respondents aged 26-35 maintained the highest percentage (36%) for intending to reduce consumption, closely followed by 35% for the age group 18-25, and 32% for those above 36 years. The intention to switch to vaping/e-cigarettes remained

relatively consistent, with the highest percentage among the youngest age group (3%). Once again, the intention to quit tobacco was lowest among those above 36 years (37%), while the other two age groups, 18-25 and 26-35, each showed higher percentage of 38%.

By education level, respondents with higher education maintained the highest intention to reduce consumption (37%), followed by those with secondary education (35%) and literate-only

individuals (31%). The intention to switch to vaping/e-cigarettes remained relatively consistent across education groups, with the highest percentages again among those with higher education (3%), and both secondary education and literate-only individuals at 1%. The desire to quit tobacco was still lower among those with higher education (31%) compared to those with secondary (40%) and literate-only education (42%).

Table 8-5: Effect of Price Increase (100%) on Combustible Cigarettes (N=1514, %)

Price Increase by 100%								
	does not matter	reduce the consumption	Switch to vape/e- cigarette	Switch to cheaper brand	Switch to smokeless Tobacco	Quit Tobacco	DK/ CS	Total
Overall	17.8	34.5	1.7	6.2	1.1	37.8	0.9	100
Gender								
Male	17.4	35.8	1.8	5.6	17.4	37.3	0.9	100
Female	19.3	28.4	1.1	9.1	0.4	40.5	1.1	100
Age Group								
18-25	15.2	34.6	2.7	7.7	15.2	38.3	0.8	100
26-35	17.6	35.8	1.0	4.6	17.6	37.7	1.1	100
Above 36 years	22.3	32.3	0.8	6.0	22.3	37.2	0.8	100
Education								
Literate only	15.1	31.1	0.9	7.5	15.1	41.8	1.8	100
Secondary	16.2	34.7	1.5	5.4	16.2	40.4	0.8	100
Higher Education	22.4	37.4	2.6	6.1	22.4	30.7	0.2	100

8.4 Tobacco Consumption Trend for the Next Five Year

Over eight out of ten (84%) respondents anticipated an increase in cigarette consumption over the next five years. In contrast, only 6% believed that cigarette consumption would remain unchanged, while 8% expected a decrease. Shifting to vape/e-cigarette consumption, 60% of respondents foresaw an increase, while merely 8% predicted a decrease. Meanwhile, 27% believed that consumption levels would remain steady, and 5% were uncertain about this trend. In terms of smokeless tobacco consumption, the majority opinion aligned with an increase, with 68% of respondents holding this view. Comparatively, 9% believed that smokeless consumption would decrease, and 15% anticipated it to remain the same.

In terms of gender, 83% of male respondents anticipated an increase in cigarette consumption over the next five years, a sentiment echoed by 88% of females. The majority belief in the growth of cigarette consumption was relatively consistent across genders. However, the proportion expecting a decrease was higher among males (9%) compared to females (5%). In terms of vape/e-cigarette consumption, 59% of males and 67% of females foresaw an increase. Their expectation of a decrease in vape/e-cigarette usage was greater among males (5%) than females

(3%). Regarding smokeless tobacco consumption, 70% of males and 58% of females anticipated an increase. A notable difference was seen in the perception of a decrease, with 14% of males predicting a decrease compared to only 18% of females.

Moving on to age groups, among those aged 18-25, 86% expected an increase in cigarette consumption over the next five years, a sentiment shared by 86% of those aged 26-35. Conversely, only 78% of respondents above 36 years anticipated an increase, indicating a relatively lower level of optimism among the older age group. The expectation of a decrease was notably higher among respondents above 36 years (15%) compared to the younger age groups (6% and 7%). In terms of vape/e-cigarette consumption, respondents aged 18-25 (71%) and 26-35 (63%) shared relatively higher expectations, while only 37% of those above 36 years anticipated an increase. Moreover, 6% percentage of respondents above 36 years predicted a decrease in vape/e-cigarette consumption compared to the younger age groups. For smokeless tobacco consumption, those aged 18-25 (62%) and 26-35 (72%) expected an increase, while 37% of respondents above 36 years did so. The perception of decreases was also relatively higher among 18-25-year-olds (19%), as opposed to 12.8% of those over 36 and 10.7% of the 26-35 age group respondents.

By the level of education, respondents with secondary education (86%) and those with higher education (87%) were more inclined to anticipate an increase in cigarette consumption over the next five years, while less of those with only a literate education (79%) did so. Conversely, literate-only respondents (13%) were more likely to predict a decrease compared to those with secondary education (7%) and higher education (6%). These variations suggested that individuals with higher levels of education had greater expectation about the growth of cigarette consumption. Regarding vape/e-cigarette consumption, respondents with higher education (77%) showed the highest expectations of an increase, followed by those with secondary education (65%). Among literate-

only respondents, 36% expect growth. Additionally, 11% of respondents with secondary education predicted a decrease, while 6% of those with higher education and 5% of literate-only respondents held the same view. For smokeless tobacco consumption, respondents with secondary education (65%) and those with higher education (65%) had comparable expectations of an increase, while literate-only respondents (74%) showed slightly higher expectation. Interestingly, respondents with secondary education (17%) and higher education (17%) were more likely to predict a decrease compared to literate-only respondents (11%). This suggested that respondents with secondary and higher education levels exhibited more uncertainty about the smokeless consumption trend.

Table 8-6: Tobacco Consumption Trend for the Next Five Year (N=1514, %)

Cigarette Consumption				Vape/e-cigarette Consumption				Smokeless consumption					
	Increase	Remains same	Decrease	DK/CS	Increase	Remains same	Decrease	DK/CS	Increase	Remains same	Decrease	DK/CS	Total
Overall	84.1	5.7	8.4	1.8	60.1	8.3	4.8	26.8	67.8	9.4	14.9	7.9	100
Gender													
Male	83.4	5.8	9	1.8	58.7	8.6	5.1	27.5	69.9	8.6	14.2	7.3	100
Female	87.9	5.3	5.3	1.5	66.7	6.4	3.4	23.5	57.6	13.3	18.2	11	100
Age Group													
18-25	86.2	6.1	6.1	1.6	71.5	9.3	4	15.2	62.3	9.5	19.7	8.5	100
26-35	86.2	6.1	6.5	1.1	62.6	9	5.2	23.2	71.8	10.5	10.7	6.9	100
Above 36 years	77.7	4.3	14.9	3	37.2	5.4	5.7	51.6	71.2	7.6	12.8	8.4	100
Education													
Literate only	78.8	4.6	13	3.7	36.1	6.4	4.6	53	74.4	6.8	10.5	8.2	100
Secondary	86.2	5.8	7	1	64.6	11.4	4.7	19.3	65.4	10.4	16.6	7.6	100
Higher Education	86.5	6.5	5.9	1.1	77	5.9	5.2	12	64.6	10.4	17	8	100

9 Annexes

Annex 1: Questionnaire

Baseline Survey of Consumer Awareness about Tobacco Harm Reduction (THR) in Nepal Survey Questionnaire for Current Smokers

Namaste! My name is..... I am here on behalf of a research organisation Prakriti Pragya Nepal. We are conducting a nationwide survey to understand smoking behaviours. In this interview, I want to collect information about your understanding or experience of smoking. We will ask you some questions to check if you qualify for this survey.

1. This interview will take approximately 30 minutes.
2. I will ask you our questions only if you consent to participate in this interview.
3. You can ask me any questions related to this survey.

While requesting your consent, we commit that:

- A. Your information shall be treated with full confidentiality (as stipulated by the Nepal Statistical Act 2022). Your personal information shall remain inaccessible to any unauthorised individuals.
- B. Your information will be solely utilised for the purposes of this study.
- C. We may stop this interview if you feel uncomfortable at any point.
- D. You can decline to answer any question on which you do not feel comfortable.

Do you agree to participate in this survey?

Yes/ No [continue with the questions if the response is “YES”]

Begin Time:

EQ. ELIGIBILITY QUESTIONS

QN	Questions	Options	Code	Skip
EQ1	How old are you?	 (Completed years) In words:		If he/she is 18-70, proceed Else terminate
EQ2	How often do you smoke cigarettes?	Everyday Some days Not at all	1 2 3	If yes (1) or (2), proceed If (3), terminate
EQ3	Have you ever participated or refused to participate in tobacco related survey as a respondent in the past three months?	Yes No	1 2	-If yes (1), terminate -If no (2), proceed
EQ4	Do you work for any tobacco related industry / market? (Selling tobacco products, employed in tobacco company, tobacco marketing, promotion)	Yes No	1 2	-If yes (1), terminate If no (2), proceed

I. IDENTIFICATION CODE

QN	Questions	Options	Code	Skip
IC1	Province	Koshi Madhesh Bagmati Gandaki Lumbini Karnali Sudurpaschim	1 2 3 4 5 6 7	

IC2	City	Biratnagar	1	
		Dharan	2	
		Itahari	3	
		Janakpur	4	
		Birgunj	5	
		Kathmandu Valley	6	
		Bharatpur	7	
		Hetauda	8	
		Pokhara	9	
		Bhairahawa	10	
		Butwal	11	
		Nepalgunj	12	
		Surkhet	13	
		Dhangadi	14	
		Mahendranagar	15	
		Other (specify)	16	
IC3	Interview spot	Tea/coffee shop	1	
		Paan pasal	2	
		cafe/restaurant/ pub	3	
		Grocery shop	4	
		Workplace	5	
		Open space	6	
		Other (specify)	7	

SECTION A : SOCIO-ECONOMIC CHARACTERISTICS

Here I want to ask you about your personal details.

QN	Questions	Options	Code	Skip
A101	Sex of the respondent	Male	1	
		Female	2	
		Others	3	
A102	Marital status	Never married	1	
		Currently married	2	
		Separated	3	
		Single man/woman	4	

A103	Educational status	Literate only	1	
		Basic Level (Class 8)	2	
		Secondary level (12 grade)	3	
		Higher Education (Bachelor or above)	4	
		Professional/vocational/technical education	5	
A104	What do you do (your occupation)? (Single answer)	Salaried, working now	1	
		Temporarily not working, leave or switching	2	
		Foreign employment	3	
		Business, self-employed	4	
		Unemployed, looking for work	5	
		Unemployed, unable to work	6	
		Retired /Home Maker	7	
		Students	8	
		Social work/politics	9	
		Others specify	10	
			11	
A105	Which of the following best describes your approximate household income in the past 12 months?	No earning	1	
		Up to 2 lakh	2	
		2 to 5 lakhs	3	
		5 to 10 lakhs	4	
		10 to 20 lakhs	5	
		Above 20 lakhs	6	
		Don't Know/Can't Say	99	

SECTION B: EXPOSURE TO TOBACCO AND SMOKING HABIT

Now I am going to ask you some questions about your smoking habit.

QN	Question	Options	Code	Skip
B201	What was the tobacco product that you tried at first?	Home-made cigarette -bidi, sulpha,	1	
		papers or leaves rolled	2	
		Factory-made cigarette	3	
		Smokeless tobacco	4	
		E-cigarettes/vape	5	
		Hukka		

B202	How old were you when you first tried [mention] tobacco products?	(Age) Mention in words:		
B203	Talking about cigarette, how old were you when you first tried cigarettes?	(Age) Mention in words:		Do not ask if B201=2
B204	Since what age have you been smoking regularly?	(Age) Mention in words:		
B205	Now I will ask you about some statements related to smoking behaviour. Please provide your response.			
B205_1	How soon after you wake up do you smoke your first cigarette?	Within 5 mins 6 to 30 mins 31 to 60 mins After 60 mins	1 2 3 4	
B205_2	Do you find it difficult to refrain from smoking in places where it is forbidden? (Public places, temple, library, cinema hall etc)	Yes No	1 2	
B205_3	Which cigarette would you hate most to give up?	The first one in the mornin Any other	1 2	

B205_4	How many cigarettes per day do you smoke on the day that you smoke?	10 or less 11 to 20 21 to 30 31 or more	1 2 3 4	
B205_5	Do you smoke more frequently during the first hours after waking than during the rest of the day?	Yes No	1 2	
B205_6	Do you smoke when you are so ill that you are in bed most of the day?	Yes No	1 2	
B206	Where do you smoke most frequently?	At home At tea/ coffee spots While with friends At workplace In party or gathering Private Space Open Space Others Speficy....	1 2 3 4 5 6 7 8	
B207	How often do you smoke in public places? (School, colleges, shops, Malls/Movie theatres)	Most of the time Sometimes Never	1 2 3	
B208	Do you smoke together with your family members?	Yes No Cannot say	1 2 3	

B209	Where do you usually buy cigarettes from? (probe for single response)	Local grocery Pan pasal Tea shop/ Café/ Restaurant Departmental store Online Street vendors Others (Specify)	1 2 3 4 5 6 7	
B210	Usually, do you buy a loose/ single stick or whole pack of cigarettes?	Whole pack Loose/ single stick Both	1 2 3	
B211	How much money did you spend on cigarettes in the past week?	NRs In words:		
B212	How often do you ask minors (people below 18) to buy cigarettes for you?	Most of the time Sometimes Never	1 2 3	
B213	Do you currently use Smokeless Tobacco products (khaini, gutka, paan masala, etc.) besides cigarettes?	Yes No	1 2	

SECTION C: QUITTING BEHAVIOR

Now I'm asking you about your quitting attempts, if any.

C301	Did you try to quit smoking during the past six months?	Ye No	1 2	If 2, go to 303
C302	What did you do to quit smoking? (Multiple response possible)	Adopted Counselling Used Nicotine Replacement Therapy (pack, gum) Used medications Yoga, Fitness Tried vaping/e-cigarette Tried Smokeless Tobacco (gutkha, khaini etc) Reduced number of cigarettes Stopped smoking for at least a week Cold Turkey (Quitting at once) Stayed away from friends' circle Used Other(Cardamom, Beetel nuts) Products Don't know /Cannot Say Others (Specify):	1 2 3 4 5 6 7 8 9 10 11 12 99	
C303	If not, could you tell us why? (Multiple response possible)	I like smoking I am addicted to nicotine I do not see any harm of smoking I didn't find suitable alternatives for cigarettes I find the existing alternatives expensive The alternatives are more harmful There are no good counselling services It is difficult to leave friend's circle It was not good time to quit because of too much stress I tried before but was not successful. Others (specify):..... Don't Know/Can't say	1 2 3 4 5 6 7 8 9 10 11 99	301 = 2
C304	Are you thinking of quitting smoking during the next 6 months?	Yes No Don't know / Can't say	1 2 99	If 2, 99, go to 306

C305	If yes, how would you do it? (Multiple response)	Counselling Trying Nicotine Replacement Therapy (pack, gum) Trying Medication Yoga, Fitness Trying Vaping/e-cigarette Using Smokeless Tobacco (gutkha, khaini etc) Reducing number of cigarettes Cold Turkey (Quitting at once) Staying away from friends' circle Others (Specify): Don't know / Can't say	1 2 3 4 5 6 7 8 9 10 99	304 = 1
C306	Have you tried reducing cigarette intake in the past 6 months?	Yes No	1 2	
C307	Considering your smoking behaviour, how easy will it be for you to quit smoking?	Very easy Easy Moderate Difficult Very difficult Don't know/Can't say	1 2 3 4 5 99	
C308	Have you ever been advised by anyone to quit smoking?	Yes No	1 2	If 2, go to 310
C309	If yes, by whom? (Multiple responses)	Family members/ relatives Spouse Friends Health professionals Teachers Professional counsellors Others specify	1 2 3 4 5 6 7	
C310	If you would quit smoking, what could be the main reasons? (Multiple responses?)	Health reason Social/family/friend pressure Cost Self-choice Others specify Don't know/Cannot say	1 2 3 4 5 99	

SECTION D. KNOWLEDGE ABOUT THR PRODUCTS

Now I will ask you about your knowledge of Vape and e-cigarettes.

D401	Have you heard about vape / e-cigarettes?	Yes No	1 2	If D401=2, go to E501
D402	If yes, what is the source of information about e-cigarettes/ vape products? (Multiple answers)	Internet/ mass media Friends and family Health professionals Professional counsellors Social media Sellers Advertisement Others (specify).....	1 2 3 4 5 6 7 8	
D403	Have you ever tried vape/e-cigarettes?	Yes No	1 2	If 2, go to D407
D404	What was the reason you tried vape/e-cigarette? (Multiple response)	Peer pressure My own curiosity Advice of health professionals. Offered by the sellers. Influenced by social media Reducing the harm of cigarette smoking Effort to quit smoking For flavours Others, specify	1 2 3 4 5 6 7 8 9	
D405	How satisfying was using vape/ electronic cigarette compared to smoking ordinary cigarette?	Less satisfying About as satisfying Much more satisfying Don't know/Can't say	1 2 3 99	
D406	What was the level of Nicotine in the Vape you tried?	zero nicotine Low (1- 6mg/ml) Medium (7-12mg/ml) High (12mg/ml +) Don't know / can't Say	1 2 3 4 99	
D407	Are vape/e-cigarettes easily available in the Nepali market?	Yes No Don't know/Can't say	1 2 99	

D408	Is vape affordable for you?	Yes	1	
		No	2	
		Don't know/Can't say	99	
D409	Are you considering switching to vape/e-cigarette in the next 6 months?	Yes	1	If (1) or (99) go to E501
		No	2	
		Don't know/Can't say	99	
D410	If no, why would you not switch to Vape / E-Cigarette? (Multiple response possible)	Vape/e-cigarette are equally harmful as combustible cigarette	1	
		Vape/e-cigarette are costly	2	
		They are not accessible	3	
		There is no clear information about vape/e-cigarette	4	
		Satisfaction, Cigarette, Preference and Taste	5	
		Charging, Device Issue	6	
		Quit smoking	7	
		Health Problem	8	
		Others, specify :.....	9	
		Don't know/Can't say	99	

SECTION E. KNOWLEDGE ABOUT THE HEALTH EFFECTS OF SMOKING

Now I'm going to ask you about your knowledge of the health effects of smoking

QN	Question	Options	Code	Skip
E501	Regardless of whether or not you agree, which of the following ideas have you heard about cigarette smoking?			
E501_S1	Cigarette smoking will most likely shorten a person's life	Yes	1	
		No	2	
E501_S2	Cigarette smoking is dangerous to a person's health	Yes	1	
		No	2	
E501_S3	Cigarette smoking is bad for a person's health but not dangerous	Yes	1	
		No	2	
E501_S4	Cigarette smoking is not bad for a person's health.	Yes	1	
		No	2	
E502	I am going to read you a list of health effects and diseases that may or may not be caused by smoking cigarettes. Based on what you know or believe, does smoking cigarette cause the following?			

E502_S1	Stroke	Yes No Don't know/can't say	1 2 99	
E502_S2	Mouth Cancer	Yes No Don't know/can't say	1 2 99	
E502_S3	Lung Cancer	Yes No Don't know/can't say	1 2 99	
E502_S4	Throat Cancer	Yes No Don't know/can't say	1 2 99	
E502_S5	Coronary heart disease	Yes No Don't know/can't say	1 2 99	
E502_S6	Chronic obstructive pulmonary disease	Yes No Don't know/can't say	1 2 99	
E502_S7	Pulmonary tuberculosis	Yes No Don't know/can't say	1 2 99	
E502_S8	Impotence in male smokers	Yes No Don't know/can't say	1 2 99	
E502_S9	Harm to unborn baby	Yes No Don't know/can't say	1 2 99	
E503	Among 100 smokers who smoke cigarettes, how many of them do you think will die from following diseases? (Read the options)	Proceed Don't know/Can't say	1 99	<i>If E503=1 go to 503_S1, If 503=99, go to E504</i>
E503_S1	Lung cancer	 (Number)		.<=100
E503_S2	Heart diseases	 (Number)		.<= 100 - \${E503_S1}
E503_S3	Throat cancer	 (Number)		.<= 100 - \${E503_S1} - \${E503_S2}

E503_S4	All other illness because of smoking	 (Number)		.<= 100 - \${E503_S1} - \${E503_S2} - \${E503_S3}
E504	To what extent has smoking cigarette damaged your health?	A lot A little Not at all Don't know/Can't say	1 2 3 99	
E505	How worried are you that smoking cigarettes will damage your health in future?	Very worried Moderately worried A little worried Not worried at all Don't know/Can't say	1 2 3 4 99	
E506	Have you ever visited a doctor for health problem related to smoking cigarettes?	Yes No Don't know/can't say	1 2 99	If 2, go to E508
E507	If yes, what was the health issue?	Lungs related Heart diseases Asthma Diabetes Respiratory problem Indigestion Sleeplessne Others (specify)	1 2 3 4 5 6 7 8	
E508	Have you ever seen graphic health warning in cigarette packs?	Yes No Don't know/can't say	1 2 99	If (2) or (99) go to F601
E509	If you have seen, how do the graphic health warning on cigarette packs make you feel?	Extremely realistic Very realistic Somewhat realistic A little realistic Not at all realistic Don't know/can't say	1 2 3 4 5 99	

E510	How realistic do you think the graphic warning labels on the cigarette packs?	Extremely realistic Very realistic Somewhat realistic A little realistic Not at all realistic Don't know/can't say	1 2 3 4 5 99	
E511	To what extent do the graphic warning labels on cigarette packs make you more likely to quit smoking cigarettes?	A lot A little Not at all Don't know/Can't say	1 2 3 99	
E512	Do you think the cigarette packs should have more health information they do now, less information or about the same they do now?	More health information About the same Less health information Don't know/can't say	1 2 3 99	

SECTION F: PERCEPTION OF VAPE/E-CIGARETTE AND THE HEALTH EFFECTS (D401=1)

I am going to ask you questions about how you perceive vape/e-cigarettes and their health effects.

F601	Compared to smoking cigarettes, would you say that using vape/e-cigarettes that contain nicotine is...? (Read Options)	Much less harmful Less harmful Just as harmful More harmful Much more harmful Don't know/Can't say	1 2 3 4 5 99	
F602	There are different opinions about vape/e-cigarettes. I will read out more statements about vape/e-cigarettes. To what extent do you agree/disagree with them?			
F602_S1	There is a growing trend of using vape/e-cigarette in general.	Completely agree Partially Agree Completely disagree Don't know/Can't say	1 2 3 99	

F602_S2	Vape/E-cigarettes are a safer alternative to combustible cigarettes.	Completely agree Partially Agree Completely disagree Don't know/Can't say	1 2 3 99	
F602_S3	Vape/E-cigarettes produce harmful chemicals.	Completely agree Partially Agree Completely disagree Don't know/Can't say	1 2 3 99	
F602_S4	Vape/E-cigarettes help quitting smoking cigarettes.	Completely agree Partially Agree Completely disagree Don't know/Can't say	1 2 3 99	
F602_S5	Vape/ E-cigarettes have negative effect on health.	Completely agree Partially Agree Completely disagree Don't know/Can't say	1 2 3 99	
F602_S6	Vape/ E-cigarettes are more costly than cigarettes.	Completely agree Partially Agree Completely disagree Don't know/Can't say	1 2 3 99	
F602_S7	Vape/e-cigarette will replace combustible cigarettes in future.	Completely agree Partially Agree Completely disagree Don't know/Can't say	1 2 3 99	
F603	Out of every 100 e-cigarette users who vape them just as often as smokers of conventional cigarettes, how many do you think will die from following disease? (Read the options)	Proceed Don't know/ Can't say		F603
F603_S1	Lung cancer	 (Number)		.<=100
F603_S2	Heart diseases	 (Number)		.<= 100 - \${E503_S1}
F603_S3	Throat cancer	 (Number)		.<= 100 - \${E503_S1} - \${E503_S2}

F603_S4	All other illness because of smoking	 (Number)		.<= 100 - \${E503_S1} - \${E503_S2} - \${E503_S3}
503_S5	Don't know/ Can't say		99	

SECTION G: KNOWLEDGE ABOUT REGULATION OF TOBACCO AND HARM REDUCTION PRODUCTS

Now I will ask you questions related to government regulation on tobacco and vape in Nepal.

QN	Question	Options	Code	Skip
G701	I will ask some questions related to purchase/sale practices of tobacco products in Nepal. Based on your knowledge, state whether you say 'yes' or 'no'?			
G701_S1	Are minors below 18 years allowed to buy/sell tobacco products?	Yes No Don't know/Can't say	1 2 99	
G701_S2	Are pregnant women allowed to buy/sell tobacco products?	Yes No Don't know/Can't say	1 2 99	
G701_S3	Is smoking allowed in public places such as parks, work places and schools?	Yes No Don't know/Can't say	1 2 99	
G701_S4	Can cigarettes be sold or purchased in a single stick?	Yes No Don't know/Can't say	1 2 99	
G701_S5	Are advertisements of tobacco related products in radio, TV, newspaper or in hoarding boards allowed?	Yes No Don't know/Can't say	1 2 99	
G701_S6	Are tobacco products allowed to be sold and used within 100 metres of school and hospital area?	Yes No Don't know/Can't say	1 2 99	
G702	In the past 30 days, have you read/heard/ watched any anti-tobacco messages in any of the following places?			

G702_S1	Television	Yes No Don't know/Can't say	1 2 99	
G702_S2	Radio	Yes No Don't know/Can't say	1 2 99	
G702_S3	Internet	Yes No Don't know/Can't say	1 2 99	
G702_S4	Cinema Hall	Yes No Don't know/Can't say	1 2 99	
G702_S5	Newspapers or magazines	Yes No Don't know/Can't say	1 2 99	
G702_S6	Public transportation/stations	Yes No Don't know/Can't say	1 2 99	
G702_S7	Restaurants/Bars	Yes No Don't know/Can't say	1 2 99	
G702_S8	Hoarding board/wall painting	Yes No Don't know/Can't say	1 2 99	
G702_S9	Workplace	Yes No Don't know/Can't say	1 2 99	
G702_S10	Tobacco packages	Yes No Don't know/Can't say	1 2 99	
G702_S11	Text/SMS (SMS)	Yes No Don't know/Can't say	1 2 99	
G702_S12	Public campaigns	Yes No Don't know/Can't say	1 2 99	

G702_S13	Hospitals	Yes No Don't know/Can't say	1 2 99	
G702_S14	School/Colleges	Yes No Don't know/Can't say	1 2 99	
G703	As a whole, how has this advertisement affected your thinking about quitting smoking?	More likely to quit smoking Likely to quit smoking Made no difference Do not know/Cannot say	1 2 3 99	
G704	Do you think that the Government of Nepal adopted the right policy in tobacco control?	Yes No Don't know/Can't say	1 2 99	
G705	How effective do you think the current tobacco control policies and laws in Nepal are?	Very effective Partial effective Not very effective Don't know/ Can't say	1 2 3 99	
G706	In your opinion, what should the government do to reduce the use of tobacco products? (Multiple response possible)	Increase the price Ban on the product Increase awareness Make alternatives available Strengthen market monitoring and control Expand counselling, medication and cessation services Effective implementation of existing policies Creation of specific smoking zones Allow Selling and distribution in specific places Others (specify):	1 2 3 4 5 6 7 8 9 10	

SECTION H: CHOICES –CONTINUE, QUIT OR SWITCH TO THR PRODUCTS

Before closing our conversation, I want to ask about your future action on smoking. I will ask some questions that will explore your plan, whether you will continue smoking, quit smoking and switch to vape/e-cigarettes.

QN	Question	Options	Code	Skip
H801	Considering your current smoking tendency, what will your smoking status be in the next year or more?	Will continue smoking Will switch to vape/e-cigarettes Will switch to Smokeless Tobacco Will quit smoking at all Don't know/cannot say	1 2 3 4 99	
H802	Whether or not you choose to use vape/e-cigarette if you were to switch to vape/e-cigarette, how much attention you would pay to the following?			Ask H802 Only if 401=1
H802_S1	Level of nicotine	Very much attention Moderate attention Not at all Don't know/Can't say	1 2 3 99	
H802_S2	Cost	Very much attention Moderate attention Not at all Don't know/Can't say	1 2 3 99	
H802_S3	Ease to use	Very much attention Moderate attention Not at all Don't know/Can't say	1 2 3 99	
H802_S4	Accessibility	Very much attention Moderate attention Not at all Don't know/Can't say	1 2 3 99	
H802_S5	Social acceptance	Very much attention Moderate attention Not at all Don't know/Can't say	1 2 3 99	

H802_S6	Flavour	Very much attention Moderate attention Not at all Don't know/Can't say	1 2 3 99	
H803	How would it impact your smoking if the price of the combustible cigarettes increases by:			
H803_S1	25%	It does not matter Will reduce the consumption Switch to vape/e-cigarette Switch to cheaper brand Switch to Smokeless Tobacco (<i>Khaini, guktha, paan...</i>) Quit tobacco Do not know/Can't say	1 2 3 4 5 6 99	
H803_S2	50 %	It does not matter Will reduce the consumption Switch to vape/e-cigarette Switch to cheaper brand Switch to Smokeless Tobacco (<i>Khaini, guktha, paan...</i>) Quit tobacco Do not know/Can't say	1 2 3 4 5 6 99	
H803_S3	100%	It does not matter Will reduce the consumption Switch to vape/e-cigarette Switch to cheaper brand Switch to Smokeless Tobacco (<i>Khaini, guktha, paan...</i>) Quit tobacco Do not know/Can't say	1 2 3 4 5 6 99	
H804	In your understanding, what will be the trend of tobacco consumption in Nepal in next five years?			

H804_S1	Cigarette consumption	Increase	1	
		Remains same	2	
		Decrease	3	
		Do not know/Cannot Say	99	
H804_S2	Vape/e-cigarettes consumption	Increase	1	
		Remains same	2	
		Decrease	3	
		Do not know/Cannot Say	99	
H804_S3	Smokeless Tobacco consumption	Increase	1	
		Remains same	2	
		Decrease	3	
		Do not know/Cannot Say	99	

RC. RECONTACT

Thank you very much for participating in this survey

QN	Question	Options	Code	Skip
RC1	Would you be willing to provide us with your details and allow us to contact you in the future for further research?	Yes	1	If yes, record phone and email. If no, go to end.
		No	2	
RC2	If yes, record the following:			
	Name			
	Phone no			
	Email			

End Time:

Thank you for completing the questionnaire



Project office

Sundarnagar Tole, Satdobato, Lalitpur-15

Corporate office

Madhyapur Thimi-9, Nikosera, Bhaktapur, Nepal

