

Middle Aged Smokers and Their Health Problems in Birendranagar Municipality Surkhet

Mina Kumari Ban

minaban528@gmail.com

Vidyapur Janata Multiple Campus, Surkhet

Mid-west University

Abstract

Smoking is a serious health problem in the modern world. The worldwide tobacco related diseases have caused many deaths. The consumption of tobacco is increasing day by day. Many control measures have been taken to control the use of tobacco but in under-developing countries, smoking is increasing day by day due to illiteracy. Smoking is the main cause of diseases like cancer, heart diseases and respiratory infections. So, this study has been carried out to find out the condition of smoking among the middle aged smokers in Birendranagar Municipality of Surkhet district. This study is based on the descriptive research design and is quantitative in nature. It consists of data collected through interview schedule. The respondents were selected by adopting convenience sampling method. The trial test, the interview schedule was administered in Birendranagar Municipality of Surkhet district and the collected data were analyzed, interpreted and tabulated using tables and percentage. After the analysis and interpretation of the data, the finding, conclusion and some recommendations were made.

The study comes to the conclusion that 90.66 percent of the Hindu respondents and 2.66 percent of the Muslims suffered from long term physical health problems. The study shows that 37.33 percent of the Dalits and 14 percent of Brahmanas had suffered from long term physical health problems among which 50.50 percent were males and females. Most of the respondents were educated up to class five only. The conclusions were drawn from the study improve the health status of the people by encouraging them to quit smoking and realized the standard health status.

Keyword : Middle, Smokers, Health, Problem, Cancer, Heart Diseases

Introduction

Nepal is facing a lot of health problems like rapid population growth, malnutrition, prevalence of infectious disease, environmental health problems, lack of basic health care and facilities, high infant and child mortality rate, high maternal mortality rate, poverty, illiteracy,

smoking, alcoholism and drug abuse problems. Smoking is a serious and major health problem in Nepalese society. Many people in Nepal smoke either knowingly or unknowingly without caring its hazardous affects (Sherchan, 2011).

About 1.2 billion smokers are there in the world now. According to the report, 200 million are the women. Four million people die every year due to smoking related diseases of which 500,000 are women. About 30 percent of people in the world use tobacco. WHO epidemiologists predict that there will be 8.4 million deaths in 2020s and 10 million in the 2030s if the trends of using tobacco remain the same. Seventy percent of the deaths will be in developing countries. According to the national tobacco information online system (USA), the highest prevalence of tobacco consumption is in the western pacific region 34 percent and the lowest in the eastern Mediterranean region 22 percent. Globally, 48 percent of men and 12 percent of women use tobacco. American and European women use more tobacco which is 23 percent. One person in the world dies every 8.6 seconds due to tobacco use (WHO, 2008).

The current global trends indicate that smoking is declining in developed countries as control measures have been taken into effect. Thus, tobacco companies are stepping up marketing in developing countries. As a result, the use of tobacco is increasing especially among the youth of developing countries. Ignorance about the negative health effect of tobacco use, big budget allocation for promotional activities by tobacco companies and glamour attached to smoking in the media and in advertisements has further exacerbated the problem. Tobacco is unquestionable, the substance responsible for the most persistent and the most widespread drug dependence far ahead of alcohol, marijuana, heroin, cocaine etc. Smoking use is injurious to health. Different kinds of diseases and health problems are caused by the use of tobacco. Among them, cancer, tuberculosis, bronchitis, respiratory problems, heart diseases, etc. are the main problems. Smoking is harmful for health. On the other hand, production of tobacco has replaced the production of crops and clothing. Resources and money are used to produce tobacco and its products which could be used for crop production, and for many other purposes, which would help us to improve our living standards, so in some ways tobacco production increases poverty (Dhakal, 2005).

At Birendranagar Municipality of Surkhet district, most of the people are untidy and unhealthy. They are living under low and middle income sources. Unhealthy and disabled person is permanently dependent and burden upon his parents, the community and the nation. These various ideas, attitudes, beliefs, and assumptions can be found where these variables

effect on people's consumption on behaviour of smoking. So, the researcher has intended to find out the real picture of the middle age smokers and their health problems.

Realizing the above mentioned fact, it can be said that smoking is a serious problem in Surkhet district. Therefore, it is necessary to conduct a research in this field, but no research has been carried out to examine the problems of the smokers. So, the problem of this study is stated as Middle-Aged Smokers and Their Health Problems in Birendranagar Municipality Surkhet.

Objective

The main objective of this study is to find out the existing condition of smoking and the health problems of the smokers.

Review of Related Literature

This chapter attempts to review some related literatures and present conceptual framework of the study. So, some related and available literatures have been reviewed here.

Thapa (2002) reported that study which was carried out among the 200 respondents, who were over 15 years of age, of these 45 percentage people were using tobacco, of which 51.96 percentage were male and 48.03 percentage female. According to him, cigarettes were the most popular among the different types of tobacco. The majority of the people use was peer pressure and family influence. The majority of the people use tobacco 6-12 and 13-20 times per day the age at which tobacco use starts is most commonly 11-20 years. Many of the interviewers were familiar with the hazards of tobacco use.

Yadhav (2008) reported that in industrialized countries between 20 to 40 percent of women are smoker. In developing countries between two percent 10 percent of women 40 percent to 60 percent of men users tobacco. However, there are exceptions to this general pattern and WHO has found it helpful to purpose a classification of countries according to their stage in the development of the tobacco epidemic. This classification will also be fundamental in the selection of means of controlling the epidemic.

WHO (2008) reported that the inhalation of smoke that comes from the burning tip of tobacco is called second hand smoking. It is the smoking of other people's smokes other names are passive smoking or involuntary smoking. Second hand smoke is a major indicator of air pollutants. The harmfulness of the smoke is the same as first hand smoke. Nonsmokers who breathe second hand smoke suffer many of the same disease as regular smokers. One survey estimated 97 percentage of European over age 15 was exposed to second hand smoke.

Another estimated that 88 percentages of all non smokers in USA were exposed to second hand smoke. According to the cancer society of Newzealand, second hand smoke is third largest killer in the country. Currently tobacco deaths 5.4 million people per year 8 million people. a year will die from tobacco use by 2030, 80 percent of those deaths will occur in developing countries. In 20th century, 1 billion deaths global youth currently cigarette smoking 9.5 percent students 12.1 percent boys, 6.8 percent girls. Global tobacco cause of mortality cardiovascular disease 1.69 million and cancer 1.4 million. Global cancer 1 in 5 deaths attributes to tobacco use. Lung cancer is the leading cause of cancer death overall. Among men, lung cancer is leading cause of cancer death. Among women, breast cancer leading cause of cancer death, globally.

Regmi (2008) reported that in a study where 100 males were selected as respondent, 70 respondents were tobacco user and 30 were nonuser. The cause of starting tobacco use was found to be mainly curiosity and peer pressure. Surti and Khaini was the most popular form of tobacco in the study area. Most of the tobacco user 18 feel stomach problem by use tobacco. Most users spend money on tobacco Rs. 5 to 10 and least smokers spend of money more than Rs. 20 out of 70 tobacco user 52 respondents feel economic problem by the use of tobacco. The majority of the respondents use tobacco 10 to 20 times per day.

A lot of literature both theory and research, regarding smoking habit is found. From these various studies it can be conducted that smoking habit among people start with very less importance, either in a form of imitation or tension. But in future, it takes as from of addiction a habit that can never be left out. Since smoking habit spoil overall health condition by hampering his overall socio-economic condition as well as of his family, therefore it should be stopped.

Methodology

This study is based on descriptive research design and it is quantitative in nature. Birendranagar Municipality of Surkhet district is the area of the study of this research. This is situated in the western part of Surkhet district. All the middle aged smokers in Birendranagar Municipality of Surkhet district were considered as total population.

First of all, the researcher selected three wards of Birendranagar Municipality of Surkhet district because these wards are far behind in the case of education and the there is a vast caste diversity. These wards were selected for the study using purposive sampling method. Then, 25 male and 25 female smokers of middle aged from every selected wards

were selected as the respondents by applying convenience sampling method. The total numbers of respondents were 150 (75 males and 75 females). The sample size was 35 percent of the population.

Structured interview schedule was used as the main tool for collecting the data for this research. The structured interview schedule was existing condition of smoking, starting age of smoking, frequency of smoking per day, expenditure per day on smoking, etc. Similarly, the third part was related to physical, mental, social and emotional problems of the smokers. After collecting the data, possible errors and inconsistencies were removed by editing. After editing, necessary data was classified and tabulated according to the need of the study. Then, the tabulated data was analyzed by using percentage. At last, descriptive report was prepared with conclusion and recommendations.

Data and Interpretation

Smoking Practices

This section includes the starting age of smoking, cause of smoking, kinds of smoking, frequency of smoking per day, pay for smoking per day, willing to quit smoking, frequency of attempt to quit smoking and feelings at the time of smoking. There are presented in the following sub-sections:

Age of Starting Smoking

There is no age limit for smoking. It is said that most of the smokers start to smoke from the teenage. In this study, there was a question about the time of starting smoking. Among the total respondents, some started smoking in adulthood, some at middle age and some started smoking even in their childhood. The responses are presented in table.

Table 1

Distribution of the respondents by the age of starting smoking

Age	No. of Respondents	Percentage
Under 10 years	25	16.66
10-20 years	65	43.33
20-30 years	38	25.33
30-40 years	21	14.00
Above 40	1	00.66
Total	150	100.00

Source : Field Survey, 2025

According to table 1, the higher percent 43.33 percent of the respondents of the age group of 10-20 years had started to use smoking. Similarly, the second most leading starting age of smoking use was between 20-30 years. Likewise, one fourth percent 25 percent of the respondents had started to use smoking under the age of 10 years and only 00.66 percent of the respondents had started to use smoking above 40 years age.

The study shows that most smokers' starting age of smoking is 10-20 years. This age includes adolescence. In this age, physical and mental development and changes occur rapidly. So, in the study area, proper education about smoking and its effect should be given to the adolescents so that they may give up smoking and involve in productive works.

Socio-Demographic Influence on Starting Age of Smoking

Table 2

Distribution of the respondents by the socio-demographic influence on age of starting smoking

Description	Under 10 years	11-20 years	21-30 years	31-40 years	Above 40	Total
Age						
41-45	7	16	13	2	0	41
46-50	9	20	17	14	0	57
51-55	4	12	6	5	1	28
56-60	5	17	2	0	0	24
Total	25	65	38	21	1	150
Marital Status						
Married	25	63	36	21	0	145
Unmarried	0	2	2	0	1	5
Total	25	65	38	21	1	150
Religion						
Hindu	24	58	32	21	1	136
Christian	1	5	4	0	0	10
Muslim	0	2	2	0	0	4
Total	25	65	38	21	1	150
Caste						
Brahman	3	5	8	5	0	21

Chhetry	8	18	12	7	1	46
Janjati	5	12	6	4	0	27
Dalit	9	30	12	5	0	56
Total	25	65	38	21	1	150
Sex						
Male	17	36	16	5	0	75
Female	7	29	22	16	1	75
Total	24	65	38	21	1	150
Occupation						
Agriculture	10	53	13	5	0	81
Business	5	2	4	2	0	13
Labor	3	8	13	7	0	31
Service	4	2	3	3	0	12
Unemployed	3	0	5	4	1	13
Total	25	65	38	21	1	150
Educational Status						
Less than 5 class	7	35	17	4	0	63
Under 10 class	8	3	2	1	0	14
S.L.C. Pass	1	4	2	2	0	9
College level	0	3	4	0	0	7
Non schooling	9	20	13	14	1	57
Total	25	65	38	21	1	150

Source : Field Survey, 2025

Above table shows that about starting age of smoking used the majority 38 percent 46-50 years age group respondents were starting age of smoking used, where (20) 11-20 years, (17) 21-30 years, (14) 31-40 years and (9) under 10 years. Similarly, 27.33 percent 41-45 years age group were first smoke where (16) respondents 11 to 20 years, (13) 21-30 years, (7) under 10 years and (2) 31-40 years. About 18.66 percent and 16 percent 51-55 and 56-60 years age group were first time smoke where 12 and 17 respondents smoke 11-20 times and 4 and 5 respondents under 10 years.

According to marital status, 96.66 percent married respondents were smokers where 63 respondents of 11-20 years, 36 started to smoke at the age of 21-30 years, 21 started at the age of 31-40 years and 25 respondents started the age of 10 years. Likewise, only 3.33 percent smoked. Among them, 2 respondents were of age between 11-20 years and 2 respondents were between 21-30 years. According to the religious status, 90.66 percent were Hindus, 6.66 percent were Christians and 2.66 percent were Muslims who smoked. Maximum 65 of the respondents were age between 11-20 years, 38 respondents were aged 21-30 years, 25 respondents were under 10 years, 21 were of age 31-40 years and only 1 respondent were above 40 years.

Caste the highest number 37.33 percent of respondents were Dalit, 30.66 percent were Chhetri, 18 percent were Janajati and 14 percent were Brahman who started smoking. Among them, 65 respondents started at the age of 11-20 years, who were 30 Dalits, 18 Chhetris, 12 Janajatis and 5 Brahmans. Likewise, 38 respondents have starting smoke 20-30 years in which Dalit and Chhetri were each 12 8 Brahmans and 6 Janajatis. About 25 respondents' starting age of smoke was under 10 years where most 9 of the respondents were Dalits, 21 respondents started smoking at the age of 31-40 years and least 1 respondents started smoking above 40 years. The sex 50 percent male and 50 percent female started smoking at the age of 11-20 years, 16 male and 22 females started at the age of 21-30 years, 17 male and 7 female started under the age of 10 years, 5 male and 16 female started at the age of 31-40 years and least 1 respondent started above the age of 40 years.

The occupation, majority 54 percent of the respondents were engaged in agriculture started smoking, where 53 respondents started at the age of 11-20 years, 13 started at the age of 21-30 years, 10 were under 10 years of age when they started smoking and 5 were of age 31-40 years. The first age of starting smoking among 8.66 percent of the respondents involved in business were 5 respondents who started at the age under 10 years, 4 between 21-30 years, 2 between 11-30 years and 2 ate the age of 31-40 years. About 20.66 percent of the respondents involved in labor works, 8 percent were engaged in service and 8.66 percent were unemployed. Educational status, 42 percent started smoking while studying in less than 5 class, 9.33 percent started under 10 class, 6 percent started before passing SLC, 3.66 percent at college level, 38 percent had not any schooling when they started smoking. Among them, 65 respondents started at the age of 11-20 years, 38 at the age of 21-30 years, 25 started under 10 years, 21 at the age of 31-40 years and least 1 respondents at the age of 40 years.

Causes of Smoking

There are various causes of smoking. Most of them started smoking by peer pressure, family influences, curiosity, advertisement, relaxation, tension reduction, etc. Some of them were attracted by junk advertisements. Some major causes of starting smoking found in this research are as follows:

Table 3

Distribution of the Respondents by Their Causes of Smoking

Causes	No of Respondents	Percentage
Peer pressure	52	34.56
Family influences	26	17.33
Curiosity	33	22.00
Advertisement	32	21.33
Other	7	04.65
Total	150	100.00

Source : Field Survey, 2082

Table 3 shows that majority of the respondents in the study area 34.56 percent had started to use smoking by peer pressure, 22 percent due to curiosity and 21 percent by the influence of advertisement. Similarly, 17 percent respondents have faced smoking from the influence of family. Few (4.65 percent) of the respondents started smoking by other factors like frustration, upset and imitation of elders.

Kinds of Smoking

Smoking users use many ways. Among them, chewing and smoking are the main ones. The table under shows the types of smoking used in the study area:

Table 4

Distribution of the Respondents by Ways of Smoking

Types	No. of Respondents	Percentage
Smoker (Hookha, Kakad, Bidi and Cigarette)	111	74.00
Chewer	35	23.33
Snuffing	4	02.66
Total	150	100.00

Source : Field Survey, 2025

Table 4 shows that the Hookha, Kakad, Bidi and cigarette were the most used 74 percent in the study area. Similarly, 23.33 percent respondents used chewing type of smoking and 2.66 percent respondents take snuffing. According to the above table, Hookha, Kakad, Bidi and cigarette were most prevalent in the community. Hookha is the most popular in the community because is easily available in the community and easy to carry.

Pay for Smoking Per Day

The expenditure of money depends on how much and what smokers smoke. In the study, the information given by the respondents on the spending of money is given below in table :

Table 5

Distribution of the Respondents by Pay for Smoking per Day

Expenditure	No. of Respondents	Percentage
Less than Rs.5	62	41.00
Rs 5 - 10	70	46.00
Rs. 10-20	15	10.00
More than 20	3	03.00
Total	150	100.00

Source : Field Survey, 2025

According to table 5 the higher 46 percent proportion of the respondents spent Rs. 5-10 on smoking per day. Similarly, 41 percent of the respondents spent less than Rs. 5 per day. Likewise, 10 percent spent Rs. 10-20 per day and only 3 percent of the respondents spent more than Rs. 20 daily for consuming smoking.

The above table shows that those who spend their time and money in smoking have poor economical status. If they use money to fulfill their daily family needs such as food, milk, sugar, tea, vegetables, etc., they can improve their economic condition as well as their family's health. So, the smoking habits must be reduced by proper guidance and counseling.

Having Tried to Quit Smoking

Smokers have made several efforts to quit smoking due to different reasons like request of parents, request of friends, self motivation and economic problems. Respondents' effort to give up using smoking is mentioned below:

Table 6

Distribution of the Respondents by Their Having Wanted to Quit Smoking

Description	No of Respondents	Percentage
Yes	130	87.00
No	20	13.00
Total	150	100.00

Source : Field Survey, 2082

Above table indicates that out of total respondent, maximum 87 percent respondents expressed their wishes for wanting to quit smoking but 13 percent respondents expressed that they were not trying to quit it. In the above table, the majority of the respondents had wanted to quit smoking because most of the respondents knew about the harmful effects of smoking. Similarly, less of the respondents did not want to quit smoking because of different causes such as favorable environment, free from their family, attractive advertisement, feeling relaxation and they were unaware about harmful effect etc.

Frequency of Attempt to Quit Smoking

Smokers have made several efforts to quit smoking due to different causes. The smokers having tried to quit smoking can again be indulged in smoking. Some smokers have tried to quit smoking few times on the contrary; some have done it many times.

Table 7

Distribution of the Respondents by Their Frequency of Attempt to Quit Smoking

Frequency	No. of Respondents	Percentage
Once	40	30.76
Twice	62	47.69
Three and above	28	21.53
Total	130	100.00

Source : Field Survey, 2082

According to the data presented in table no. 18, it shows that near about half 47.69 percent percent of the respondents expressed that they have tried to quit smoking twice. Likewise, 30.76 percent of the respondents had tried to quit smoking once and only 21.53 percent of the respondents had tried to quit smoking three times and more. In fact the high number of people are tried to quite smoking twice and once.

Feeling at the Time of Smoking

People, when they smoke, they feel that they are matured, free from mental tension and are being smart and energetic. Some takes it as the passes of time. In the study area, the smokers were inquired about how they feel of realize when they smoke and the responses obtained from them are given in the following table:

Table 8

Distribution of the Respondents by Their Feeling at the Time of Smoking

Respondent Feeling	No. of Respondents	Percentage
Relax	09	06.00
Free from tension	126	84.00
To pass the time easily	15	10.00
Total	150	100.00

Source : Field Survey, 2082

According to table 8 majority of the respondents who felt free from tension after smoking were 84 percent. Similarly, 6 percent felt relaxed and 10 percent of the respondents smoked to pass the time easily.

It has been seen that most of the respondents smoked to free themselves from tension. It can be interpreted that the feelings after smoking by the smokers in the study area is not true because smoking is an enemy of health and it is a harmful substance which damages the sensitive organs like heart, lungs, etc. as well as it effects the whole body.

Physical Health Problem

From the different researches, it can be found that smoking has different harmful consistencies which damage the health. Many people in Nepal do not know the effects of smoking on health. They are smoking without knowing its harmful effects. Here, the physical effects of smoking found in the respondents are stated.

Immediate Physical Health Problem by Using Smoking

Some people suffer from the consequences of smoking. Although the proportion of middle age people who consider themselves to be smokers have probably declaimed, evidence on consumption levels points to an overall increase on the cause of smoking like immediate physical effects as cough, loss of memory, etc.

Long Term Physical Health Problems

Long term effects of smoking highly vary from person to person. It depends on the type of smoking. The mode and frequency of use and genetic predisposition help to determine the effect of prolonged smoking. These have also real risks of cancer of lungs and cancer of heart. The responses of the respondents regarding long term physical effects of smoking are given in the following table:

Table 9

Distribution of the Respondents by Their Long Term Physical Health Problems

Long Term Problem	No. of Respondents	Percentage
Tuberculosis	2	01.33
Stomach problem	15	10.00
Blood pressure	51	34.00
Cancer	1	00.66
Asthma	81	54.00
Total	150	100.00

The above table 9 shows that the most long term physical health problem of the respondents was asthma which was 54 percent. Likewise, 34 percent felt high blood pressure, 10 percent respondents had felt stomach problem, 1.33 percent had suffered from tuberculosis and only 0.66 percent respondents had suffered from cancer. It can be seen that smoking users have many health problems. As these problems are created by smoking, they can be solved if they get treatment in time.

Conclusion

It is concluded that majority of the respondents faced immediate health problems due to smoking. Males and the females faced consequently the same problems. Most of the respondents were involved in agriculture which concludes that the majority of the respondents were involved in agriculture. It is concluded that most of the respondents who suffered from long term physical problems were the respondents between the age group of 46 to 50 years. As a conclusion, most of the respondents who suffered from mental health problems were the respondents between the age group of 46 to 50 years who were mostly married and were the devotees of Hindu religion. The main occupation of the respondents who suffered from mental health problems was agriculture and educated up to less than class five.

This is a relatively high prevalence of smoking despite most people were aware of harmful effect of smoking on their health. It reflects that attitude and behaviour to give up smoking habit was lacking in these people. This underlines the need to involve the people in anti smoking programs especially the adolescents.

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