

Knowledge, Attitudes and Perception of People Regarding Cigarette Smoking and Tobacco use in the selected Villages of Haryana District

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Abstract—*The purpose of the present study is to prevent the use of tobacco and tobacco products among adults in rural areas (Sabras & Para) in Haryana state of India among Adolescents whom they are addicted to smoking and using tobacco products. Also to investigate the prevalence of active cigarette smokers, their knowledge, attitudes about cigarette use, and increase public awareness on the consequences of tobacco use, this survey was carried out in between February 2019 to March 2019.*

Data collection: *Data on tobacco use, the duration of usage, the type of tobacco, age at which the tobacco use started were collected using standardized pre-structured questionnaire on the population-based cross-sectional study in selected villages.*

In this study most of the participants were aware about the hazards of smoking, that smoking and alcohol are the prime causative factors associated with different cancers and respiratory system in our body, it was observed that due to lack of enough knowledge they have uncertainty and ignorance about smoking and its risk and it became a habit for them.

Conclusions: *The health of people living in rural areas of Sabras and Para are impacted by smoking and tobacco products like beedi, Hukka, chewing tobacco and etc. the use of these products are more so than those in urban and metropolitan areas, due to socioeconomic factors, policies, culture, and lack of proper health care system. So it duty of health care provider to educate and aware public.*

1.1 Introduction

Smoking tobacco is a Psychological habit and physical addiction. Tobacco contains nicotine and nicotine in cigarettes is a highly addictive drug that makes it difficult for smokers to stop the habit of smoking and it provides a temporary and high addiction. Destroying the regular intake of nicotine makes your body experience physical symptoms and cravings. Many of us smoke to overcome stress, anxiety, depression, and boredom only because nicotine's "feel good" effect on our brain.

Tobacco products have lots of harmful and poisonous substances which cause premature death and other diseases. Tobacco has a different form of usage for smoker and nonsmoker routs. Tobacco use itself ranked fourth in the world. In developing countries, smokeless tobacco is used mostly. And in Para and Sabras villages people used tobacco as a Cigarette as a Beedi (tobacco flake filled and wrapped in a soft leaf) or in a shisha (Hukka). Also chewed as raw tobacco called Panmasala (contain tobacco, mix arecanut and different ingredients), or inhaled as snuff. The chief preventable causes of death in the world are tobacco use. For understanding the magnitude of smoking-related deaths, let's compare them the other sources of premature death as the percentage of people who die because of tobacco use is greater than the combined percentage of people who die from car accidents, suicide, AIDS, using alcohol and fire.

The Reason for one-third of all cancers is tobacco use. Rate of Smokers who die from cancer is twice higher than nonsmokers, and heavy smokers are four times higher than nonsmokers and smoking is related to nearly 90 percent of lung cancer cases. For both men and women lung cancer is the first killer. Smoking is harmful to the people who hold, but also for the secondhand smokers those people who share the same environment and inhaled by them from each p people death by tobacco smoke, one is a nonsmoker.

Physiological Effects:

Nicotine acts as both a sedative and stimulant depend on the dose and history of tobacco use for a smoker. A puff of nicotine causes to release adrenaline by stimulating the adrenal glands. And after the release of adrenaline, it stimulates the body and causes the release of glucose, so an increase in blood pressure, respiration, and heart rate. Also, dopamine released by nicotine in the part of the brain that controls pleasure and motivation in the brain

Psychological Effects:

Cigarette smoking is difficult to stop because of Psychological effect as well and the act of smoking has become such a part of many smoker lives so if they stop smoking they feel like they have lost a part of themselves. Psychologically, to mourn the loss of such a familiar habit is normal

1.2 Need of study

As smoking and using any tobacco product is a dangerous habit and serious problem all over the world among adults (male and female) which causes many fatal diseases. And millions of people around the world are dying because of smoking especially in the rural area. as there is lack of awareness especially in rural and slum areas, so it is our job as a health care provider to aware them and improve their knowledge for how to control smoking and how to stop this dangerous habit to save their life and their environment

1.3 Objectives

1. The purpose of the present study is to prevent the use of tobacco and tobacco products among adults in rural areas of sabras and Para villages.
2. To investigate the prevalence of active cigarette smokers, their knowledge, attitudes about cigarette use and socio-demographic data, exposure to second-hand tobacco smoke, the attitude of willingness to stop smoking, etc.
3. To increase public awareness on the consequences of tobacco use, to reduce the influence of the tobacco industry on adolescents and adults.

2. Literature review

Venkatachalam et al. In2012 conducted a case-control study to affiliate smoking and diabetes in rural area of cheyyur taluk, chunam pet of Kanchipuram district in Tamil Nadu. 150 control and 150 cases were included in the study. Some tests and interviews were done by postgraduates and interns on population above 30 years age among 300 educated, skilled, semi-skilled and illiterate participants out of which 52 were women and 248 were men. Results show that 81 were diabetic out of 110 participants who were smokers which show that smokers have more chances to develop diabetes. Usage of cigarette was more prevalent than beedi among smokers in these rural areas and but beedi smokers are at higher risk to develop this diseases compared to cigarette smokers and non-smokers.

In literature [Naresh R. et al. 2006]: A good observational study was carried out with the purpose to find the prevalence of tobacco chewing products among adult/adolescent in Alia, Bada, Vijarakhi and Theba villages in the rural area of Jamnagar district and the influencing factors affiliated with that. The Study was conducted with method of a pre-tested oral questionnaire by the personal house to house visits Among 930 adult and adolescents with the age considered 10 – 19 years, 33.12% of the adolescents with age group of 17-19 years were addicted to one of the tobacco chewing products. The study and analysis show that chewing tobacco is the most repeated form of using tobacco than smoking among adults and adolescents, and the main reason for addiction was to be friends with chewing tobacco users. Majority of the adolescent was addicted for 12 months and more.

Moreover, getting social approval from their peers can guide to smoking for adolescents. And the desire of appearing likes an adult. Adolescents whose family smokes are more likely to use tobacco and family influence plays a vital role in their child. Number of adolescent continuing smoking is a big public health problem in rural areas of India as once they start smoking for the first time 5% of them will continue and addicted. With the strength and weak evidence of tobacco product-related health problem in India and world, we need to do our best to stop and control this public health problem between adolescents and for addicted adolescent in rural and urban area develop effective treatment for them. Material and

In literature [S.TasleemAbitha. Et al 2018]: A good comparative study has been conducted about Knowledge, attitude, and perception on smoking habits in adolescents in rural areas this survey was run to create awareness about the effect of smoking among adolescents.

The survey was undertaken by a pre-prepared questionnaire eliciting information about the attitude and perception on smoke among 200 adolescent school children of around 13–19 age group of St. Claret Matriculation Higher Secondary School, Thiruniravur, and informed consent was obtained from the participants. From the 200 students, 69 participated in the study. The obtained responses were tabulated and analyzed.

The analysis shows that about 40.4% of the participants started smoking at the age of 13–15, which we call it as the initiation of the teenager. Majority of the adolescents start up with this habit due to the bad influences from their peers, family members, and also of curiosity and venturesomeness which take the individuals' life into risk, making it difficult for them to quit smoking.

As per the studies, parental influences were a major factor leading to smoking behavior in the studied population. About 60% of the students are willing to quit the habit. Hence, deaddiction programs should be initiated among students to prevent further progression of smoking habits.

Moreover, when it comes as smoking among rural people, the health of people living in rural areas is impacted by tobacco use more so than those in urban and metropolitan areas, due to socioeconomic factors, culture, policies, and lack of proper health care. Rural populations are majorly unaware of the consequences, have limited access to care, and have limited transportation options which pose barriers for rural residents to see their health provider on a regular basis. Above all, awareness and advice for smokers are everywhere.

All they need is self-control and responsibility toward their own life to quit this negative life sucking habit. More than steps to be taken from the outside world to eradicate cigarettes, first measures should be taken from within every individual to not follow these sorts of life-threatening acts. Once the drug addicts learn and follow the advantages and disadvantages of smoking, they can see a new version of themselves by leading a happy life for them, their family, and society. The aim of this survey is to create awareness about smoking in adolescents among rural areas.

In literature [Mukherjee A, et al 2008], A descriptive cross-sectional school-based epidemiological study was conducted with the objectives of assessment of knowledge of harmful effects of tobacco and its abuse among school-going adolescents in a rural area of West Bengal and to study the socio-demographic factors influencing the knowledge score and abuse of tobacco in the study population.

This comparative survey was done by a predesigned and pretested semi-structured questionnaire that prepared in Bengali. Among the 10 coeducational Government high schools situated in the rural field practice area of All India Institute of Hygiene and Public Health, so two such schools at Anandanagar village of Singur block, Hooghly district in West Bengal were selected randomly and all the students in class VIII–IX standard of those schools were included as study population after assuring anonymity and taking informed consent of school authorities and guardian committees. Based upon the CDC and Global School Health Survey (GSHS) questionnaire (applicable for students of class VIII–X) was prepared in Bengali, for self-administration to the school students. Pretesting was done on students in the same class of another school at Nasibpur village in Singur Block. The data were collected from the schools on two separate days, and analyzed by Epi-info 3.3.2 software for simple proportions. At the end of data collection, health talk on the harmful effects of tobacco and the benefits of quitting were delivered to participating students of both the schools. Majority of the study population (96%) comprised of students aged 12–15 year with a slightly higher proportion of females (55%).

Nearly 66% of them belonged to nuclear families and in more than 80% of the students, parents were literate. Nearly 80% of the students said there was no discussion about the hazards of tobacco in school during the past year, although 62% were informed about the hazards of tobacco at home. Nearly 89% of students had seen antitobacco advertisements in media last month, while 76% had watched their favorite heroes smoking on television or cinemas. Nearly 26% of students thought that smoking causes no health problems. Nearly 43% thought that those who smoke are not mentally strong. Nearly 70% would refuse their best friend if offered tobacco. Nearly 7% opined that quitting tobacco is possible.

3. Research Methodology

3.1. Study population

This study was conducted in selected villages (Sabras & Para) in Haryana state of India among Adolescents whom they are addicted to smoking and using tobacco products. This survey was carried out in between February 2019 to March 2019.

3.2. Data collection

Data on tobacco use, the duration of usage, the type of tobacco, age at which the tobacco use started were collected using standardized pre-structured questionnaire on the population-based cross-sectional study which was carried amongst the adult and adolescent in the rural area of Para and sabras village. To collect information on attitude, perception, and knowledge of tobacco use among the participants were collected using this questionnaire. From all participants in survey informed consent was obtained.

3.2 Data Analysis

The Analysis was done of all that 30 items of the questionnaire and percentage was calculated out of the total sample over a group 50 adult smokers, also shared the risk and the hazards of smoking and nicotine products at the end of each survey and explains how to prevent and quit smoking.

There were 30 questions indicating the different behavior of smoking and use of tobacco product, all the questions answered by the participant through selecting the options given for each question. Content analyze of each question done, table and chart created per each question of the survey and the percentage of responses grab for each question are given below.

No	Question	Options				Percentage			
		A	B	C	D	1	2	3	4
1		18-22	22-28	28-35	35-40	10%	18%	22%	50%
2	Age	18-22	22-28	28-35	35-40	10%	18%	22%	50%
3	Job	jobless	farmer	employer	Labor				
4	Monthly income	2000-4000	5000-8000	1000-15000	0	22%	28%	40%	10%
5	Education	Primary	Illiterate	10+2	Higher education	5%	45%	15%	35%
6	Are you currently Using any tobacco or nicotine products?	Cigarette	beedi	shisha	Chewing tobacco	26%	38%	15%	21%
7	what was your age when You tried a single puff of cigarette?	8-12	12-16	16-18	18-22	15%	25%	30%	30%
8	In a day how many cigarettes do you smoke?	5	5-10	10-15	15-20	40%	22%	10%	28%
9	In your entire life how many cigarettes have you smoked?	<10	10-40	40-100	Don't remember	25%	15%	10%	50%
10	When was your last time you smoked?	30 days	Less than 12 month	More than 12	Don't remember	18%	35%	27%	30%
11	How many cigarette you smoked in past 1 month?	Every day	Every alternate day	Some day	none	45%	15%	25%	15%
12	Which of this nicotine product you hate most to give up?	Cigarette	Beedi	shisha	Chewing tobba	40%	10%	25%	35%
13	After you wake up in morning how soon you smoke your first cigarette?	Within 5 minutes	5-30	30-60	Not in morning	15%	10%	38%	37%
14	Are you smoking if you are so and in bed?	sometimes	yes	No	always	25%	38%	27%	10%
15	Did you experience any of these Taste regularly during your smoking phase	Good taste	Bad taste	Pleasurable feeling	Relaxed feeling	30%	15%	37%	18%
16	At what age you become a regular smoker?	never	10-14	14-18	18-22	35%	12%	22%	31%
17	During your smoking phase, where did you usually smoke?	At home	At school	At work	At parties	15%	3%	25%	57%
18	Did any of your siblings smoke with you during your smoking phase?	Yes	No	No brother	Don't remember	25%	32%	20%	17%
19	Did any of your friends smoke cigarette with you during your smoking phase?	None	Some	Most of all	Don't remember	22%	18%	35%	25%
20	Were you taught about the danger of smoking in your school?	Yes	No	Don't go school	Don't remember	48%	12%	15%	25%
21	Were you influenced by the warning labels on cigarette packet during your smoking phase?	Influence me	Anger me	Amused me	No effect	36%	10%	24%	30%
22	How you were getting your cigarette during your smoking phase?	Buy form shop	From friends	Stole them	Got it free	68%	15%	5%	12%
23	Could you afford cigarettes during your smoking phase?	Yes	No	Never buy	Don't remember	24%	8%	32%	36%
24	Is it difficult to refrain from smoking in forbidden places?	Yes	no	Sometimes	Don't remember	29%	15%	22%	66%

25	Was it easy for you to get cigarette during your smoking phase?	Yes	Somehow	No	Don't remember	55%	12%	15%	18%
26	Why you become orderly smoker?	craved cigarettes	Feel relaxed	I was Around smokers	Feel Less stressed	10%	45%	35%	10%
27	Was it common for people to smoke cigarettes in your age?	Not common	Less than half around me	Almost every one	Don't know	15%	28%	35%	22%
28	Did any of your teacher or administrators smoke at school during your smoking phase?	Yes	No	Sometimes	Didn't go school	5%	55%	15%	25%
29	Did any of your parents talk about the danger of smoking when u were smoking?	Yes	They used to smoke	No	Don't remember	60%	15%	5%	20%
30	Do you think you would be able to stop tobacco using if you want to?	Yes	Maybe	No	I don't want	64%	12%	24%	

DIAGRAMETIC REPRESENTATION OF THE RESULTS

Chart1: The demographic details which includes Age , Religion , Monthly income ,education , and occupational status of the total sample taken in the study is given as the majority of the population were in the age group of 22-28 years (50%), followed by 28-35 years (22%) ,35-45 years (18%) and 18-22 years (10%) .

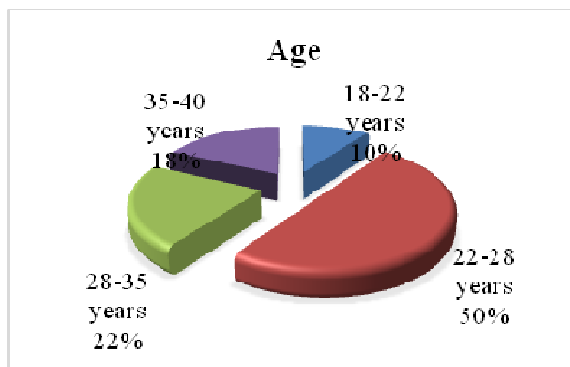


Chart 2: In this survey most of the population were Muslim in religion which was (55%) and followed by Hindu religion which is (45%) in total participant.

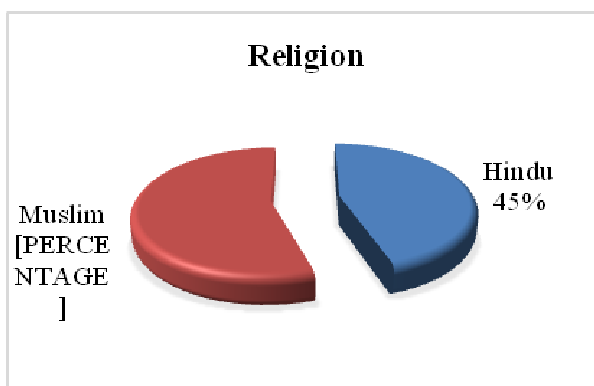


Chart 3: While doing survey when the participant asked about how much they are earning in a month the response was : 33% were earning around 15000 - 30000 , and 30% said they are earning around 10000-15000 , and 22% were earning 4000-8000 and the rest 15% were earning 2000-4000 in month as it shows in below chart with different colors

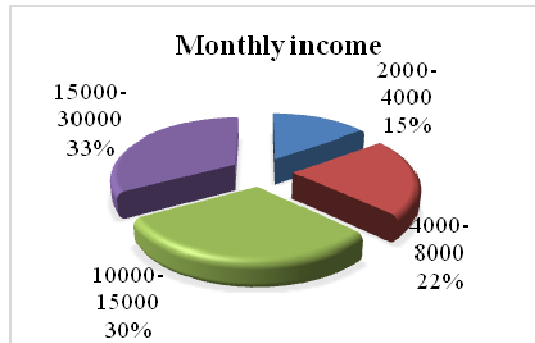


Chart4: The education of people in these villages were in different level as 45% of participants were illiterate, and 35% of participant were carrying out senior secondary, and 15% were graduate and the rest 5% were having primary education as it show in chart below.

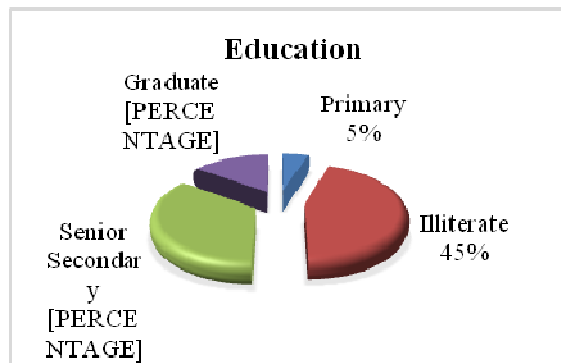


Chart 5: When we asked the participant about their occupational status around 45% were farmer and busy in agriculture, and 20% were working in private companies and other 20% were jobless and the reset 15% were labor

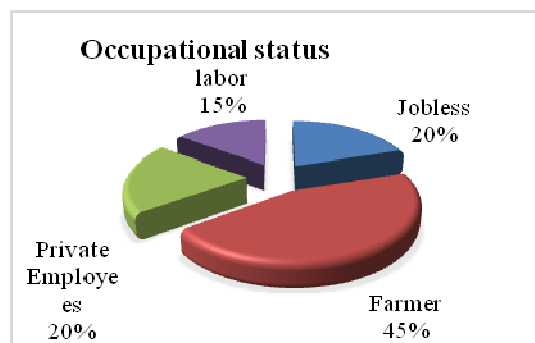


Chart 6: While doing survey when we ask participant about the any tobacco and nicotine products they use we found that out of 50 participant in survey 37% of them were using Beedi, and 29% of the participants were using Cigarettes, and 20% of them were using chewing tobacco and the rest 14% were using Hukka, as Hukka was used by group and family gathering.

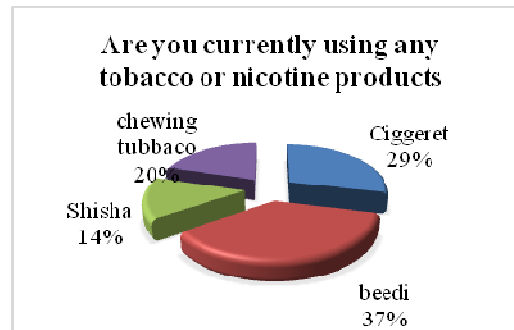


Chart 7: Also we asked about the age of the smokers that they tried a single puff of cigarette the response was 30% of them were between the age of 18-22, and another 30% were at the age of 16-18, and 25% of the participant were at age group of 12-16 and the rest 15% were in age group of 8-12. Which they start and tried single puff of cigarette in their life.

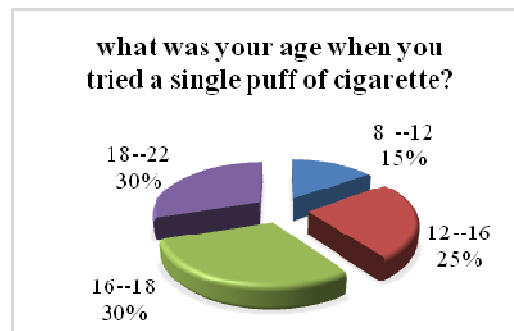


Chart 8: The participant were in different group when we wanted to know about their habit of smoking cigarettes in a day, the response were 40% of the participant were smoking 5 cigarettes in a day, and 28% of the participant were smoking 15-20 cigarettes in a day, and 22% of them were smoking 5-10 cigarettes in a day and the rest 10% of them were smoking 10-15 cigarettes in a day.

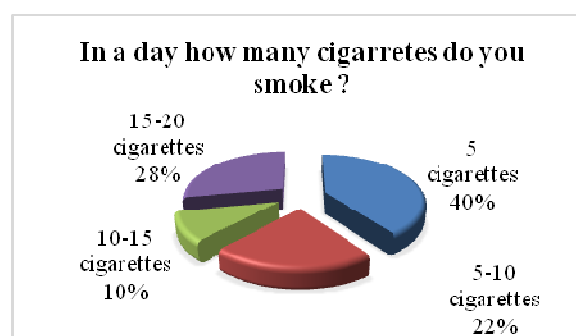


Chart 9: When we asked the participant that how many cigarettes they smoke in their entire life we got to know that 50% of them don't remember the exact number, 25% said that they smoke 10 cigarettes, 15% said 10-40 cigarettes and the rest 10% said that they smoke 40-100 cigarettes in entire life.

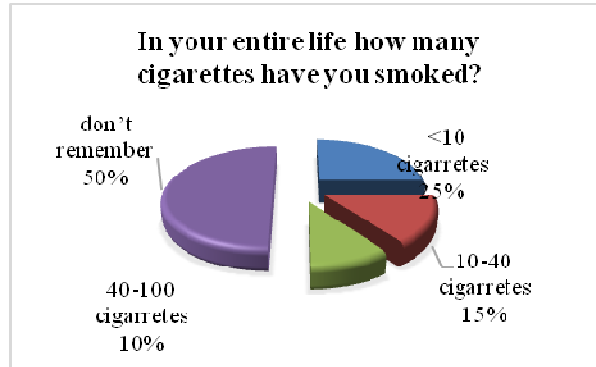


Chart 10: When we ask the participant during survey that when was the last time they smoke about 32% said more than 12 months back, 27% said that they don't remember when the last smoke was, 25% said that less than 12 month and the rest 16% said that 30 days back.

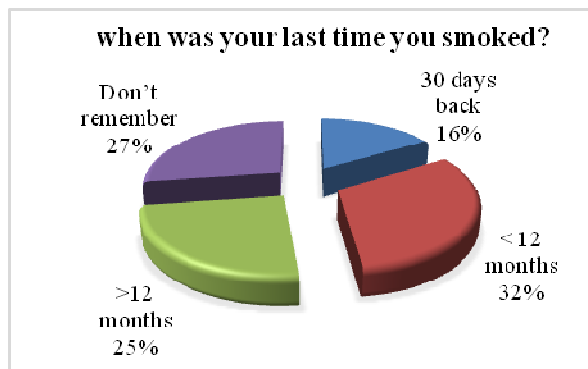


Chart 11: When we asked participant that how many cigarette they smoke in pas one month We got to know that 45% of them are smoking daily followed by 25% smoking some days , 15% smoking every alternative day and the rest 15% don't remember the number of cigarettes they smoke in past one month .

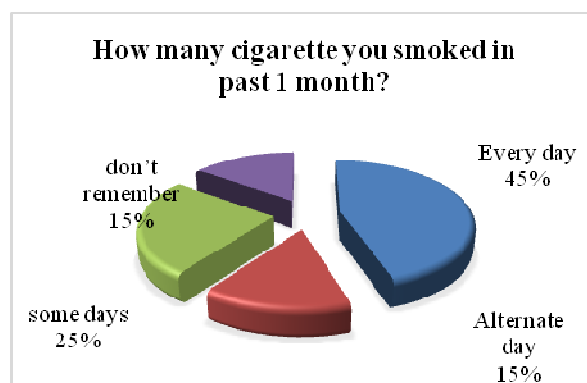


Chart 12: When the participant ask about the type of nicotine product they hate most the response were different starts form Cigarette which was 36%, followed by chewing tobacco 32%, also 23% of them hates shisha (Hukka) and the rest 9 % hate Beedi which shows that participant who attend survey are more likely ok with Beedi and hate less and smoke more .

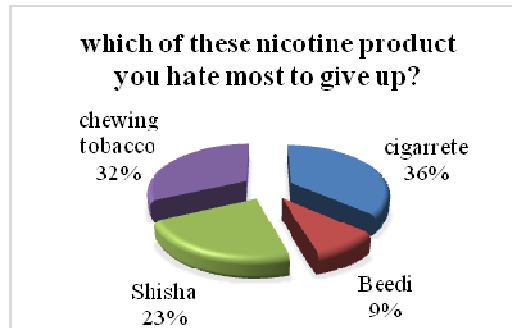


Chart 13: When we asked the participant about how soon they smoke their first cigarette after they wake up the response were different as 38% of them are smoking their first cigarette in 30-60 minutes, followed by 37% which they were not smoking in morning, also 15% of them said that they smoke their first cigarette in 5 minutes after they wake up and the rest 10% said that they smoke in between 5- 30 minutes so there are smoking in different time interval.

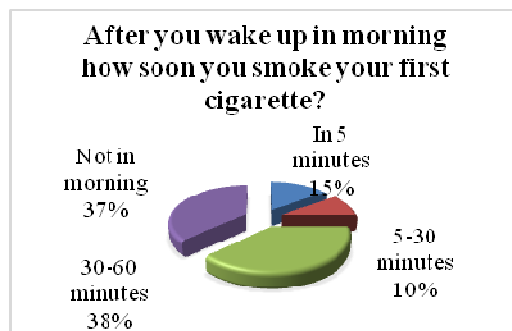


Chart 14: When we asked people while doing survey about their experience of smoking when they are ill and in bed the response were 52% of them said no which shows they are not smoking during their illness, followed by 34% which was positive answer yes and the rest 13% were sometimes smoking during their illness.

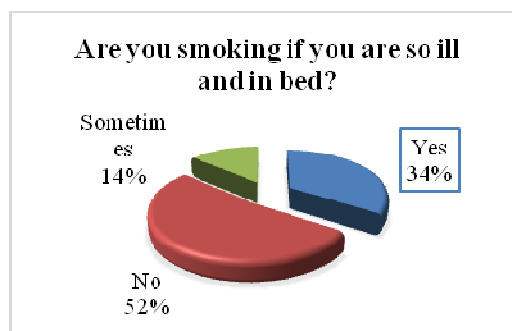


Chart 15: Smoker of nicotine products are concern with the taste and flavor of them. So our questionaries' include the question regarding the regular test of different nicotine product which 37% of them said that they feel pleasurable taste, 30% of them said good taste, followed by 18% feel bad taste and the rest 15% feels relaxed while smoking, when we asked how they feel while smoking.

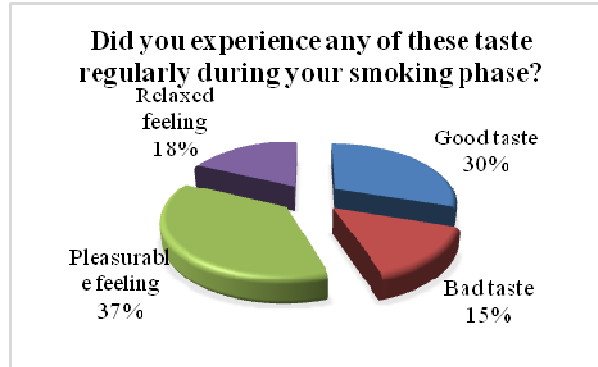


Chart 16: While doing survey when we asked the age of the participant when they become regular smoker. 35% of them said they are occasional smokers not regular, followed by 31% which they said at the age of 22 – 26, also 22% of them said at the age of 18-22 and the rest 12% said at the age of 15-18 when they become regular smoker.

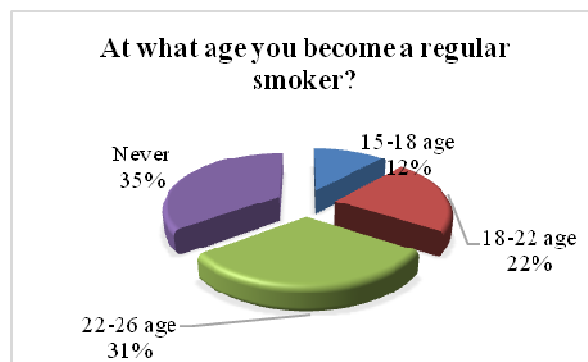


Chart 17: When we asked participant about their knowledge of danger of smoking and if they are taught in school. The response were different as 48 of them said yes they taught about the danger of smoking in school, followed by 25% which they were not going school, also 15% said they don't remember if they were taught or not and the rest 12% said no they weren't taught about the danger of smoking in school.

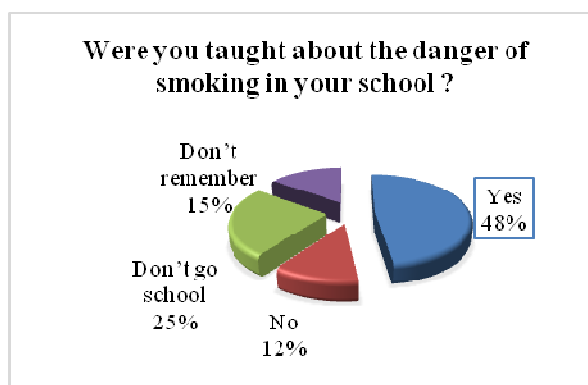


Chart 18: When the participant were asked about the labels on cigarette packet does affect them while smoking phase. So they replied that 36% of them were said yes the labels influence them, followed by 30% which said no effect on them while smoking, also 24% said the labels amused them and the rest 10% were get angry by labels of the packets of cigarettes.

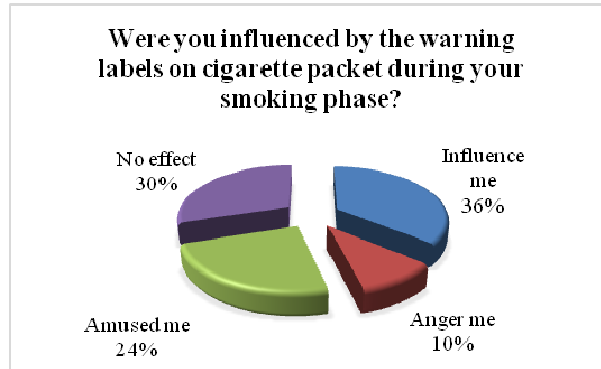


Chart 19: During survey we asked participants that did any of their siblings smoke with them while their smoking phase we found that 52% of the participant said no, followed by 25% which they don't have brother/sister, also 15% of them said yes their siblings did smoke with them during their smoking phase and the rest 8% said don't remember if their siblings smoke with them.

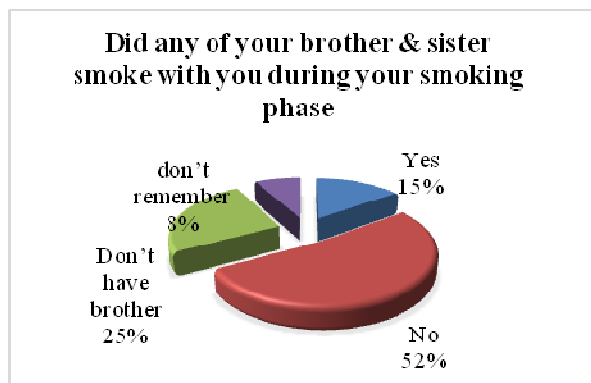


Chart 20: We also ask the participant about how they get their cigarette during their smoking phase. 68% said they buy from shop by their self , followed by 15% they get from friends, also 12% said they bought by kids around them and the rest 5% said they stole from friends or family member.

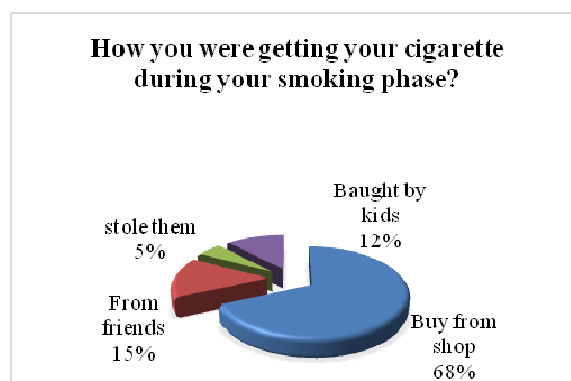


Chart 21: While doing survey we also asked about the place where the participant smoked usually the response was 57% of them smokes at the parties, followed by 25% smokes at work place, also 15% smokes at home and the rest 3% smokes at school .

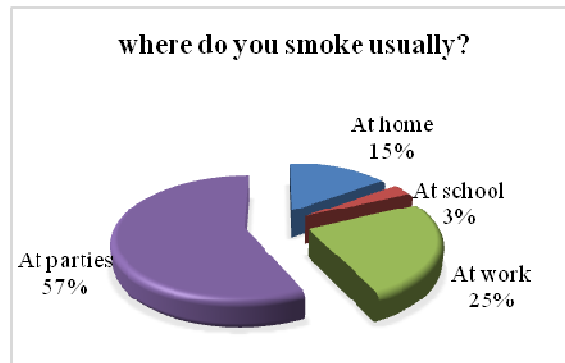


Chart 22: We also wanted to know about the afford of smoking cost when we asked them that could you afford cigarettes during smoking phase the response were 40% of them said yes they afford, followed by 33% were getting free trial from friends, 15% said no they can't afford and the rest 12% said they borrowed cigarettes from shop then paid by time

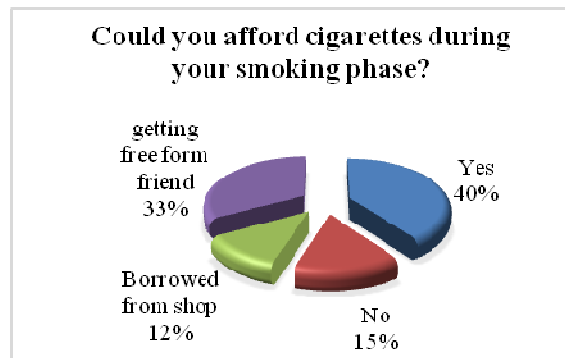


Chart 23: When we asked the participant in our survey that if any of their friends joined them while smoking the response were 35% said most of their friends smokes with them, followed by 25% said they don't remember, 22% said that some of their friends were smoking during their smoking phase and the rest 18% said none of their friends were smoking with them.

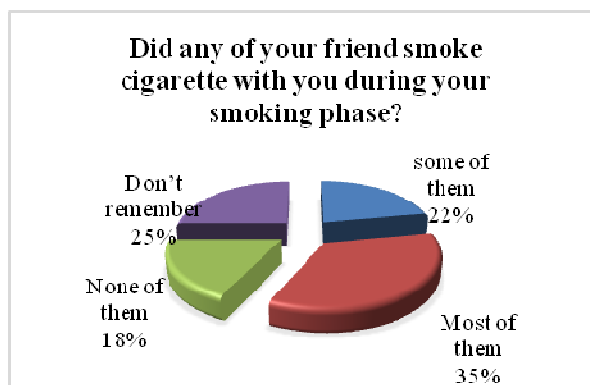


Chart 24: While doing survey we asked the participant that is it difficult to refrain from smoking in forbidden place 50% said yes they feel refrain, followed by 22% which they don't feel refrain, also 17% said some time they feel refrain and the rest 11% said they never refrain from smoking in forbidden places.

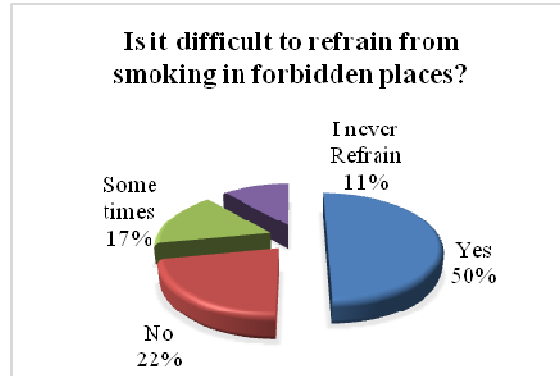


Chart 25: When we ask participant was it easy for them to get cigarette during their smoking phase the response were as follow 65% said yes it was easy to get, 25% said no it was difficult to get cigarettes and the rest 10% said sometimes it was easy and sometimes difficult to get cigarettes.

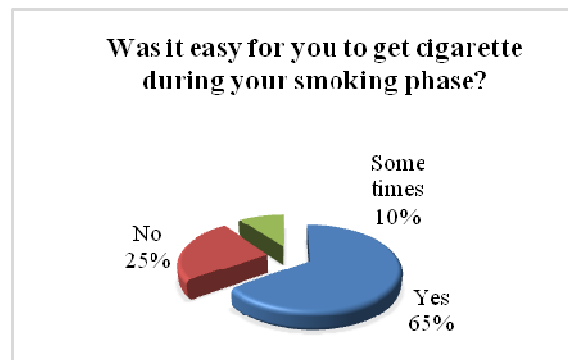


Chart 26: When we ask participants who attend survey about why they become regular smoker they said as follow 45% feel relaxed while smoking, 25% said because they were surrounded by smokers, also 20% said they like the image of smokers and the rest 10% said they craved for smoking.

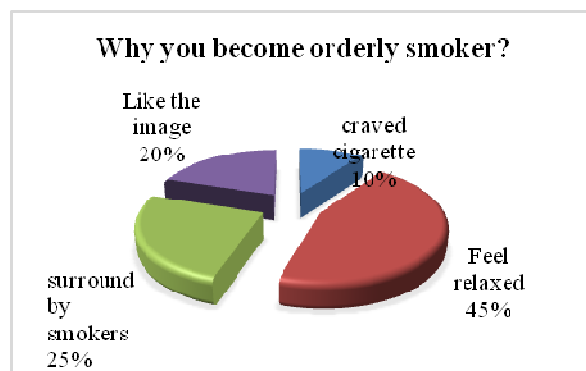


Chart 27: When we asked the participant that was it common for people to smoke cigarettes in their age we got that 35% of them said yes, followed by 25% said that it was not common, another 25% said less than half of people in my age smokes and the rest 15% said they don't remember.

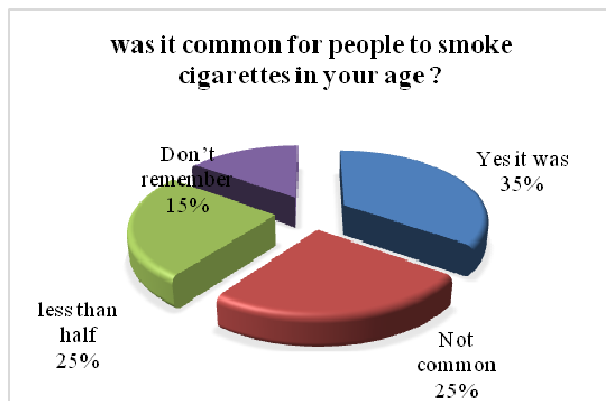


Chart 28: Also we asked the participant about their teachers if they smokes in school. 55% of them said no their teachers doesn't smokes, followed by 25% which they said sometimes their teachers smoke in school, another 15% said they don't go to school and the rest 5% said yes their teacher smokes.

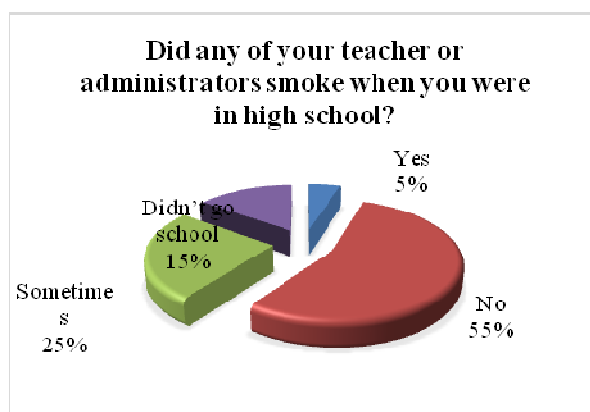


Chart 29: When we asked the participant if their parents talk about the danger of smoking during their smoking phase the response were different as 58% of them said yes their parent talk about, 22% said no their parents never talk, another 10% said their parents used to smoke and the rest 10% said they don't remember.

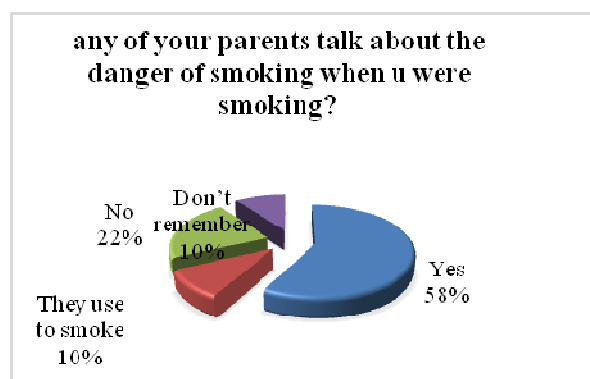
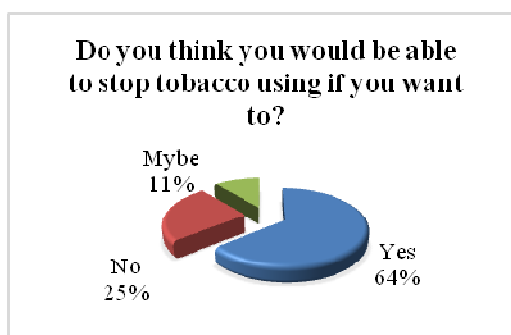


Chart 30: Our last question in survey was if they are able to stop using tobacco products the response were fortunately 64% yes, followed by 25% which they said no and the rest 11% said maybe they are able to stop smoking.



4. Conclusions

The health of people living in rural areas of Sabras and Para are impacted by smoking and tobacco products like beedi, Hukka, chewing tobacco and etc. the use of these products are more so than those in urban and metropolitan areas, due to socioeconomic factors, policies, culture, and lack of proper health care system. Rural populations are majorly unaware of the consequences, have limited access to health care, and have limited transportation options which pose barriers for rural residents to see their health provider on a regular basis.

All they need is self-control and responsibility toward their own life to quit this negative life sucking habit. From outside world steps to be taken to eradicate tobacco use, first step should start from every individual to do not use tobacco and stop this bad habit. Once the individual understand and follow the advantage and disadvantage of the tobacco, they can start a new version of themselves by leading a happy life for them, their family, and society. The aim of this survey is to create awareness about smoking in adolescents among rural areas of para and sabras villages.

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