

INCREASING THE EFFECTIVENESS OF ANTI-SMOKING CAMPAIGN BY ANALYZING THE BEHAVIOR AND ATTITUDES OF SMOKING PERSONS & UTILIZING 4PS OF MARKETING: A STUDY ON SYLHET CITY, BANGLADESH

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ABSTRACT

Different anti-smoking campaigns are not proved as expectedly effective in reducing smoking habit among citizen of Sylhet as well as other districts of Bangladesh. This paper is designed to search out the ways to increase the effectiveness of such campaign by analyzing the behaviour and attitudes of smoking people of Sylhet city. Primary data are collected from 268 respondents selected by stratified sampling design by a semi-structured questionnaire and secondary from different published materials for this empirical research. It is inferred that lack of awareness and seriousness about warning is the cause of smoking habit that is prevailed mostly among lower and medium income people who are struggling for their livelihood. It started from their student life when emotion and curiosity dominates over other elements in human life cycle. But at the matured stage they cannot give up the addiction habit easily till the suffering from disease started or the strong obstruction from closest family members faced. It is also inferred that strong will power to give up that habit at a time make the intended people successful in that most necessary abandoning event to save himself from active effect of smoking and others from passive effect of smoking. Social Marketing through the strong hand of Social Advertising along with other 3P's (Product, Place & Price) can play the most significant role by creating mass awareness and guiding self control in anti-smoking campaign by bringing change in social attitude.

Keywords: Anti-Smoking Campaign, Awareness, Strong will power, Give up strategy of smoking.

INTRODUCTION:

Socio-economic background of smoking in Sylhet like other parts of Bangladesh and neighbouring countries is so old tradition which is still prevailing in the society in different forms (cigarette, bidi, hookah). This bad practice has awful effect to the smoker as well as to the society. Smoking is very much injurious to health both active and passive smoker. The people who are involved in smoking are from different socio-economic status (high socio-economic, middle socio-economic and low socio-economic). Socio-economic status of smoking reveals that people of different income, education and occupation are smoking with different status (Chain Smoker/Mid level/ Mild/ just started). (N C E statistics, 2008). Income, education, religion, profession and family status are also good pointer of smoking. On the other hand income inequality is also one of the most important sign of being habituated in smoking. Because poor people live in mental pressure and it tends to increase active smoking. Other factors have significant influences on smoking and non-smoking habit. One who starts smoking and continues many years and ultimately converted to chain smokers. This situation discloses that low tendency to give up the smoking like bad habit. It is shocking in that sense people starts smoking are very age and some are immature to smoke. They are having numerous years to practice these bad habits which ultimately affect them by different diseases like lung cancer, cardiovascular, renal failure, brain stroke & other dreadful diseases.

There are several anti-smoking campaigns in every part of the world. In Cinema, TV advertisement on cigarettes are strictly prohibited rather there are warning on serious impact of cigarettes. Such social advertising is playing a significant role in creating mass awareness among common people and motivating the prospects to no addiction to or give up smoking (Jha, 2002). Other 3p's are to be used in anti-smoking campaign and the success of that campaign is the result of combined efforts of basic 4Ps marketing of product and services. In this campaign the product (P) is tobacco free healthy individuals and society, the place (P) is spreading the campaign in the whole area of a country, region and ultimately the world, the price (P) is the efforts of smoking people to abandon the habit/addiction. Different organizations are established for non-smoking campaign. But the result is not significant. The tobacco/cigarettes companies are doing good business. They are only informing the customers through personal selling and posters and ironically through significant CSR activities. Ultimately the uses of tobaccos are gradually increasing.

The strong hand of social advertisement in social marketing can be effectively used to create mass awareness and guide the people to self-control in smoking habit. But such change in social attitude needs the environment of minimum social tension to make the social advertisement effective. It is important to identify the socio-economic background of smoking people of a specific region and their opinion and efforts to give up that habit to help the anti-smoking campaign to effectively carry out their mission and materialize their vision of no smoking society. This study is designed to do so by pinpointing the initiating, present status, intention level, facilitating factors and reasons of compulsions to help the anti-smoking campaign to effectively design their activities of social marketing.

LITERATURE REVIEW:

Smoking is a social and cultural part of Southeast Asian countries where Bangladesh is one of them. Sylhet is a populous division of Bangladesh. Smoking is perceptible characteristic of this region. According to the World Health Organization (WHO), there are practically 1 billion smokers in the world. Smoking kills 6 million people every year (WHO, 2011). Nicotine available in tobacco is too much harmful for human body Smoking is harmful and it causes different horrible diseases in human body. Besides other serious physical problems, about 90% lung cancer is caused by smoking (WHO, 2011, US Department of Health promotion services, 2014). Besides the physical problems, social problems such as family dispute, frustration and so forth are created by tobacco. There are different scientific evidences smoking is depriving poor households of nutrition, education, and health (Efroymsona D, Ahmed S, 2001). Economic impacts of tobacco use on productivity and health care are disproportionately felt by the poor since they are much more likely than the rich to become ill and die prematurely from tobacco related illnesses. The immediate impact of hospitalization cost due to tobacco-related morbidity and mortality is not only to money but also loosing earning members in a family that could potentially push the whole family into poverty. This creates greater economic hardships and perpetuates the cycle of poverty and illness.

The number of Active smokers is increasing slowly but surely because of unequal distribution of income, unemployment problem, frustration, prevalence of money, availability, curiosity, tradition and weak legal restriction and application. The rate of smoking is higher among males (30% to 60%) than females (1.8 to 15%)

but studies show a rising trend among girls and women due to intensive marketing and promotion of tobacco products by the tobacco industry. (J Alam, C N Sinha, 2013). Smokers use a huge percent of money on smoking which deprives their family members from proper nutrition, good education and health care. On the other hand smoking also has a terrible effect to the passive smokers specially to children.

Smoking is a connected part of our culture and tradition. Sharing a cigarette / bidi in a formal or informal group of people is a common practice in our culture. In many countries of the South-East Asia Region, smoking serves various purposes in communities and gives different meanings to societal mores and relation (M H Shoaeb, J H Taufik, 2009). The free offering of cigarettes in different occasion and gathering is now the strongest form of negative advertisement.

Tobacco use and its pattern are closely linked to age, sex, social class, education, income, etc amongst many other factors (P C Gupta, S Asma 2008). Tobacco use among people without formal education is three-fold higher than among those who have been schooled up to secondary and above in Bangladesh (WHO, global Tobacco, 2011). The people of our country start smoking at different age level and in different situation. Usually school going pupil starts smoking at the age of 15/16 based on emotionally or curiously joining with their institutional friends. This is the early stage of smoking. Educated unemployed people are frustrated and this frustration can cause smoking. *Mid income people smoke* reasonable priced cigarette which contains nicotine less than low price cigarette and bidi. But their life is full of various types of tension. Tension tends to increase smoking among mid income people. It is common in our culture that high income people smoke relatively costly cigarette which contains comparatively lower nicotine. Job retirement may be another cause of starting smoking. After starting smoking many of them become chain smoker, some are mid level and some are mild. Smoking /tobacco product marketing and promoting is restricted by law. In spite of this the number of smokers is upward sloping due to different factors prevailing in the society. This impact is higher in poor countries than in rich countries. So many people are hospitalizing due to tobacco/smoking caused illness. As a result, the cost of government is increasing and the family is losing the earning members.

Smoking culture started in Great Britain in 1565. Observing the bad impact of smoking, anti-smoking campaign was started by Royal College of Physicians in 1604. Smoking culture is too old in the world. First it introduces in 1565 in Britain Smoking can be pinpointed as one of the important causes of health problem (Doll R Hill AB, 1950). All television advertisements were banned on 1965. Successfully it was initiated in Germany in 1930 by Hilter, who was chain smoker in his early life(C G Norman, A M Cooke 2005). Anti-smoking campaign has been initiated by both government and voluntary association in Bangladesh in many years ago. 31st May is observed anti-tobacco day globally. BATA (Bangladesh Anti-Tobacco Association) arranges various seminars focusing on bad influence of tobacco. ADHUNIK (Amora Dhompan Nibaron Kori) is an anti-smoking tobacco forum is active to raise their voice against smoking. Anti-smoking campaign should be expanded among the country's educational institutions to save the youth from this harmful bad habit (BATA, 2012). Coalition against Tobacco (CAT) is another anti-tobacco organisation that takes different activities against Smoking throughout the country. Government of Bangladesh has made a law to term smoking in public spaces as illegal and 50 taka as fine imposed for breaking that law. Besides these various educational institutions conduct campaign against tobacco/smoking on anti-smoking day on 31st May.

Generally changing a consumer habit is not so easy as it related to personal experience and information from different sources (Schiffman and Knuk ,2004), in case of addiction it is comparatively harder to do. Smokers' attitudes and behaviour regarding giving up smoking habit may be changed by influencing their motivational factors (Delbert Hawkins and David Nothersbaufg, 2012). So, to change the tobacco/smoking attitude it requires identifying the factors that play significant role in influencing people in smoking. Such as peer pressure, family history of smoking, advertising and media campaign of smoking and different models used in advertising (Roger D. Blackwell, James F. Engel, Paul, W. Miniard, 2005).

Habit of smoking can be controlled/abandoned by: i. Self Control and ii. Laws of Govt., organizations & Society. Self Controlling is the method by which smoking habit can be totally abandoned but in majority of the cases the laws can limit that habit for some times or in some places but not for ever. Many factors work behind the intention of self-control as doctors' strict restrictions, wife, kids and family members and friends' obstructions and instructions and awareness about the severe impact of smoking. Advertising has substantial contribution Social Marketing of such an important issue of protecting public interest (Jha, 1996). This is a most important tool subject to effective implementation by using creative slogans for anti-smoking campaign. Mass awareness created by social advertisement should develop a sense of self judgement in right direction to not indulge in smoking or give up that habit. In practice, social advertising creating that sense that tobacco is injurious to health but anti- smoking slogan is not found as so effective (Jha, 2002). To make the anti-smoking

social marketing more effective it is important to change in social attitude by reducing social tension that may provoke the youths to smoking or drug. Laws can prohibit smoking in public places but suggest all enterprises to maintain smoking zones for the smokers. The methods of self-control may range from very slowly to at once. Adopters of at once strategy become more successful as their intention is naturally very strong. Those whose intentions are not so strong may adopt various methods like lingering the intervals of smoking, involve himself in other enjoyable works to forget smoking, chew sugarless gum or hard candy or much on ray carrots, celery, nuts to replace the habit (WHO, Global epidemic, 2011) etc.

Among the government's action there are imposing high tax/vat on tobacco product to discourage people in smoking, penalty for smoking in public place, restrict marketing promotional activities of tobacco products, make more awareness against smoking by film, drama etc., an rewarding the non-smoking persons etc.

There are various types of business organizations, educational institutions, social institutions and non-business organizations in our society. Different types of people are working over there. Usually it's an eye catching notice that "No smoking". Educational institutes say that our institute is smoking and politics free. So, they are promoting no smoking campaign. The position of that key person must be high. The mayor of Sylhet City Corporation has declared city is smoke free. (S A Shofiee, 2014). So, to apply this statement city corporation requires to employ non-smoking person in the key position. Some organizations search non-smoking persons for specific posts, such as lab assistant in diagnostic center, non-business organization such as anti-smoking organization, and health firm. Mayor also declared that restaurants, educational institutions and all other public organisations will be smoking free areas.

Sylhet is a divisional city in Bangladesh. Total population of this district is 34, 34188 and Total population of this city is More than 5, 00000 (census 2011). As we said that smoking is an integral part of our culture and tradition. So, Sylhet is also within this background. Sylhet is located North-East corner of the country. Different income people live at Sylhet and they have choice in smoking. Poor people chose bidi, hooka, and other tobacco products. Mid income people chose reasonable price cigarette. Rich people chose high price cigarette. People of Sylhet live in different continents by tradition such as Europe, North America, Asia, and Australia. People when they come back from abroad they bring different smoking products and cigarette is one of the most selected items. They offer the cigarette to their friends, relatives and neighbours as courtesy (The New Nation, 2014). Then they enjoy that happily together. Thus they are having the chance of testing foreign smoke (CTFK, 2014). So we can say that As an integral part of Bangladesh the people of Sylhet also has smoking tradition hundreds years. Now the concerning persons of this city are initiating to decrease this bad habits step by step

RATIONALE OF STUDYING:

Smoking is both a physical addiction and a psychological habit in our society. It creates several types of restless in the society. Our study will help the anti-smoking campaign in formulating strategy by considering the profile of smoking persons, their awareness and intention levels, facilitating factors in abandoning that habit, the strategy to abandon the habit and by searching the reasons of people who are succeeded in giving up that habit.

Objectives of the Study: The main objective of the study is to indicate the effective imperatives to public and private anti-smoking campaigns to effectively intensify their activities. The specific objectives are:

- a. To study the profile of smoking persons by their income level, daily smoking expenses, age, starting level, tension level in their activities to properly identify the strata to which the campaign should be oriented.
- b. To study the smoking, awareness and intention level of the smokers in giving up that habit and compelling and facilitating factors in building his intention.
- c. To study the adaptation of strategy to give up and the reasons of giving up that habit by the successful ones.
- d. To suggest some effective imperatives to the anti-smoking public and private organizations.

RESEARCH METHODOLOGY:

This is an empirical descriptive research to find out proper imperatives in anti-smoking campaign. The stratified random sampling is adopted to select the respondents for that research to ensure the representation of all economic classes and all targeted professions. A total of 268 persons were selected from whom the information was collected through a semi-structured questionnaire. The data were processed by Excel 07 and SPSS 19 to get the outputs in frequency distributions. The outputs are analyzed through simple statistical tolls and logical interpretations of researchers to get the insights and transmit the information to the interested persons easily and effectively.

FINDINGS:

Our research shows that 101 businessmen as smokers among 268 respondents. They represent 37.7 percent of total sample smoker. It is followed by students (23.5%) and day labor (20.5%). It is inferred that unawareness about the serious impact of smoking may be the cause of smoking as comparatively greater proportion of smokers are found among businessmen and day labours. But involvement of students in smoking may be explained by their immaturity and curiosity. The employees who are supposed to be more cautious are also habituated in smoking in significant proportion (18.3%) because of their failure in giving up the habit.

It is revealed that 43.3% smokers are poor (low income) and 15.7% smokers are rich (high income) people. So, there is a co-relation between income and smoking and profession and smoking. A significant proportion of middle income people (41%) are also involved in smoking (Table 1). This can be explained by the comparatively poor awareness level and frustration due to financial and other problems of their lives.

As most of the lower income people are addicted to smoking their daily expenses on smoking is below Tk. 50 (33.2%) that is followed by Tk. 100 (26.5%). High income people are able to spend more on smoking (Table 2). They are using cigarettes of nicotine with expensive filtering system.

Table 3 reflects that among the smokers, people with high tension in life are dominating (49.3%) that is followed by people with medium level of tension (33.6%). So, it is inferred that smoking people want to minimize their tension by that bad habit or that habit is the consequences of their tension.

There are 74.6% is chain smoker among 116 respondents (Table 4). Comparatively the mid-level and mild level smokers are of very small proportion. So, most of the smoking person is chain smokers. This is an addiction. Once people start it they can neither control its use nor give it up. Consequently, they are converted to chain smokers.

Table 5 illustrates the history of smoking that shows that 38.4% respondents are smoking more than 20 years that is followed by more than 10 years (32.1%) and more than 5 years (29.5%). It is important that out of the respondents there are no new smokers. So it can be inferred that due to anti-smoking campaign and awareness about impact of smoking, peoples is not starting tobacco in recent years. This is the achievement of anti-smoking campaign by different methods.

Most of the people started smoking. The starting level of smoking in student life is at their early age i.e. from student life (82.8%). Some people start it from the frustration of unemployed life (8.6%). Very few proportions (1.1%) start it from their matured life (Table 6). So anti-smoking campaign should be oriented to the people of tender age.

Awareness alone can't contribute in controlling or abandoning that bad habit. It is found that 64.6% of the respondents are well aware about the bad effect of smoking but their success in giving it up is not satisfactory at all as illustrated by Table 7.

Though obstruction to smoking may not effective to bound smoking persons in giving up their habit, but it may be effective to minimize the habit as smoking persons are not able to smoke in front of obstructing persons in many times. So, encouraging obstruction from non-smoking family members and friends is an effective tool in minimizing and even nullifying the smoking habit. From the study, it is apparent that smoking persons are getting obstructing from every non-smoking closest persons. Among them wife is most obstructing factor (35.1%) is followed by self-realization (25.4%) and children (14.9%). Other persons are playing effective role in obstructing the smoking persons (Table 8). So, anti-smoking campaign should take more drastic programs to create awareness among mass people especially to the women.

Most interesting finding in Table 9 is that though the smokers are well aware about the severe consequence of smoking, leading proportion of them (36.6%) had not think to give it up that is followed by persons who are eager to drop that habit (28.7%) and extremely eager (22%). Like other addiction, people are unwilling to give it up or willing but cannot do that.

Regarding the planning to give up the habit, a great proportion (54.9%) carry the wrong thinking of minimizing the smoking habit to zero. But practically they are failed to do that because for some days their efforts become fruitful but in any stress it is automatically increased. Another significant proportion has the right thinking of giving up that habit at a time (41.8%). But in practice, they are only adjusting the schedule of implementing that plan and doing nothing effectively (Table 10).

Studying the profile of people who has given up smoking may be used as guideline for anti-smoking campaign. But it is discouraging that among the respondents only 27.2% were able to given up smoking. The leading reason for giving up smoking is found as physical problem (14.2%) followed by obstruction of close member of life (7.1%). A smoking person is not able to give up smoking after knowing the bad impact of smoking till the problems started. Only 4.5% has given up smoking from the awareness about physical problems where 14.2% was able to do it after their physical problem started. Financial problem is proved as very insignificant factor in

saving people from the adverse effect of smoking (.7%) though the financial problem of the smoking people is very harsh as the lower income and middle income people are major victim of smoking (Table 11). So anti-smoking campaign should target to create more effective awareness among people. Such awareness will play effective role for self-control and more obstruction from the closest persons of smoking persons.

OVERALL INTERPRETATION:

Smoking habit is found as most abundant in the low income and medium Income people (table 1) developed from their student life (Table 6) who are to maintain their livelihood in the hardest way and to meet both ends meet they are always in very tense situation (table 3). Naturally it can be assumed that these people not so aware about bad effect of smoking or do not bother to think about it as they have to engage their mind and body for their livelihood all the time. Starting that habit from their student life implies that such bad habit may start from very emotional period where the reflection of tension of their family may be occurred in their life also. Studying that habit it is also found that daily expenditure on smoking is dominating by Tk 0-100 groups (table 2). These also indicate that people are spending according to their ability as their buying power do not support them to buy low nicotine highly priced cigarettes. As all of the respondents have started that habit before 5-20 years (Table 5), so there lays some success in the anti-smoking campaign. Newly addiction to smoking may be reduced because of that campaign. As it is an addiction, so the people who started to smoking are converted to chain smoker in a short time (Table 4). Only awareness is not sufficient to help people abandon that habit as most of the smokers are aware of those affects (Table 7), but failed to take effective steps. Enforcing, moral persuasion and obstruction may play significant role in controlling tobacco habit from the addicted persons. Self-realization may also play effective role in this regard (Table 8). But all these are failed to create the strong awareness among the smokers to abandon that addiction habit in 35% students (Table 9). The smokers who want to manage their habit by gradually reducing to zero are dominating but they are supposed to be failed as such kind of addiction cannot be minimized to zero (Table 10). It needs comparatively strong intention to do that than the group who want to stop it at a time. The success rate is supposed to be higher in the later group. This majority of the respondents are not able to abandon that habit (72%) because of the addiction and selection of controlling mechanism (table 11). Only the person who are suffering from tobacco created disease were able to abandon that habit. From that analysis it is inferred that it is very hard to abandon the habit of consuming addiction creating products. Awareness and campaign may be successful in prohibiting people from that bad habit but not so successful in helping the already addicted people. The campaign and pressure from reference groups may help such persons in this regard.

CONCLUSION:

Though smoking causes various horrifying diseases and socio-economic problems, a good number of people are smoking. Smoking may give cheer for a short run to the smoker but convey unhappiness to the individual and to the society. Socio-economic background tells that majority of smoking problems created by unawareness and giving less importance to the adverse effect as broadcasted by different private and public anti-smoking campaign groups and also high importance to emotional matters. This addiction has converted the slight smokers to chain smokers and pulled them to the grave with sufferings from dreadful diseases and affecting the innocent peoples by the passive smoking. Adopting the effective techniques requires high awareness, intention level of smokers to give up smoking and selecting and implementing the best alternative. The combined utilization of 4Ps of marketing can bring the success in the campaign. This study suggested that market segmentation, targeting and positioning the anti-smoking campaign to the low income and middle income people and also the immature section for effective awareness and increasing the intention of give up of not indulge in smoking by the means of social advertising of social marketing and by creating strong reference groups of anti-smoking campaign. Thus we can enjoy a smoke free healthy society.

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APPENDIX

Table 1: Income Level of Smoking People

	Frequency	Percent	Valid Percent	Cumulative Percent
Low	116	43.3	43.3	43.3
Middle	110	41.0	41.0	84.3
High	42	15.7	15.7	100.0
Total	268	100.0	100.0	

Source: Field Survey conducted on Dec. 2013-Feb. 2014

Table 2: Daily Expenses Smoking

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	below 50	89	33.2	33.2
	51-100	71	26.5	59.7
	101-150	13	4.9	64.6
	251-300	37	13.8	78.4
	301-350	5	1.9	80.2
	351-400	31	11.6	91.8
	Above 400	22	8.2	100.0
	Total	268	100.0	100.0

Source: Field Survey conducted on Dec. 2013-Feb. 2014

Table 3: Level of Tension in Life & Work of Smoking People

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Low	46	17.2	17.2	17.2
	medium	90	33.6	33.6	50.7
	High	132	49.3	49.3	100.0
	Total	268	100.0	100.0	

Source: Field Survey conducted on Dec. 2013-Feb. 2014

Table 4: Level of Smoking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Chain Smoker	200	74.6	74.6	74.6
	Mid Level	48	17.9	17.9	92.5
	Mild level	20	7.5	7.5	100.0
	Total	268	100.0	100.0	

Source: Field Survey conducted on Dec. 2013-Feb. 2014

Table 5: History of Smoking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More than 20 years	103	38.4	38.4	38.4
	More than 10 Years	86	32.1	32.1	70.5
	More than 5 Years	79	29.5	29.5	100.0
	Total	268	100.0	100.0	

Source: Field Survey conducted on Dec. 2013-Feb. 2014

Table 6: Starting Level Smoking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Student life	222	82.8	82.8	82.8
	Unemployed	23	8.6	8.6	91.4
	Working Life	20	7.5	7.5	98.9
	Retirement Life	3	1.1	1.1	100.0
	Total	268	100.0	100.0	

Source: Field Survey conducted on Dec. 2013-Feb. 2014

Table 7: Awareness_bad Effect

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Well aware	173	64.6	64.6	64.6
	Aware	78	29.1	29.1	93.7
	Not at all	17	6.3	6.3	100.0
	Total	268	100.0	100.0	

Source: Field Survey conducted on Dec. 2013-Feb. 2014

Table 8: Obstruction from

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Self-Realization	68	25.4	25.4	25.4
	Parent	28	10.4	10.4	35.8
	Sibling	14	5.2	5.2	41.0
	Wife	94	35.1	35.1	76.1
	Children	40	14.9	14.9	91.0
	Teachers	24	9.0	9.0	100.0
	Total	268	100.0	100.0	

Source: Field Survey conducted on Dec. 2013-Feb. 2014

Table 9: Eager_Giveup

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Most Eagered	59	22.0	22.0	22.0
	Eagered	77	28.7	28.7	50.7
	Medium	25	9.3	9.3	60.1
	Seldom	9	3.4	3.4	63.4
	Never	98	36.6	36.6	100.0
	Total	268	100.0	100.0	

Source: Field Survey conducted on Dec. 2013-Feb. 2014

Table 10: Opinion about Strategy to give up smoking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	at a time	112	41.8	41.8	41.8
	Minimize to zero	147	54.9	54.9	96.6
	Minimize to zero rapidly	9	3.4	3.4	100.0
	Total	268	100.0	100.0	

Source: Field Survey conducted on Dec. 2013-Feb. 2014

Table 11: Reason of Given Up

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not given up	195	72.8	72.8	72.8
	Physical Problem	38	14.2	14.2	86.9
	Knowing physical problem	2	.7	.7	87.7
	Aware about possible Physical Problem	12	4.5	4.5	92.2
	Due to financial problem	2	.7	.7	92.9
	Obstruction from close member	19	7.1	7.1	100.0
	Total	268	100.0	100.0	

Source: Field Survey conducted on Dec. 2013-Feb. 2014
