

Trends in tobacco use in Nepal

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Demographic and Health Surveys (DHS) are carried out in many developing countries, approximately once every five years, on nationally representative samples of males and females usually aged 15–49 years. In the countries of the World Health Organization South-East Asia Region (SEAR), DHS are available for India, Indonesia, Maldives, Nepal and Timor-Leste. A recent comparison of tobacco use in the Region indicates that the prevalence of any tobacco use among males in the SEAR are high, ranging from 53.0% (2009 DHS data) in Maldives (2009 DHS data) to 69.5% (2009/10 DHS data) in Timor-Leste (2009/10 DHS data). By contrast, the prevalence of any tobacco use among females ranges from 3.0% (2007 DHS data) in Indonesia (2007 DHS data) to 19.6% (2006 DHS data) in Nepal (2006 DHS data).¹ The high prevalence of tobacco use among women in Nepal prompted us to assess whether there had been any change between the 2006 DHS and the most recent DHS, which was carried out in 2011, for both men and women in Nepal.²

Prevalence data, with 95% confidence intervals (CI), for the 2006 survey were taken from the recent comparative study.¹ Prevalence and 95% CI for the 2011 survey were calculated from the 2011 DHS Report.² Comparison of data from the two surveys reveals that 53.4% (95% CI 51.2–55.6%) of adult males in Nepal used tobacco in any form in 2006, and 51.9% (95% CI 50.4–53.4%) in 2011. Thus there was no significant change in the number of male any-tobacco users. There was,

however, a change in the type of tobacco they used among males. Although the use of manufactured cigarettes did not change during these years (30.2%; 95% CI 27.4–33.0% in 2006; and 29.8%; 95% CI 28.4–31.2% in 2011), the prevalence of the use of other smoked products increased steeply from 1.4% (95% CI 0.85–2.0%) in 2006 to 7.1% (95% CI 6.3–7.9%) in 2011 and the prevalence of smokeless tobacco use decreased from 36.2% (95% CI 34.3–38.2%) in 2006 to 34.8% (95% CI 32.4–37.3%) in 2011 (Table 1).

Among females in Nepal, the overall use of tobacco decreased from 19.6% (95% CI 18.0–21.2%) to 13.3% (95% CI 12.7–13.9%) between 2006 and 2011. This decline is mostly attributable to a decrease in the use of manufactured cigarettes from 15.2% (95% CI 13.9–16.6%) in 2006 to 8.7% (95% CI 8.2–9.2%) in 2011 (Table 1). Use of other smoked tobacco products and of smokeless tobacco in females has remained nearly the same.

While a reduction in overall tobacco use among females (about 31%) and a small decrease in smokeless tobacco use among men (about 11%) are encouraging findings, a 500% increase in smoking of non-cigarette tobacco products among males is extremely worrisome. Also, cigarette smoking among men has not decreased, in absolute terms; the prevalence remains substantial and therefore a major cause of public health concern.

Table 1. Tobacco use prevalence among women and men aged 15–49 years in Nepal

Year of survey	Percentage using any tobacco (95% CI)	Percentage using manufactured cigarettes (95% CI)	Percentage using other smoked tobacco (95% CI)	Percentage using smokeless tobacco (95% CI)
Women				
2006	19.6 (18.0–21.2)	15.2 (13.9–16.6)	2.0 (0.9–3.1)	5.0 (4.1–5.8)
2011	13.3 (12.7–13.9) ^a	8.7 (8.2–9.2) ^a	1.7 (1.5–1.9)	4.6 (4.2–5.0)
Men				
2006	53.4 (51.2–55.6)	30.2 (27.4–33.0)	1.4 (0.8–2.0)	36.2 (34.3–38.2)
2011	51.9 (50.4–53.4)	29.8 (28.4–31.2)	7.1 (6.3–7.9) ^b	34.8 (32.4–37.3)

^a CI shows statistically significant decline ($P < 0.05$).

^b CI shows statistically significant rise ($P < 0.05$).

The results of our analysis underscore the need for intensive tobacco-control efforts in Nepal, embracing with an equal emphasis on control of all tobacco products. Furthermore, there is a clear need to increase efforts that target male tobacco users in Nepal.

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