

**How to Cite:**

Rajdeep, P. S., Shigwan, S. R., & Gera, M. (2022). Prevalence of smoking in rural and urban areas in India: Systematic review. *International Journal of Health Sciences*, 6(S3), 6606–6616. <https://doi.org/10.53730/ijhs.v6nS3.7472>

## **Prevalence of smoking in rural and urban areas in India: Systematic review**

**Dr. Pradnya Satish Rajdeep**

Dentist, Public Health Professional

\*Corresponding author email: [pradnyasrajdeep@gmail.com](mailto:pradnyasrajdeep@gmail.com)

**Sakshi Rajendra Shigwan**

Anaesthesia & OT technician, Public Health Professional

Email: [sakshishigwan27@gmail.com](mailto:sakshishigwan27@gmail.com)

**Dr. Mahak Gera**

Dentist, Public Health Professional

Email: [mahakgera17@gmail.com](mailto:mahakgera17@gmail.com)

**Abstract**--The use of tobacco overall in India is given with an advanced rate of frequency of smoking. The high burden of tobacco use, the studies have stated the examined the indigenous, socioeconomic, demographic, and, other factors of smoking, smokeless tobacco in India. The main idea is to study the burden of the complaint, socioeconomic status, demographic of the use of smoking in civic and pastoral places of overall India. The studies have analysed it through a cross-sectional bivariate and multivariate analysis, for representation of the sample of individualities from the Global Adult Tobacco Survey in India. The different forms of tobacco use are in three different forms, substantially smoking only, smokeless tobacco use, and admixture of both uses were considered as outgrowth variables of all the studies. Smokeless tobacco use was the major form of tobacco use in India followed by smoking and binary tobacco use. Tobacco use is in advanced among males than in ladies in the pastoral and civic populations of India. The population was lacking knowledge of the health hazards of tobacco and had an advanced frequency of tobacco use in each form. The frequency had different forms of tobacco which varied significantly by a different parts of India. There's a lack of mindfulness toward tobacco smoking. The papers have banded that the frequency of smoking in pastoral and civic areas in India will continue to consume tobacco as it's in here to them but with that, some studies indeed have suggested that there will be a reduction of smoking and smokeless tobacco in the civic areas of some state. They have an evaluation of tobacco consumer peers in which they will help in developing effective tobacco

control supplies over the population of India. There are two types of tobacco in which they're smokeless tobacco and bank tobacco. Tobacco is a unique problem among the moment's leading public health problems in India. There are programs similar as tobacco control programs which are fastening on you than than is essential in reducing the burden of tobacco conditions in India. There were significant gaps in knowledge regarding health hazards of smoking.

**Keywords**---smoking, smokeless tobacco, tobacco consumption.

## **Introduction**

Cigarettes are used in India in many forms. Cigarette smoking cigarette and bass (cigarette on a dry leaf of special trees) is a form of cigarette use. The use of lead-free cigarettes consists of a poor visor (lime mixture, arca nuts, cigarettes and spices wrapped in Bethel bus), Gutha or Masala Squeezes (tastes mixed with tastes, lime and areca nuts). Burning), as well as the mixer (toothpaste rubbing to the epoxy group). India has one of the highest cigarette factors in the world at the amount and relative ratio. India is one of the small countries of the world, and the smoking of cigarettes and the softness of the cigarette, and the use of binary use of cigarettes (using smoking and smoking cigarettes), contributes to characteristic proportions. The number of teenagers continues to remain a serious aerial health problem in India. An attractive rationale for tobacco-related health problems in India is the need to develop effective treatment programs for adolescents and young adults who suffer from smoking. The World Health Organization (WHO) predicts that tobacco-related deaths in India will exceed 1.5 million annually by 2020. However, it can be regarded as an essential study in order to understand the actual trend. They are nationally represented and there is little reliable data on the frequency of tobacco use. Additionally, socio-demographic predictors for smoking and chewing are not well understood.

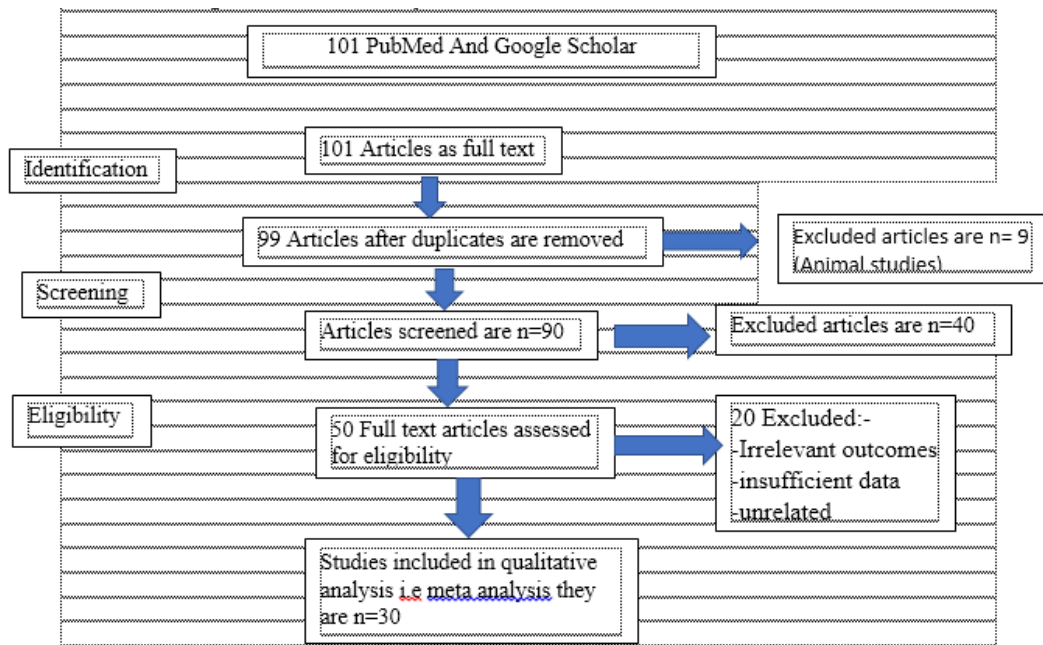
## **Methods and Materials**

### **Search Methods**

The study design was done from PubMed, google scholar and Mendeley was used for bibliography. 101 articles were found out of which 34 articles have been referred for prevalence of smoking as the study shows reviews of about systematic review, cross sectional study and meta-analysis of the study.

### **Study Points**

This study examines regional variations as well as socioeconomic, demographic and other additions to smoking, smokeless and second-hand tobacco use in India. We looked at study points where data was removed from secondary data, where the number of males and females were calculated to be approximately 30 times greater, and the younger generation before and after 20 years of age had a bank-type or smoking-related comorbidity.



### Analysis of Data and Results

The studies have performed data from meta-analysis, cross sectional study whereas they have had it from rural semi urban and urban areas with smokeless tobacco. The analysis of the data is the secondary data from the previous years' papers of the study. Results part had the review includes 30 articles in which the 20 are from PubMed and 10 are from google scholar which were assessed and have been given in the following table form which had the:-

- name of the author
- year of publication
- aim and objective of the study
- secondary data

### Results

Therefore, the total articles taken were 30 articles and they are from 2000-2010 and 2011-2020.

- The research team included K. Chockalingam, C. Vedhachalam, S. Rangasamy, G. Sekar, S. Adinarayanan, S. Swaminathan, and PA Menon. The month of October 2018 Tobacco smoking is associated with a variety of health issues and is a risk factor for the development of respiratory illnesses. A check of 7510 individuals revealed that the Chennai megacity (civic), Ambattur (semi-urban), and Sriperumbudur (pastoral) taluks were progressing less or equal. When compared to semi-urban (20.9) and civic (19.4) areas, the total frequency of tobacco use was much higher in the

pastoral (23.7) area than in the other two. In total, 14.3, 13.9, and 12.4 percent of the population smoked tobacco.

- T. Rooban, E. Joshua, U. K. Rao, and K. Ranganathan. The months of January and February 2012 According to reports, there are significant differences in tobacco usage between males who live in urban slums and those who live in non-slum areas in India. It was decided to do a secondary data analysis of the National Family Health Survey-3 to investigate demographic differences in tobacco use between urban slum dwellers and non-slum dwellers in eight different Indian cities. Eight urban centers were represented by the study population, which included 6887 (41.8 percent) males from slum regions and 9588 (58.2 percent) males from non-slum areas. Among the participants in the study, cigarette/beedi smoking was the most common form of tobacco consumption.
- R. Jayakrishnan, A. Uutela, A. Mathew, A. Auvinen, P. Sebastian, P. Mathew, A. Mathew, A. Auvinen, P. Sebastian, P. Sebastian. In India, the prevalence of tobacco usage is higher in rural areas than in urban areas, with rural areas having a higher prevalence than urban areas. in Males between the ages of 18 and 60 years old from rural Kerala are the most likely to smoke daily. The primary intervention group had a smoking prevalence of around 14.7 percent, while the main control group had a smoking prevalence of approximately 6.8 percent.
- R. Jayakrishnan, A. Mathew, A. Uutela, and P. Finne (2011) made an attempt to compare tobacco prevalence (intervention and control) in a selected rural community in Thiruvananthapuram, Kerala, India, using data from a selected rural community in Thiruvananthapuram, Kerala, India. The information was gathered from males between the ages of 18 and 60 years old from the four districts of Thiruvananthapuram, Kerala. The prevalence of smokers was 28 percent (n=928), with a mean age of 44.4 years and a standard deviation of 9.2 years.
- Dharendra N Sinha, Krishna M Palipudi, Italia Rolle, Samira Asma, and Sonam Rinchen are among those who have contributed to this work. From July through September 2011, A study on the prevalence of current tobacco use among teenagers and adults in several South-East Asian nations was conducted. The results from the worldwide youth tobacco survey were used to determine the current prevalence of tobacco use among the younger generation. Like the findings in India, the prevalence of current smoking use among students aged 13-15 years was found (34.6 percent).
- Bhawna G., et al., 2013. It was decided to conduct the Global Adult Tobacco Survey (GATS) to systematically monitor tobacco usage and critical tobacco control variables. A sampling design was used to include both rural and urban areas in the study. Where the information on tobacco usage knowledge and current practices was gathered was the site of the data collection. The overall prevalence of smoking in India is 34.6 percent, with males accounting for 47.9 percent of the total and females accounting for 34.6 percent (20.7 percent). Rural areas had greater prevalence rates (38.4 percent) than urban areas, which was a significant difference (25.3 percent)
- Jarnail Singh Thakur, Shankar Prinja, Nidhi Bhatnagar, Saroj Rana, Dharendra Narain Sinha, Nidhi Bhatnagar, Saroj Rana, Dharendra Narain Sinha 2013 Tobacco usage is the leading cause of sickness and mortality in the United States. When analyzing the data, it was important to consider

which regions had an estimator for the prevalence of smoking consumption. Because there was a greater level of tobacco consumption in various sections of India, the poor face a greater danger of tobacco intake than the wealthy.

- The authors (Thakur, JS, Prinja, S, Bhatnagar, Rana, S, Sinha, DN) published their findings in 2013-14. Tobacco usage has been identified as the single most significant contributor to inequalities in morbidity and mortality. The data was evaluated according to regions to develop an approximation of the prevalence of current smoking and smokeless tobacco use in the population. The consumption of tobacco, which was widespread across the country's wealth, and which was concentrated in a major region in various parts of India
- A. Singh and L. Ladusingh, December 2014. There is a high prevalence of smoking and smokeless tobacco use in India, with dual use accounting for a significant proportion of all tobacco use. There are also significant correlations between smoking, smokeless tobacco, and dual use of tobacco in India that are influenced by socio-economic factors, demographic factors, and other factors. For this study, we used data from the Global Adult Tobacco Survey in India (2009-10), which included 69,296 people aged 15 and up. To determine the prevalence of tobacco, use for each type of tobacco use, such as smoking alone, smokeless tobacco use only, and dual tobacco use, researchers looked at the number of people who consumed tobacco in this manner per 100 adult people aged 15 and up. The prevalence of tobacco use in three forms was estimated using bivariate analysis, which considered the participants' background characteristics.
- A. Barik, R. K. Rai, A. Gorain, S. Majumdar, and A. Chowdhury (2016) The study's goal is to identify the socio-economic characteristics that relate to tobacco smoking in a rural community in India's northeastern region. The research was carried out as a cross-sectional study, with data drawn from a specific population. The consumption of smokeless tobacco was almost equal among men and women, with 22 percent and 26 percent, respectively.
- J.S. Thakur and colleagues (JS Thakur, S. Prinja, N Bhatnagar, S.K. Rana, D.N. Sinha and P.K. Singh) The month of June 2015 India is a vast country with different social, cultural, and economic traits that vary from one state to the next. Across Indian states and union territories, the prevalence of both forms of tobacco use, as well as its association with socio-economic variables, was investigated. The prevalence of smoking and use of smokeless tobacco was 13.9 percent and 25.8 percent, respectively, in the study population. The prevalence of current use of smokeless tobacco ranged from 1.7 percent to 59.4 percent in the study.
- G. Lalithambigai, A. Rao, Rajesh G., Ramya S., and B.H. Pai (2016) The tobacco pandemic is a looming health threat, especially among college students, who are particularly vulnerable. The analytical cross-sectional study was conducted in the city of Mangalore with the help of a questionnaire that had been pre-tested and was self-administered. The prevalence of 'ever users' and 'current users' of tobacco products was 20.4 percent and 11.4 percent, respectively. Most smokers (31 percent) did it in public locations.
- Naresh Makwana, Viral Ii, and Sudha Yadav collaborated on this project. Tobacco use has been recognized as the single biggest preventable cause of

death and disease in India, according to recent research. The study is a cross-sectional study that was conducted among 930 teenagers between the ages of 10 and 19 years. According to the findings of the study, 33.12 percent of the adolescents were addicted to one or more types of tobacco chewing, with the bulk of addicted adolescents falling between the ages of 17 and 19 years (36.26 percent).

- Jindal SK, Aggarwal AN, Chaudhry K, Chhabra SK, D'Souza GA, Gupta D, Katiyar SK, Kumar R, Shah B, and Vijayan VK are among those who have contributed to this work. From January to March of 2014, the prevalence of tobacco smoking, particularly with regard to specific smoking patterns, has been documented. Adults aged 15 and above were included in the study population, which was recruited using a stratified random sample method with two stages. In this study, the average number of cigarettes/bidis smoked per day was 14, and the average age at which they began smoking was 20.5 years.
- Rani M, Bonu S, Jha P, Nguyen SN, Jamjoum L. December 2014; published online first. In India, the prevalence of tobacco consumption, as well as its socioeconomic and demographic implications, have been studied. The outcome measures employed were the prevalence of current smoking and the prevalence of current chewing of tobacco. It is possible that the prevalence of chewing tobacco among men and women is underestimated by about 11 percent and 1.5 percent, respectively, and that the prevalence of smoking among men and women is underestimated by 5 percent and 0.5 percent.
- Gajalakshmi V, Asma S, and Warren CW published a paper in 2012 entitled Cigarette smoking has been prevalent among Indian men for some time. The approach used for this was a two-stage cluster sample procedure, which was used in both stages. Three out of every four current smokers reported a desire to quit, and a comparable proportion of those who have attempted to quit have failed.
- Garg A, Singh MM, Gupta VK, Garg S, Daga MK, Saha R. October 2012. Garg A, Singh MM, Gupta VK, Garg S, Daga MK, Saha R. The purpose of this study was to determine the prevalence and correlates of current smoking, awareness of the dangers of smoking, and quitting behavior among smokers aged 30 and up. It was done at Gokulpuri, a resettlement colony in East Delhi, India, with a sample size of 911 people aged 30 years and older who were randomly selected using a computer-assisted randomization procedure. Smoking was found to be prevalent in 24.6 percent of the population (95 percent CI 21.90 - 27.49). The vast majority of current smokers (198 out of 198, or 88.4 percent) exclusively smoked bidi, with an average of 13.5 bidi/cigarette smoked every day. In this study, multivariate analysis was used to determine the results.
- J. Gupta, S. J. Wesly, and K. Gupta. From July to September 2013, The purpose of this study was to determine the prevalence of tobacco use, as well as the effects, triggers, and oral lesions that are connected with it. A cross-sectional study involving patients at a hospital was carried out. Smoking was found to be prevalent in 16.69 percent of the population overall, with 14.48 percent of males and 2.21 percent of females using tobacco. The age range of 19 to 50 years was the most severely affected. 13.45 percent of the population was under the age of eighteen. Tobacco use

is prevalent among 43.40 percent of males and 77.42 percent of females in the United States.

- Singh RB, Singh S, Chattopadhyaya P, and colleagues 2007. Tobacco use is a significant risk factor for death from cardiovascular disease (CVD). The data of 2222 decedents (1385 men and 837 women) who died between the ages of 25 and 64 years old were randomly selected for the research. When comparing two groups, we employed the chi square test to determine which group was superior.
- A review of the literature by S. Mishra and colleagues (Joseph R A Joseph Gupta P C Gupta R A Gupta B Pezzack Ram F Sinha D N Dikshit R Patra Jha P. Mishra S Joseph R A Gupta P C Pezzack Ram F Sinha D N Dikshit R Over the previous decade, it is likely that the practice of smoking cigarettes or bidis in India has evolved. The Sample Registration System Baseline Survey (2004) and the Global Adult Tobacco Survey are two examples of surveys that have been conducted. Cigarette smoking became almost twofold more prevalent in men between the ages of 15 and 69 years, and fourfold more prevalent in men between the ages of 15 and 29 years over this era. In 2010, the standardised age of the prevalence of any smoking in women between the ages of 15 and 49 was 2.7 percent, according to the World Health Organization.
- DN Sinha, PC Gupta, and M Pednekar are the authors of this paper. From July to September of 2004, The study's main goal was to find out how many students in Bihar used tobacco cigarettes on a regular basis. In Bihar, the determination of the prevalence and attitudes toward tobacco use were utilized to examine the population aged 13-15 years. There is a total prevalence of current usage of 58.9 percent (boys 61.4 percent and girls 51.2 percent); smokeless tobacco use is 55.6 percent (boys 57.6 percent and girls 49.2 percent); and smoking is 19.4 percent (boys 61.4 percent and girls 51.2 percent) (23.0 percent boys, 7.8 percent girls).
- The prevalence of tobacco smoking, particularly about specific smoking patterns, has been documented. The study population consisted of persons over the age of 15 who were recruited using a stratified random sample design with two stages. Male smokers accounted for 2202 (22.0 percent) of the total population, while female smokers accounted for 8830 (1.0 percent) of the total population.
- Jayant K, Notani PN, Gulati SS, Gadre VV. In India, a study of tobacco users' knowledge, attitudes, and practices was done. In schools, the proportion of boys exposed to one or more forms of tobacco use was much greater. It was discovered that if their father or best friend smoked, a much larger proportion of boys smoked. Boys were generally more sensitive to their best friend's or elder brother's displeasure than to parental disapproval. Most of them had a favorable attitude toward smoking cessation and smoking control programs.
- DN Sinha, PC Gupta, MS Pednekar 2003, April-June the purpose of this study is to ascertain the prevalence of tobacco usage in the general population. Each state picked a two-stage probability sample of students in grades 8-10, corresponding to ages 13 to 15, and questioned them using an anonymous, self-administered questionnaire. It indicated that 65 percent of users reported experiencing this at the age of ten or younger in all states except Mizoram (23.1 percent). Current tobacco consumption (any product)

ranged from 63% (Nagaland) to 36.1 percent (Assam). Current use of smokeless tobacco ranged between 49.9 and 25.3 percent (Nagaland) (Assam).

- DN Sinha, S Roychowdhury 2004 July-September In West Bengal, we investigated tobacco use prevalence, knowledge, and attitude. The analysis was conducted in Epi-Info using SUDAAN and the C-sample technique. 30.9 percent and 13.1 percent of school workers, respectively, acknowledged smoking and using smokeless tobacco. 20.4 percent and 5.8 percent of school workers, respectively, indicated current daily smoking and smokeless tobacco use.
- DN Sinha, PC Gupta. July 2004. The prevalence of tobacco usage was measured, as well as the participants' knowledge and attitude toward tobacco. A meticulous cluster sample design was used. Daily cigarette smoking prevalence varied from 12.6-15.1 percent; bidi and other smoking prevalence was 4.8-13.4 percent; and smokeless tobacco use was 16.3-19.8 percent. According to the study's findings, school workers received no training in tobacco use prevention skills (3.7 percent ).
- DN Sinha, M. Dobe The study was undertaken in support of cigarette cessation initiatives. SPSS statistical software was used to collect and evaluate the data. According to the study, pre-intervention prevalence of tobacco use and oral illnesses was high (>50 percent). Postintervention data revealed a 4% quit rate, a 3% dose reduction, and a 2% decrease in the use of several forms of tobacco.
- MS Pednekar, PC Gupta. July 2004. The prevalence of tobacco use was determined in the population. 13.5 percent of respondents acknowledged having used tobacco at some point in their lives, with over 40% reporting initiating at the age of ten or younger. It related to current cigarette consumption among students.
- Bilal Ahmad, M. Kumar, and Shafia Mushtaq. The purpose of this study was to ascertain the average age at which children started smoking cigarettes. A cross-sectional survey of 200 youth from two districts in the Jammu region of Jammu and Kashmir State was conducted. The results indicated that just 20% of the 200 respondents reported that they had smoked at least once and were presently smoking.
- P. Mohan, H. A. Lando, and S. Panneer. 2018 January Tobacco use is a significant issue in the public health system. Tobacco use is engrained in cultural practice, and there are numerous tobacco hybrids. India's tobacco consumption is increasing despite the country's tobacco control policies. Strictly adhere to the policies.

## **Discussion**

Research and article discussions show that Indians have an additional tobacco use as usual. This may support a daily use of tobacco. It contributes to poverty and prevents families from spending money on various necessities such as food and shelter. It helps in improving the behavior of cigarettes, through culturally-based methods, and improve the enforcement that may be needed to ensure tobacco enforcement

## Conclusion

This study evaluated smoking and smokeless tobacco styles. Tobacco is currently a major public health problem in India. Some people are unaware of the dangers of smoking. Cigarette packaging for youth is important in reducing the burden of situations involving tobacco that can be harmful to the body. Studies show that men and adolescents smoke more than women.

## Conflict of Interest and Funding

No statement for conflict of interest.  
No funding was done for this Article.

## Financial Support and Sponsorship

Nil

## References

1. Chockalingam K, Vedhachalam C, Rangasamy S, Sekar G, Adinarayanan S, Swaminathan S, Menon PA. Prevalence of tobacco use in urban, semi urban and rural areas in and around Chennai City, India. *PLoS One*. 2013 Oct 1;8(10):e76005. doi: 10.1371/journal.pone.0076005. PMID: 24098418; PMCID: PMC3788037.
2. Rooban T, Joshua E, Rao UK, Ranganathan K. Prevalence and correlates of tobacco use among urban adult men in India: a comparison of slum dwellers vs non-slum dwellers. *Indian J Dent Res*. 2012 Jan-Feb;23(1):31-8. doi: 10.4103/0970-9290.99034. PMID: 22842246.
3. 3. Fatma, Dr Gulnaz & Pirzada, Nahla & Begum, Sameena. (2022). Problems, Illusions and Challenges Faced by a non -Arabic Speaker in Understanding Quran: A Sub-Continental Study. 5422-5426.
4. 4. Fatma, Dr Gulnaz. (2014). *Ruskin Bond: man and Writer*. 10.13140/RG.2.1.1551.4001.
5. 5. Fatma, Dr Gulnaz. (2012). *A Short A Short History History of the of the Short Story Short Story Western and Asian Traditions Worldwide Appreciation of the Short Story Form Spans Cultures and Centuries!*.
6. 6. Jayakrishnan R, Uutela A, Mathew A, Auvinen A, Mathew PS, Sebastian P. Smoking cessation intervention in rural kerala, India: findings of a randomised controlled trial. *Asian Pac J Cancer Prev*. 2013;14(11):6797-802. doi: 10.7314/apjcp.2013.14.11.6797. PMID: 24377608.
7. Jayakrishnan R, Mathew A, Uutela A, Finne P. A community based smoking cessation intervention trial for rural Kerala, India. *Asian Pac J Cancer Prev*. 2011;12(12):3191-5. PMID: 22471452.
8. Sinha DN, Palipudi KM, Rolle I, Asma S, Rinchen S. Tobacco use among youth and adults in member countries of South-East Asia region: review of findings from surveys under the Global Tobacco Surveillance System. *Indian J Public Health*. 2011 Jul-Sep;55(3):169-76. doi: 10.4103/0019-557X.89946. PMID: 22089684.
9. Bhawna G. Burden of smoked and smokeless tobacco consumption in India - results from the Global adult Tobacco Survey India (GATS-India)- 2009-2011.

- Asian Pac J Cancer Prev. 2013;14(5):3323-9. doi: 10.7314/apjcp.2013.14.5.3323. PMID: 23803124.
10. Thakur JS, Prinja S, Bhatnagar N, Rana S, Sinha DN. Socioeconomic inequality in the prevalence of smoking and smokeless tobacco use in India. Asian Pac J Cancer Prev. 2013;14(11):6965-9. doi: 10.7314/apjcp.2013.14.11.6965. PMID: 24377634.
  11. Thakur JS, Prinja S, Bhatnagar N, Rana S, Sinha DN. Socioeconomic inequality in the prevalence of smoking and smokeless tobacco use in India. Asian Pacific Journal of Cancer Prevention : APJCP. 2013 ;14(11):6965-6969.
  12. Singh A, Ladusingh L. Prevalence and determinants of tobacco use in India: evidence from recent Global Adult Tobacco Survey data. PLoS One. 2014 Dec 4;9(12):e114073. doi: 10.1371/journal.pone.0114073. PMID: 25474196; PMCID: PMC4256395.
  13. Thakur JS, Prinja S, Bhatnagar N, Rana SK, Sinha DN, Singh PK. Widespread inequalities in smoking & smokeless tobacco consumption across wealth quintiles in States of India: Need for targeted interventions. Indian J Med Res. 2015 Jun;141(6):789-98. doi: 10.4103/0971-5916.160704. PMID: 26205022; PMCID: PMC4525404.
  14. Barik A, Rai RK, Gorain A, Majumdar S, Chowdhury A. Socio-economic disparities in tobacco consumption in rural India: evidence from a health and demographic surveillance system. Perspectives in Public Health. 2016;136(5):278-287. doi:10.1177/1757913915609947
  15. Lalithambigai G, Rao A, Rajesh G, Ramya S, Pai BH. Predictors of Cigarette Smoking among Young Adults in Mangalore, India. Asian Pac J Cancer Prev. 2016;17(1):45-50. doi: 10.7314/apjcp.2016.17.1.45. PMID: 26838253.
  16. Jindal SK, Aggarwal AN, Chaudhry K, Chhabra SK, D'Souza GA, Gupta D, Katiyar SK, Kumar R, Shah B, Vijayan VK; Asthma Epidemiology Study Group. Tobacco smoking in India: prevalence, quit-rates and respiratory morbidity. Indian J Chest Dis Allied Sci. 2006 Jan-Mar;48(1):37-42. PMID: 16482950.
  17. Rani M, Bonu S, Jha P, Nguyen SN, Jamjoum L. Tobacco use in India: prevalence and predictors of smoking and chewing in a national cross sectional household survey. Tob Control. 2003 Dec;12(4):e4. doi: 10.1136/tc.12.4.e4. PMID: 14660785; PMCID: PMC1747786.
  18. Makwana, Naresh & Ii, Viral & Yadav, Sudha. (2007). A Study on Prevalence of Smoking and Tobacco Chewing among Adolescents in rural areas of Jamnagar District, Guja-rat State. Journal of Medical Sciences Research.
  19. Garg A, Singh MM, Gupta VK, Garg S, Daga MK, Saha R. Prevalence and correlates of tobacco smoking, awareness of hazards, and quitting behavior among persons aged 30 years or above in a resettlement colony of Delhi, India. Lung India. 2012 Oct;29(4):336-40. doi: 10.4103/0970-2113.102812. PMID: 23243347; PMCID: PMC3519019.
  20. Gajalakshmi V, Asma S, Warren CW. Tobacco survey among youth in South India. Asian Pac J Cancer Prev. 2004 Jul-Sep;5(3):273-8. PMID: 15373706.
  21. Gupta J, Wesly SJ, Gupta K. Prevalence of tobacco in Darbhanga district: A hospital-based cross-sectional study. J Cancer Res Ther. 2017 Jul-Sep;13(3):576-579. doi: 10.4103/0973-1482.192793. PMID: 28862229.
  22. Singh RB, Singh S, Chattopadhyaya P, et al. Tobacco consumption in relation to causes of death in an urban population of north India. International Journal of Chronic Obstructive Pulmonary Disease. 2007 ;2(2):177-185.

23. Mishra, S., Joseph, R. A., Gupta P. C., Pezzack, B., Ram, F., Sinha, D. N., Dikshit, R., Patra, J., & Jha, P. (2016). Trends in bidi and cigarette smoking in India from 1998 to 2015, by age, gender and education. *BMJ global health*, 1(1), e000005. <https://doi.org/10.1136/bmjgh-2015-000005>
24. Sinha DN, Gupta PC, Pednekar M. Tobacco use among students in Bihar (India). *Indian J Public Health*. 2004 Jul-Sep;48(3):111-7. PMID: 15709596.
25. Prevalence of smoking in North India Dr. Padam Singh Dr. Srishti Goel Dr. Anupam Kumar Dr. Anil Kumar Dr. Shadab Mohamad Mrs. Bhawana Mishra Dr. Fahad M Samadhi Dr. Abhinav Shekhar
26. Sinha DN, Gupta PC, Pednekar MS. Tobacco use among students in the eight North-eastern states of India. *Indian J Cancer*. 2003 Apr-Jun;40(2):43-59. PMID: 14716119.
27. Jayant K, Notani PN, Gulati SS, Gadre VV. Tobacco usage in school children in Bombay, India. A study of knowledge, attitude and practise. *Indian J Cancer*. 1991 Sep;28(3):139-47. PMID: 1786980.
28. Sinha DN, Roychowdhury S. Tobacco control practices in 25 schools of West Bengal. *Indian J Public Health*. 2004 Jul-Sep;48(3):128-31. PMID: 15709599.
29. Sinha DN, Gupta PC. Tobacco use among teachers [corrected] in Uttar Pradesh & Uttarakhand, India. *Indian J Public Health*. 2004 Jul-Sep;48(3):132-7. Erratum in: *Indian J Public Health*. 2005 Apr-Jun;49(2):85. PMID: 15709600.
30. Sinha DN, Dobe M. Effectiveness of tobacco cessation intervention programs. *Indian Journal of Public Health*. 2004 Jul-Sep;48(3):138-143.
31. Jamshed, M & Fatma, Dr Gulnaz & Mondal, S. (2021). Deconstructing the Weaponization of Faith and Nationalism with A Special Reference to Bankim Chandra Chatterjee's Anandamath. *Review of International Geographical Education Online*. 431-442. 10.48047/rigeo.11.07.48.
32. Pednekar MS, Gupta PC. Tobacco use among school students in Goa, India. *Indian J Public Health*. 2004 Jul-Sep;48(3):147-52. PMID: 15709603.
33. Tripathi, M. A., Tripathi, R., Sharma, N., Singhal, S., Jindal, M., & Aarif, M. (2022). A brief study on entrepreneurship and its classification. *International Journal of Health Sciences*, 6(S2). <https://doi.org/10.53730/ijhs.v6nS2.6907>
34. Ahmad, Bilal & Kumar, M. & Mushtaq, Shafia. (2013). Smoking patterns among people in Jammu region of Jammu and Kashmir state. *IIOAB Journal*. 4. 36-39.
35. Alalmai, Ali & Fatma, Dr Gulnaz & A., Arun & Aarif, Mohd. (2022). Significance and Challenges of Online Education during and After Covid-19. *Türk Fizyoterapi ve Rehabilitasyon Dergisi/Turkish Journal of Physiotherapy and Rehabilitation*. 32. 6509-6520.
36. Alalmai, Ali A., and Mohd Aarif. "Importance of Effective Business Communication for Promoting and Developing Hospitality Industry in Saudi Arabia A Case Study of Gizan (Jazan)." (2019).
37. Mohan P, Lando HA, Panneer S. Assessment of Tobacco Consumption and Control in India. *Indian Journal of Clinical Medicine*. January 2018. doi:10.1177/1179916118759289