Journal of Health, Medicine and Nursing
ISSN 2422-8419 An International Peer-reviewed Journal
Vol.121, 2026


# Smoking Habits and Buddhism in Nepal

Shanta Maharjan
PhD Scholar
Lumbini Buddhist University
Shanta.cwin@gmail.com

**Abstract**

*The smoking habits of teenager students are increasing day by day in Nepal. Teenage is the prime time for a person. Most of students of grade 11 and 12 fall under it. The students of this age face the transition of their growth. By this transition, they experience change in physical, mental and cognitive stages of mind and thus, they desire to have new experiences. One of the major desires is smoking habit, which is considered growing popular culture among students. It might be because of lacking knowledge about Buddha's teaching. The Buddha recognized addiction problems like smoking habits. He advises and follows the right livelihood as a solution of these habits. Buddhism is highly related to make people aware on these suffering. There are strategies, policies and budgets for reducing these suffering of smoking habits in Nepal. But due to lack of individual's mindfulness and right views on these situations, the problem of smoking is becoming hard to stop it. So, this article is highlighted the national situation of smoking habits, Smoking habits in policy, Buddha's teaching and Buddha's views on smoking habits.*

**Key Words:** Smoking, Policy, Buddhism, precepts, Right livelihood.

**DOI**: 10.7176/JHMN/121-03
**Publication date**: August 30th 2026

## National Context of Smoking Habits

According to Nepal adolescent and youth adult survey (NAYAS, 2010/11), the smoking rate was higher in urban areas (18%) than in rural areas (11%). On the other hand, smoking population in Kathmandu valley was 20% (MoHP, 2012). However, smoking habit is getting increased day by day, resulting in 22% among students of SLC and SLC above (MoHP, 2012). The survey also showed that 11130 million sticks cigarettes were smoked in 2008–2009.

The Nepal adolescent and young adult survey (NAYAS) reported that 35% of young people were smokers in the Terai region of Nepal (Uprety et al. 23). 25.3% of students were smokers in Kalaiya, headquarter of Bara District of Nepal (Bhaskar et al., 11) and 36.3% of students smoked in Pokhara, headquarter of Kaski District (D. Paudel 3). It indicates that the number of smoking students has increased due to technology and media in Nepal (Mahato, 2012).

Every day, about 71 people die due to diseases related to smoking.[1] On the other hand, the government has been spending Rs 16 billion rupees annually for the treatment of patients suffering from these diseases (Times, 2011). However, these statistics proved that expenditure on treatment was just like putting water on the sand. Money is wasted on smoking prevention program, but smokers haven't improved or changed their smoking habits (Khurshid 850). Smoking has increased the risks of a number of chronic diseases like cancer, lung diseases, and cardiovascular diseases (WHO, 2013).

More than 26,000 people have been dying every year due to smoking related diseases (TheHimalayaTimes, 2014). Among them, 85% death occurs due to lung cancer. Those smokers suffering from lung cancer often neglect initial symptoms and take medicine themselves without undergoing any medical check-ups.[2] In this way, smoking kills millions of people and causes billions of economic damage every year. Cigarette smokers have lower level of lung function than those who have never smoked. It also reduces the rate of lung growth.[3] However, the children who have been smoking don't take it seriously, which ultimately results in problems like heart disease and stroke (Aryal, Bhatta, Shrestha,& Gautam, 26).

[1]. Aarati Shah, personal communication, medical director of Bhaktapur cancer hospital, personal communication. 2023, 04, 14)
[2]. Ibid
[3]. Suman Shrestha, personal communication, medical doctor of Bhaktapur cancer hospital, personal communication. 2024, 05, 15)

In Nepal, smoking cigarettes has been considered a symbol of independence and freedom among women (Sagtani, 2015). It has also become a fashion among people, especially among urban women (D. Paudel 3). Among rural women, bidi smoking is more popular than cigarette smoking (MoHP, 2012). Nevertheless, the government of Nepal introduced the tobacco control and regulation act 2011. However, students are still continuing the bad habits enjoying with their friends not going to school (Uprety et al. 23). Parents think that their children have gone to the school; they have no time for their children due to their own business; and teachers also can't find what has been happening with their students. In this way, smokers are always out of the school's attention (Mathema, 2015).

People's right to live healthy life has been threatened by smoking, which is evident among students (Aryal, Bhatta, Shrestha,& Gautam 26). According to WHO, 39.5% males and 23.8% females above the age of 10 smoke in Nepal. Among them, 90% start at the age of 15 (S. Tuladhar 4; Choe at el. 75). This indicates the fact that smoking is life threatening and money consuming as it has been a widespread practice. People have been losing their lives and property due to the consumption of cigarette or bidi (Aryal, Bhatta, Shrestha,& Gautam 26). It not only affects the person who uses it but also endangers the health of other people around them (Appau, 2011).

Britton (2004) added that smoking was one of the causes of reducing life spam and fighting diseases. He also added that smoking affects the second person like individuals in society (Britton, 2004). In this situation, mainly children are at higher risk from smoking (Mackay & Erikson, 2002). So, smoking is a starting phase that affects in the future of the individual as well as society and the nation (Britton, 2004). Due to the lack of implementation and collaboration with the stakeholders in working modalities of smoking related programs in Nepal, students are not aware in their day to day life (Sah, Shah, Subedi,& Jha 65).

**Smoking Habits in Policy Context**

The World Health Assembly adopted the World Health Organization framework convention on tobacco control (FCTC) in May 2003, and decided to strengthen smoking control and save people's lives globally. WHO FCTC is a legal global treaty for countries to implement and manage smoking control programs and address the growing epidemic of smoking (WHO, 2011). Globally, altogether 177 member countries reaffirmed the right of people to the highest standard of health by 2013, (WHO, 2013).

Many countries have introduced tobacco production control and regulation acts or laws, but no countries in the world have successfully implemented such rules (Choe at el 75). Nepal ratified WHO FCTC in November, 2006.The government of Nepal introduced the tobacco product (control and regulation) Act, 2011 which was the primary law governing tobacco consumption in Nepal (MoHP, 2012). It enforced regulations regarding smoking in public places, workplaces, public transport, and limited advertising and sponsorship (MoHP, 2012).

The government of Nepal also introduced the amendments of tobacco product and regulatory directive, 2014 with the aim of controlling and minimizing smoking production, sale and distribution (GON, 2014). It introduced the directive of Printing Warning Messages and Pictures on Tobacco Product Boxes, Packets, Cartons, Parcels and Packaging Materials, 2014 with the aim of warning massages in the boxes and packets of the products (GON, 2014). However, these acts and directives functioned for few months and later they did not function well due to the lack of strict monitoring and implementing mechanism (Onongha 145).

According to tobacco products control and regulation law (MoHP, 2012), "Tobacco products" means cigarette, bidi, cigar, tamakhu, pipe-tobacco or kakkad, manufactured for the purpose of smoking. It includes the leaf tobacco as a raw material, khaini, gutkha or other tobacco products, irrespective of its nomenclature. This law also defines that "Smoking" means consumption of cigarette, bidi, cigar, tamakhu, pipe-tobacco or kakkad made of tobacco or leaf of tobacco as raw material, irrespective of its nomenclature.

With the support of the tobacco control and regulatory act formulation in 2011, smoking was banned in a public place, which was enforced later on August 2011. Cigarette products can't be sold to people below 18 years of age and pregnant women (Recphec 1; GON, 2014). This Act prohibited smoking, sale and distribution of smoking related products at public places, and would charge fine from Rs 100 to Rs 100,000for the offenders (Times, 2011). This act worked for few days when the campaign was going on. When the campaign stopped, no effect could be seen (Republica, 2016; Ojha, 2016). However, this campaign informed people to be aware of smoking and its effect on their health. But there is still gap between coordination and working mentality among the stakeholders while implementing these policies, law and directives against smoking.

The Government of Nepal mandated all smoking manufacturing companies to put 'danger' pictorials on the cover of all products, which should cover at least 75% of the cover (Mahato, 2012). It was increased up to 90% in a packet of cigarette by 2014 (TheHimalayaTimes, 2014; GON, 2014). This policy was hardly practiced till 9th November 2015 due to weak monitoring and implementing mechanism in policy and education (Mahato, 2012; Luitel, 2017). The government of Nepal imposed 29% tax only on cigarettes. The highest tax (73%) was imposed by Sri Lanka (Mahato, 2012). The World Bank believes that the highest tax on cigarette smoking may reduce smoking habits among the students. However, the result is not as expected (WHO, 2011).

The government of Nepal also banned smoking around public places like schools and school areas. It prohibited selling smoking materials within 100 meters around these places (GON, 2014). However, it was not strictly followed up. As a result, smoking materials are easily available everywhere and even in front of school areas. The government of Nepal has the full power to monitor and take action against illegal smoking and the sale of smoking related products(GON, 2014), but due to the corrupt mentality and less interest in implementation, the existing smoking law, policy and directives are not functioning well in Nepal. The directive, 2014 banned to send any kind of smoking related massages, signs, sounds, pictures and logo through mobile and other electronic media (GON, 2014). However, still it is not monitored and strictly followed up in Nepal.

The situation is further weakened due to weak implementation of policies and programs on smoking control (Recphec 1). It was seen that high taxes on cigarettes, no advertisement of cigarettes from any media, and warning labels on cigarette packets also seemed useless in the context of Nepal (Corrao et al 20). It is little practiced and not fully implemented by the government of Nepal (Ojha, 2016).

Advertisements are becoming a factor to influence students for smoking. According to the association of advertising agencies in Nepal, smoking and alcohol accounts for 30%share on advertisement. It was equal to 2 billion rupees (S. Tuladhar 14).According to the rules, advertisement is not allowed to display in the mass media and public places in the form of hoarding boards or billboards (Times, 2011); but there has hardly been any restriction in the advertising of these products (Ojha, 2016).

Instead of regulating the ban of advertisement about smoking in print and mass media, data suggested that the national media itself earned around 1.25 million rupees from smoking advertisements annually (S. Tuladhar, 2004). However, the economic cost of smoking is equally devastating. Smoking killed people at the height of their productivity, depriving the breadwinners of the family and nations (WHO, 2014). So, smokers are less productive while they are alive due to increased sickness.

**Buddhism**

Buddhism is more about Buddha's teaching rather than religious. It is a philosophy that is developed from the teachings of the Buddha. Buddhism is based on Buddha's teaching who lived 2600 years ago (Manandhar 48). He was born in Nepal and enlightened in India (R. Tuladhar 40). He was enlightened when he was 35 years old. He expanded his teaching for 45 years in India. Buddhism is not a set of tradition and rituals. It is more about learning happiness, care and lovely kindness. Buddhism is learning about *Pratityasamutpada* which is a part of The Four Noble Truths (S. Paudel 1). According to the teaching of Buddha, Each life in the world is full of suffering, there is a cause of this suffering, it could be solve and there is a path of suffering. It is teaching and learning about how to minimize suffering in our day to day life.

Buddhism is a way of killing from suffering. It visualizes the right direction to those people who are in wrong directions. It is learning about precepts, concentration and wisdom of Buddha. It is a middle way for solving the problem. The Buddha teaches about peaceful minds lead to peaceful speech and peaceful actions. If the minds are at peace, then all the people of the world will be at peace. Buddhism relates our *dukkha* as a sense of self. Sense of self creates problems in our life. Self is directly associated with *Tanha. Tanha* is related with wants. When *Tanha* increases in man's life, that creates *Dukkha* in their life.

**Problem Statement**

The current situation of Nepal is an economic crisis. Because of this, the country has reached the path of economic recession. To solve this, the state has formulated policies and programs. In addition, although the budget has been allocated for this but sustainable economic development has not been able to achieve. It seems that the state pays attention only to import and export and remittance in its policies and programs. The state is unable to pay attention to the happiness and satisfaction of the common people involved in it. Therefore, the *Shadkarmayojana* of Buddhism can solve the problem of economic crisis in the state. Although there are teachings of economic development in Buddhism, it is not used by the state. What are the plans to solve the

 

economic crisis in Buddhist life cycle? And what kind of place has it been given in Buddhist education? An attempt is made to find answers to these questions in this seminar paper.
1) What is the current situations of smoking habits of secondary school students?
2) What are the possible solutions to solve the smoking habits in Buddhist teachings?

**Objectives of the Study**
1) To explore the current situations of smoking habits of secondary school students.
2) To discuss the Buddhism to solve the smoking habits and analyze the schemes for smoking habits in Buddhist teachings.

**Method of study**
The main purpose of this conference paper is to study and analyze the smoking habits of secondary school students in Nepal and the Buddhism to solve it. The primary sources are the interviews with leading people of the society and the secondary sources are research articles, books, dissertations etc. In addition, the authentic sources of Buddhist education have also been studied. Since the facts and information obtained in this way have a detailed descriptive and analytical content, a qualitative research method has been adopted which is useful for it.

## Results and Discussion
In our society, when boys smoke cigarettes, it is considered normal by the society, but when girls smoke cigarettes, they look at them in a bad way. Even though the law and health workers of Nepal say that smoking is harmful to health, children in our society still smoke. Even Buddhism portrays it as an element that destroys society and family. Smoking depends on human mind. Buddhism primarily addresses the human mind. The Buddha's first teaching was started in Sarnath in India. He taught five precepts to *Pancha Vichchhu* (five monks). Buddhism appears to have been an awareness of some addictive behavior like smoking. Precepts is first teaching of Buddha seems to have exhorted his followers to avoid substances use. Ethics (Sīla) is the foundation of Buddhist practice. Buddhism is called the teaching of Sīla (Right Speech, Right Action and Right Livelihood), Samādhi (Right Effort, Right Mindfulness and Right Concentration) and Paññā (Right Understanding and Right Thoughts) of Buddha (Sankrityayan, 1944). It is also known as the three fold way, which consists of ethics, meditation, and wisdom (Vabracharya 91). He also advised them to follow the Middle Way which is helpful in seeing things clearly. The guidelines for ethical behavior of Buddha gave the five or ten precepts. The five precepts are:

**1.** ***Panatipata veramani sikkhapadam samadiyami***

I undertake the precept to refrain from destroying living creatures.

**2.** ***Adinnadana veramani sikkhapadam samadiyami***

I undertake the precept to refrain from taking that which is not given.

**3.** ***Kamesu micchacara veramani sikkhapadam samadiyami***

I undertake the precept to refrain from sexual misconduct.

**4.** ***Musavada veramani sikkhapadam samadiyami***

I undertake the precept to refrain from incorrect speech.

**5.** ***Suramerayamajja pamadatthana veramani sikkhapadam samadiyami***

I undertake the precept to refrain from intoxicating drinks and drugs which lead to carelessness.

The Five Precepts are the basis of Buddhist morality and ethics. Every day, about 71 people die due to diseases related to smoking indicated that Smoking is indirectly killing people every day. But in Buddhism, the first precept teaches to avoid killing or harming living beings. And also avoid alcohol and other intoxicating drugs habits. Among them, the first precept (of One) to avoid killing or harming living beings and the fifth precept (of five) is abstention from intoxicants that cloud the mind which are related to reducing smoking habits. This is variously interpreted the complete abstention from intoxicating substances use. Buddhism rejects the intoxicants behaviors. The Buddha pointed out that intoxicants could lead to loss of wealth, increased quarrelling, susceptibility to disease, losing a good reputation, indecent exposure of the body and weakening of intellect (Vabracharya 182–83). Once you smoke, people desire to have alcohol was the chief intoxicant. When people have a habit of both smoking and alcohol, they felt in addiction of gambling and make sexual relationship with other girls. But The Buddha recommended avoiding gambling and would not be seen to make relationship with other girls rather than own wife (Vabracharya 183).

**The Noble Eight fold Path in Buddhism**

The Noble Eight fold Path is the important and useful education of Buddha for our day to day life. It is also known as Middle way and *Arya astangika Marga*. This is the right noble path to stop smoking habit. There are eight noble fold path which are:

1. Right understanding means to know and understand the Four Noble Truths.
2. Right attitude means to have three kinds of thoughts or attitudes:
3. Right speech deals with refraining from falsehood, such as telling lies or not telling the truth; tale-bearing or saying bad things about other people; harsh words and frivolous talk such as gossiping.
4. Right action deals with refraining from killing, stealing and sexual misconduct.
5. Right livelihood deals with the five kinds of trade which should be avoided in order to lead a noble life. They are: trading in arms (weapons), living beings (breeding animals for slaughter), intoxicating drinks and poison.
6. Right effort as four parts using meditation:

(i) To try to stop unwholesome thoughts that have arisen

(ii) To prevent unwholesome thoughts from arising.

(iii) To try to develop good thoughts

(iv) To try to maintain good thoughts that have arisen

7. Right mindfulness is also fourfold. It is mindfulness of the body, mindfulness of feelings /sensations, mindfulness of thoughts passing through the mind and mindfulness of Dharma.
8. Right concentration is one-pointedness of mind as developed in meditation.

In Right livelihood, the poison like smoking habits is denied. There is nicotine as a poison in cigarette which is not good for health.

**Conclusions**

The Buddha is aware of the problems caused by smoking behavior. Killing, Smoking, drinking gambling and making bad relationship with other girls are interrelated to each other. Once people felt in one habit, they follow these all habits. These are the virus for family and social development. Desiring five precepts is to make people happiness in our society. At list, Buddha is advised to follow these five precepts. Buddhism can be applied in any places of our day to day life. Buddhism is related with enlightenment. It believes that everything is emptiness. Buddhism is characterized by wisdom and compassion. Wisdom and compassion could help to reduce smoking habits of teenagers. Five percepts are related with people's right thought and well behavior which could help people to make friendly environment in our society. That could be extended to include helping people with smoking problems. The wisdom side of enlightenment includes a detailed understanding of the workings of the mind, as well as practices to help move towards enlightenment. The treatment of smoking habits could be begun with accepting five precepts and eight fold noble path which could be explored in our society. The mindfulness of Buddhism is related with psychotherapy. This therapy could help to smokers to stop smoking. Buddhism could be applied in any places with some success to smoking problems.

**References**

Appau, I. K. *Smoking habits among adolosents.* (2011). Retrieved from http://theseus.024/39841

Aryal, U. R., Bhatta, D. N., Shrestha, N., &Gautam, A. Assessment of nicotine dependence among smokers in Nepal: A community based cross-sectional study. *Tobacco Induced Diseases*, *13*(1), 2015, pp 26-31.

Bhaskar, R. K., Sah, M. N., Gaurav, K., Bhaskar, S. C., Singh, R., Yadav, M. K., &Ojha, S. Prevalence and correlates of tobacco use among adolescents in the schools of Kalaiya, Nepal: A cross-sectional questionnaire based study. *Tobacco Induced Diseases*, *14*(1), 2016, pp. 11.

Britton, J. *ABC of smoking cassation: Why people smoke*. (2004). Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC324461/

Choe, M., Thapa, S., Podhisita, C., Raymundo, C., Lin, H. S., &Achmad, S. The teen tobacco epidemic in Asia: Indonesia, Nepal, Philippines, Taiwan, and Thailand. *Journal of Youth Studies*, *7*(1), 2004, pp. 73-87.

Corrao, M. A., Guindon, G. E., Sharma, N., &Shokoohi, D. F. *Tobacco control country profiles.* Atlanta, GA: American Cancer Society, 2000.

Government of Nepal [GON] *Directive on printing warning messages and pictures on tobacco product boxes, packets, cartons, parcels and packaging materials,* Katmandu: Author. 2014.

Government of Nepal [GON] *Tobacco product control and regulatory directive-2014*. Kathmandu: Author, 2014

Khurshid, F. Causes of smoking habits among the teenagers. *Journal of Contemporary Research in Business , 3*(9), 2014, pp. 848-855.

Mackay, A. & Erikson, J. A. *The tobacco atlas: World health organization*. (2002). Retrieved from http://www.who.int/tobacco/media/en/title.pdf

Mahato, P. K. Current tobacoo control policies in Nepal: Existing gaps and way forward. *Journal of Health and Allied Science*, *2*(1), 2012, pp. 70-73.

Manandhar, Tri Ranta, Buddha's Teaching for Social Reformation, *Lumbini Prabha*, Lumbini Buddhist University, 2018, pp.48-54.

Mathema, K. B. *Very little teaching, learning goes on in public schools.* (2015). Retrieved from http://kathmandupost.ekantipur.com/printedition/news/2015-03-22/very-little-teaching-learning-goes-on-in-public-schools.html

Ministry of Health and population [MoHP] *Brief profile on tobacco control in Nepal*. Kathmandu: Author, 2012.

Ministry of Health and population [MoHP] *Nepal adolescent and youth adult survey (NAYAS, 2010/11)*. (2012). Retrieved from http://www.ncf.org.np/en_Nepal%20Adolescent%20and%20Youth%20Survey-2068.pdf

Ojha, A. *1,000 nabbed in 3 days for smoking in public*. (2016). Retrieved from http://kathmandupost.ekantipur.com/news/2016-02-28/1000-nabbed-in-3-days-for-smoking-in-public.html

Onongha, G. Influence of cigarette warning label on smoking behaviour among education students of Osun state University (UNIOSUN) Osogbo, Nigeria. *Journal of Education and Practice, 4*(5), 2013pp. 142-147.

Paudel, D. *Tobacco use among adolescent students in secondary schools of Pokhara sub-metropolitan city of Nepal* (Master dissertation). Tribhuvan University, Kathmandu, Nepal, 2003.

Paudel, Sarada, Pratityasamuntpada-Doctrine of Dependent Origination, *Kalyanmitra Sandesh*, Lumbini Buddhist University, 2073, pp.1-19.

Recphec. *Ensure right to healthy life of people*. Kathmandu: CWIN Nepal and Recphec Nepal, 2012.

Republica. *Police to fine Rs 100 for public smoking*. (2016). Retrieved from http://admin.myrepublica.com/society/story/37739/police-to-fine-rs-100-for-public-smoking.html

Sagtani, R. A. *Tibacco control effortd in Nepal*. (2015). Retrieved from https://www.researchgate.net/publication/27175354_Tobacco_Control_Efforts_In_Nepal

Sah, R. B., Shah, U., Subedi, L. B., & Jha, N. Awareness towards tobacco consumption: A community based study. *Journal of Chitwan Medical College*, *5*(4), 2015, pp. 64-69.

Sankrityayan, Rawal *Bauddha darshan*. Ilahabad: Kitab-mahal, 1944.

Shrestha, Rewatiramanananda *Nepal Dharma darshanya khata*. Kathmandu: Nepalbhasa parishad, BS 2050.

The Himalaya Times. *Nepal increases size of pictorial warnings.* (2014). Retrieved from http://www.tobaccolabels.ca: http://www.tobaccolabels.ca/2014/

Times. *Tobacco control and regulation act to be implemented.* (2011). Retrieved from http://www.nepalitimes.com

Tuladhar, Reena, Buddhist Economics in Application, *Lumbini Prabha*, Lumbini Buddhist University, 2018, pp.39-47.

Tuladhar, S. *Impact of alcohol and tobacco advertisements on children*. Kathmandu: CWIN Nepal, 2004.

Uprety, S., Poudel, I. S., Bhattarai, S., Ghimire, A., Singh, N., Poudel, M., ...&Pokharel, P. K. Knowledge on health effects and practices of smoking among the smokers in the Eastern Terai Region of Nepal. *Journal of Chitwan Medical College*, *4*(1), 2014, pp. 22-25.

Vajracharya, Dundabahadur, (ed.) *Dīgha Nikāya, volume ii & iii*, Lalitpur: Vir purna pustak Sangralaya, 2000.

World Health Orgarnization [WHO] *Monitoring, evaluation and review of national health strategies.* 2011. Retrieved from http://www.who. country_monitoring_evalu_web.pdf

World Health Organization [WHO] *Tobacco.* (2013). Retrieved from http://www.who/tobacco.

***Appendixes***

**List of persons who participated in interviews and Conversation.**

| S.N. | Name | Date | Involvement | Locaition |
|---|---|---|---|---|
| 1. | Aarati Shah | 2023, 04, 14 | medical director of Bhaktapur cancer hospital, | Bhaktapur |
| 2. | Suman Shrestha | 2024, 05, 15 | medical doctor | Bhaktapur |