



A Study to assess the Prevalence and Reasons for Smoking and Alcohol Use among Students of Selected Colleges of New Delhi

Fareha Khan^{*}, *Sheny Daniel*^{*}, *Munazza Zaidi*^{**}, *Israt Hina*^{**}, *Dolma Yangzom*^{**},
Meenu CJ^{**}, *Soha Aabdi*^{**}, *Shamol Shaji*^{**}, *Zabunnisa*^{**}

Abstract

Introduction: The objectives of this study were to assess the prevalence and reasons of smoking and alcohol use among students of selected colleges.

Method: The research approach selected for the study was quantitative. A descriptive survey design was selected to identify the prevalence and reasons for smoking and alcohol use. Sample was selected by simple random sampling for finding the prevalence, and purposive sampling was used to find out the reasons for smoking and alcohol use. The tool used for data collection was a structured questionnaire to assess the prevalence and reasons for smoking and alcohol use.

Results: Findings on prevalence revealed that 24% students were smokers and 18% were alcohol users. The most accepted reason for smoking and alcohol use was to look mature that is 75% and 72.22% respectively and the second most accepted reason for smoking was to get motivated and feel confident, while for alcohol use it was to feel relaxed.

Conclusion: The study concluded that less than one fourth of the students were smokers and alcohol users and majority of the students were smoking and taking alcohol to look mature.

Keywords: Prevalence, Smoking, Alcohol use.

Introduction

The history of smoking can be dated to as early as 5000 BC, and has been recorded in many different cultures across the world. Early smoking evolved in association with religious ceremonies; as offerings to deities, in cleansing rituals or to allow shamans and priests to alter their minds for purposes of divination or spiritual enlightenment,¹ while people nowadays drink to socialize, celebrate, and relax. Alcohol often has a strong effect on people and throughout history, we've struggled to understand and manage alcohol's power.² After the European exploration and conquest of the Americas, the practice of smoking tobacco quickly spread to the rest of the world. In regions like India and Sub-Saharan Africa, it merged with existing practices of smoking (mostly of cannabis).¹

According to a report on tobacco use by WHO in 2012,³ 21% of the global population aged 15 years and above smoked tobacco. The rate of smoking among men was more than five times as that among women; the

average rates were 36% and 7% respectively. Smoking among men was highest in the WHO Western Pacific Region, with 48% of men smoking some form of tobacco. Smoking among women was highest in the WHO European Region, at 19%. The rates at which adolescent girls aged 13-15 years use tobacco averaged around 8% globally. This average does not include the WHO European Region or the WHO African Region due to unavailability of comparable data. Among the other regions, the highest prevalence among girls is seen in the WHO Region of the Americas, where on an average, almost 14% of young adolescent girls are already tobacco users. This reflects aggressive tobacco industry marketing to girls in countries with minimal laws against tobacco advertising, promotion and sponsorship. Boys aged 13-15 years in WHO South-East Asia Region and WHO Eastern Mediterranean Region use tobacco at higher rates than their counterparts in other regions, at over 20% in both regions.

^{*}Tutor, Ruffaida College of Nursing, Jamia Hamdard, India.

^{**}B.Sc. (Hons.) Nursing Students 2011-2015, Ruffaida College of Nursing, Jamia Hamdard, India.

Correspondence to: Ms Sheny Daniel, Ruffaida College of Nursing, Jamia Hamdard, India. **E-mail Id:** shenydaniel@gmail.com

While looking at the alcohol consumption, it was found by 2010 WHO data,⁴ globally, individuals above 15 years of age drink on average 6.2 liters of pure alcohol per year, which translates into 13.5 grams of pure alcohol per day. However, there is a wide variation in total alcohol consumption across WHO regions and Member States. The highest consumption levels continue to be found in the developed world, in particular, in the WHO European Region (EUR) and the WHO Region of the Americas (AMR). Intermediate levels of consumption are found in the WHO Western Pacific Region (WPR) and the WHO African Region (AFR), while the lowest consumption levels are found in the WHO South-East Asia Region (SEAR) and particularly in the WHO Eastern Mediterranean Region.

Furthermore the Global Status report on alcohol and health 2014,⁵ released by the World Health Organization (WHO) states that the amount of alcohol consumption has raised in India between the periods of 2008 to 2012. The data was compiled taking into account individuals over the age of 15 years and above, who consumed alcohol. According to the report, around 30% of the total population of India consumed alcohol in the year 2010. 93% of alcohol was consumed in the form of spirits, followed by beer with 7% and less than 1% of the population consumed wine. The per capita consumption of alcohol in the country increased from 1.6 litres during the period of 2003-2005, to 2.2 litres during the period of 2010-2012. Kerala led the states in terms of alcohol consumption. An average individual over the age of 15 years consumed over 8 litres of alcohol per annum in the south Indian state followed by Maharashtra and Punjab. It was also revealed that over 11% of the population in India indulged in heavy or binge-drinking. The global figure stood at 16%.

Tobacco, on the other hand, inflicts a huge damage on the health of Indians and could be clocking up a death toll of 1.5 million a year by 2020 if more users are not persuaded to kick the habit. Harm from tobacco accounts for nearly half of all cancers among males and a quarter of all cancers among females there, as well as for a majority of heart and lung diseases.

According to the Global Adult Tobacco Survey, 26% of adults in India consume smokeless tobacco-33% of men and 18.4% of women. Smokeless tobacco can cause oral and other cancers, as well as other mouth diseases and heart diseases. So-called smokeless tobacco includes chewing products such as gutkha, zarda, paan-masala and khaini. Khaini is the most common form of tobacco used in India, with many poorer people and women preferring these over smoking cigarettes or bidis-small, cheap, locally-made cigarettes.

One among the several striking findings in the ITCP report was that while many smokers and tobacco users said they knew the various health risks, only a small proportion said they would like to quit. Up to 94% of smokers and up to the same proportion of smokeless users in the survey said that they had no plans to give it up.⁶

Materials and Methods

The research approach selected for the study was quantitative. A descriptive survey design was selected to identify the prevalence and reasons for smoking and alcohol use. Sample was selected by simple random sampling for finding the prevalence and purposive sampling was used to find out the reasons for smoking and alcohol use. The tool used for data collection was a structured questionnaire to assess the prevalence and reasons for smoking and alcohol use. It had questions about personal profile, smoking and alcohol use, reason for smoking and alcohol use, family history of tobacco use etc.

The survey was conducted in one week. Three departments namely, Faculty of Pharmacy, Faculty of Unani, and Faculty of Management and Information Technology (FMIT) of Jamia Hamdard, New Delhi were selected randomly. Permission was taken from the college authorities for the survey and consent was taken from each student for the study. Students were assured that the information provided by them will be kept confidential and will only be used for research purpose. Three classes were randomly selected from these three colleges and all the students of the selected classes were given the questionnaires to be filled up.

A total of 100 questionnaires were distributed in the colleges. Students were instructed not to mention their telephone numbers and home addresses in the questionnaire. This encouraged the students to provide correct data without having the fear of being exposed about tobacco use to parents and peers. However, they were instructed to mention their classes and sections to avoid the repetition of the data from the same students. All students were requested to be honest about the information, not to imitate others and not to show their filled up questionnaire to others. The questionnaire was collected in the classrooms.

Results

Analysis and interpretation of data was done in accordance with the objectives laid down. The objectives of the study were:

1. To assess the prevalence for smoking and alcohol use among students of selected college.
2. To assess the reason for smoking and alcohol use among students of selected colleges.

92% of them were living with batch mates/ friends, 3% with relatives, 2% with father and 2% with mother and only 1% with both parents and siblings. The findings of the study are presented below under different sections.

Of the total number of 100 questionnaires distributed to the students, the maximum numbers of students were from the age group of 23-24 years (39%) followed by the age group of 21-22 years (37%), 25 years and above (16%) and 18-20 years (8%). All the subjects were male. Looking at the living arrangement, it was found that

Section I

Findings related to Prevalence of Smoking and Alcoholism

This section describes the prevalence of smoking and alcohol use among the sample.

Table 1. Prevalence of smoking and alcohol use among college going students (n=100)

S. No.	Activity	Percentage (%)
1.	Smoking	24
2.	Alcohol use	18

The data depicted in Table 1 represents the prevalence of smoking and alcohol use among the sample.

1. The prevalence of smoking was 24%.
2. The prevalence of alcohol use was 18%.

Section II

Findings related to Reason for Smoking

This section describes the findings related to reason for smoking among college going students. The data was collected using a structured questionnaire.

Table 2. Frequency and percentage of responses by subjects on reasons for smoking (n=24)

S. No.	Statement	Yes		No	
		Freq.	%	Freq.	%
Reasons of smoking by Young Adults					
1.	To look mature	18	75	6	25
2.	To be like their friends	6	25	18	75
3.	Due to the excitement of experimenting with something forbidden	13	54.16	11	45.83
4.	Because they have a lot of stress due to personal problems	12	50	12	50
5.	Because they have a lot of pressure due to economic problem	13	54.16	11	45.83
6.	Due to unemployment	11	45.83	13	54.16
7.	To feel relaxed or to get energy while going through a hard time	10	41.66	14	58.33
8.	To get motivated and feel confident	17	70.83	7	29.16
9.	Because of influence of media	9	37.5	15	62.5
10.	Because of influence of family	10	41.66	14	58.33

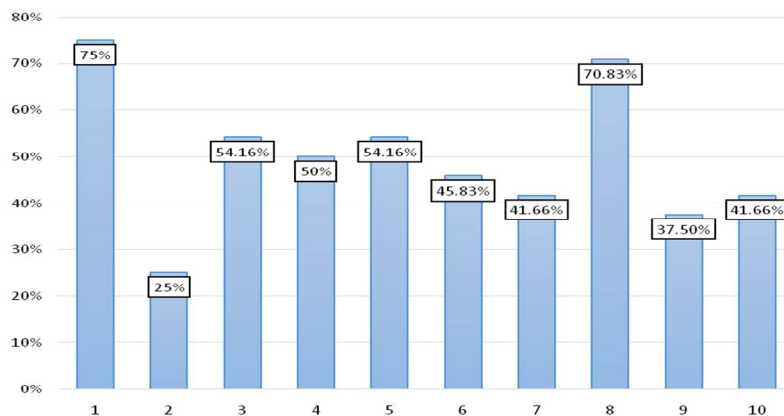


Figure 1. Reasons for smoking

Section III

Findings related to Reason for Alcohol use

This section describes the findings related to reason for alcohol use among college going students. The data was collected using a structured questionnaire.

Table 3. Frequency and percentage of responses by subjects on reasons for alcohol use (n=18)

S. No.	Statement	Yes		No	
		Freq.	%	Freq.	%
Reasons of alcohol use by Young Adults					
1.	To look mature	13	72.22	5	27.77
2.	To be like their friends	7	38.88	11	61.11
3.	Due to the excitement of experimenting with something forbidden	9	50	9	50
4.	Because they have lot of stress due to personal problems	5	27.77	13	72.22
5.	Because they have lot of pressure due to economic problem	8	44.44	10	55.55
6.	Due to unemployment	9	50	9	50
7.	To feel relaxed or to get energy while going through hard time	12	66.66	6	33.33
8.	To get motivated and feel confident	10	55.55	8	44.44
9.	Because of influence of media	10	55.55	8	44.44
10.	Because of influence of family	7	38.88	11	61.11

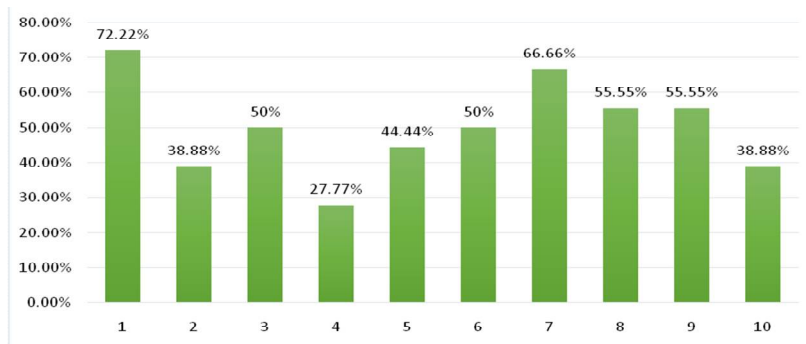


Figure 2. Reasons for Alcohol use

The following major conclusions were drawn on the basis of finding of the study:

- a. Prevalence of smoking was 24% and prevalence of alcohol use was 18%.
- b. Majority of the students (75%) smoke to look mature and the least number of students (25%) smoke to be like their friends.
- c. Majority of the students (72.22%) take alcohol to look mature and the least number of students (27.77%) take alcohol because of stress due to personal problems.

Discussion

The following major conclusions were drawn on the basis of finding of the study:

- a. Prevalence of smoking was 24% and prevalence of alcohol use was 18%.

- b. Majority of the students (75%) smoke to look mature and the least number of students (25%) smoke to be like their friends.
- c. Majority of the students (72.22%) take alcohol to look mature and the least number of students (27.77%) take alcohol because of stress due to personal problems.

Thus we concluded that most accepted reason for smoking and alcohol use was to look mature that is 75% and 72.22% respectively and the second most accepted reason for smoking was to get motivated and feel confident (70.83), while for alcohol use it was to feel relaxed (66.66%).

A similar survey was conducted in Delhi University in the year 2010⁷ and it was found that there were 384 (23.5%) male and 38 (3.9%) female tobacco users, which was very similar to our study (24%). 257 (60.9%)

students started tobacco use at the age of 16-20 years. Cigarette (97.6%) was the most common tobacco product used by the majority of college students. 69.7% used tobacco for fun and pleasure and 23.2% students used tobacco due to peer pressure. 58.5% of tobacco users were low spenders i.e. expenditure on tobacco was not more than Rupees 20 per day. Previous history of quitting was present in 47.6% of tobacco users and 54% tobacco users were willing to quit tobacco use. Family history of tobacco use was present in 57.1% of tobacco users and 37.5% of non-tobacco users. Awareness about health hazards among students was very high (97.4%) and 95.4% of students were also aware of the benefits of quitting. Lower prevalence of tobacco consumption among college students may be due to the fact that, they are an educated group compared to the entire population. It has been demonstrated in many studies that there is an inverse relation between education and smoking prevalence.

When we have a look at alcohol use among college students, a study is found that was conducted on prevalence & predictors of alcohol use among college students in Ludhiana, Punjab, India in the year 2008. The overall prevalence of ever alcohol use was 31.9 per cent; of which 49.2 per cent were male students and 5.2 per cent were female students, which was much greater than our study, being only 18%. Ever use was significantly higher among male students ($P < 0.001$) compared to females.⁸ When we look throughout India for prevalence of alcohol and tobacco use among UG and PG medical students, it is found that alcohol and tobacco use among UG students was 16.6% and 8.0%, respectively, whereas prevalence was 31.5% and 14.5%, respectively for PGs. For both substances, males had a higher prevalence of use compared to females in both groups ($p < 0.001$). Positive family history of substance use ($p < 0.001$ for both groups) and early age of initiation ($p = 0.011$ for tobacco; $p > 0.05$ for alcohol) were associated with a greater difficulty to quit the habit.⁹ Studies from different parts of the country show that college students have a higher prevalence of smoking and alcohol use. This could be attributed to the well-established developmental phase that college students go through, in which they are away from home, family and longstanding friendships. Throughout their college years, students pass through a phase of vulnerability (intellectually, emotionally and socially), in a new environment characterized by considerable peer influence. In addition to the college setting being a unique environment to which a large proportion of young people are exposed en masse, nearly all of the world's future leaders, policy-makers, and healthcare providers will have passed through the college system

as young people. Adolescents should be warned against getting into the grip of social evils like alcoholism and smoking. It is important to have culturally specific and contextualized interventions and health education methods against smoking and alcohol use. Proper health education system should be developed not only for younger generation, but also for adults and parents. Schools and colleges should give emphasis on students who are staying away from home. Students should be given proper guidance on money management skills. Such skills should be given especially to those youngsters who are staying away from family.

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Conflict of Interest: None

References

1. Wikipedia. Smoking. 2016. Available from: <https://en.wikipedia.org/wiki/Smoking>.
2. National Institute on alcohol abuse and alcoholism. U.S. National Institute on alcohol abuse and alcoholism. 2016. Available from: <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption>.
3. World Health Organization. Global Health Observatory (GHO) data. 2012.
4. World Health Organization. Global status report on alcohol and health 2014.
5. Alcohol consumption in India on the rise: WHO report. Mid-Day. 2014. Available from: <http://www.mid-day.com/articles/alcohol-consumption-in-india-on-the-rise-who-report/15299173>.
6. Huge tobacco use in India seen killing 1.5 million a year. The Indian Express. 2013. Available from: <http://www.indianexpress.com/article/lifestyle/huge-tobacco-use-in-india-seen-killing-1-5-million-a-year/>.
7. Kumar R, Alka S, Khushwah MA et al. A study of tobacco consumption among college students of university of Delhi, India. *Indian J Prev Soc Med* 2010; 41(3 and 4): 198-202.
8. Khosla V, Thankappan KR, Mini GK et al. Prevalence & predictors of alcohol use among college students in Ludhiana, Punjab, India. *Indian Journal of Medical Research* 2008; 128: 79-81.
9. Goel N, Khandelwal V, Pandya K et al. Alcohol and Tobacco Use Among Undergraduate and Postgraduate Medical Students in India: A Multicentric Cross-sectional Study. *Central Asian Journal of Global Health* 2015; 4(1).