

## Original Research Article

# Factors influencing addiction in female population of an urban slum area

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### ABSTRACT

**Background:** The use of certain licit substances like alcohol, tobacco and illicit substances like cocaine, amphetamine, cannabis, etc is termed as substance abuse. Globally, the most prevalent form of tobacco use in women is cigarette smoking. But, in low- and middle-income countries use of smokeless forms is quite common. Aim of the study was to study the factors influencing drug and tobacco addiction in the female population of an urban slum area.

**Methods:** Community-based cross-sectional study conducted on 577 female participants in urban slums of a metropolitan city. A pre-validated semi-structured questionnaire was used. Data analysis was done in SPSS version 22.0 (IBM). Descriptive statistics and chi-square tests for associations were used.

**Results:** The mean age of participants was  $44.84 \pm 14.99$  years and the mean age of onset of addiction was  $21.51 \pm 6.47$  years. Around 70.7% of women were tobacco chewers, 9.4% were smoking bidis and 15.8% were addicted to alcohol. Addiction is the subject of conflict in families of 70 (12.1%) women. A most common source of information about the harmful effects of addiction was television and tobacco packets. Almost all women i.e. 555 (96.2%) knew that oral cancer was a harmful effect of addiction. Willingness to quit an addiction was seen in 45.8% of women.

**Conclusions:** Addiction in females is a major public health problem which is compounded by their lack of knowledge.

**Keywords:** Addiction, Drugs, Substance abuse, Tobacco

### INTRODUCTION

The experience with addiction is different for each one with factors like gender, genetic traits, environment during childhood and adolescent upbringing, and the social support network.<sup>1</sup> The use of certain licit substances like alcohol, tobacco and illicit substances like cocaine, amphetamine, cannabis, etc is termed as substance abuse. For long it has been assumed that addiction is a male problem.<sup>2</sup>

Globally, the most prevalent form of tobacco use in women is cigarette smoking. But, in low- and middle-income countries use of smokeless forms is quite

common. In the southern part of India, it has been reported that 17-45% of women use 'mishri', which is a tobacco-containing tooth cleaning powder and in Mumbai, up to 56% of women chew tobacco with pan leaves.<sup>3,4</sup> Water pipe smoking is prevalent among women in the Eastern Mediterranean region.<sup>5,6</sup> There is an increase in the use of narcotic substances also as it suppresses appetite and contributes to weight loss.<sup>7,8</sup> Excessive drinking of alcohol was also considered unacceptable for women but this trend is changing too.<sup>9</sup> Women have higher deaths due to alcohol-related accidents.<sup>10</sup> Though addiction is an equal-opportunity disease, women are affected differently than men. Their progress is faster, have different barriers to getting help,

and recover also differently. Hence, research was undertaken to study factors influencing drug and tobacco addiction in the female population of an urban slum area. Specific objectives were to assess the socio-demographic profile of the participants, identify the factors influencing addiction and study the relationship between them.

Aim of the study was to study the factors influencing addiction in the female population of an urban slum area.

### Objectives

- To study the socio-demographic socioeconomic and sociocultural profile of the participants.
- To identify the factors influencing addiction in the participants.
- To assess the correlation between the sociodemographic profile and factors influencing addiction in participants.
- To suggest recommendations based on the study findings.

### METHODS

This is a cross-sectional community- based study conducted from July 2019 to November 2019 in urban slums of a metropolitan city in India. This area is the urban field practice area attached to a teaching medical college. Study period was 2 months. The population of this slum area as per the latest records at health posts is 3,05,955. The prevalence of female addiction among the urban slum population is 7.9%.<sup>8</sup> Using the formula for the finite population ( $N = 80,000$  females) with  $p=0.79$  and absolute error of 2 at 95% confidence interval, the minimum sample size comes up to 577. Women above the age of 18 years were included in the study. Simple random sampling was done to select women. A pre-validated semi-structured questionnaire was used for data collection. Data were collected by door-to-door visits. Written informed consent was taken from all women. Approval for the study was taken from the institutional ethics committee (EC/OA-19/2019). Data entry and analysis was done in SPSS version 22.0 (IBM).

### Inclusion criteria

Adult female >18 year of age having addiction

### Exclusion criteria

- Participants not willing to give consent
- Participants having serious complications of addiction.

### RESULTS

This cross-sectional study conducted on 577 female participants yielded the following results.

Table 1 shows the socio-demographic profile of the participants. The mean age of the females was  $44.84 \pm 14.99$  years. The mean age of onset of addiction was  $21.51 \pm 6.47$  years.

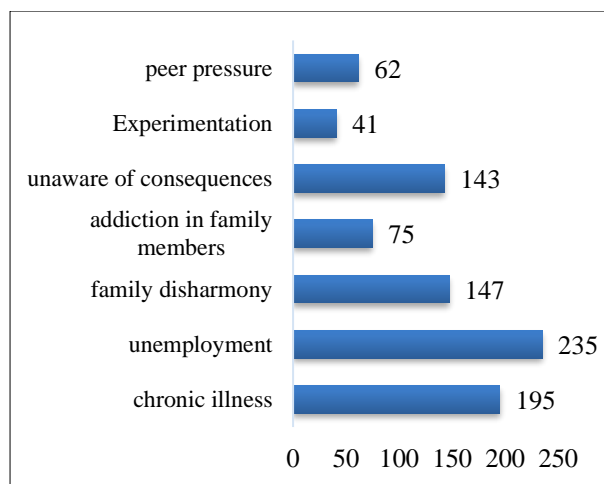
**Table 1: Socio-demographic profile of the participants (N=577).**

Socio-demographic characteristics	Number (N=577)	Percentage	
Age-Group	18-35 years	190	32.9
	36-55 years	234	40.6
	>55 years	153	26.5
Religion	Hindu	305	52.9
	Muslim	262	45.4
	Other	10	1.7
Education status	Illiterate	270	46.8
	Primary	146	25.3
	Secondary	135	23.4
	Senior secondary	26	4.5
Marital Status	Married	458	79.4
	Unmarried	26	4.5
	Separated /Divorced	23	4
	Widowed	70	12.1
Type of family	Single	305	52.9
	Nuclear	102	17.7
	Joint	170	29.5
Socio-Economic status (modified BG Prasad classification)	Lower	17	2.9
	Lower middle	169	29.3
	Middle	150	26
	Upper middle	207	35.9
	Upper	34	5.9

Around 408 (70.7%) women were tobacco chewers, 54 (9.4%) were smoking bidis, 91 (15.8%) were addicted to alcohol and 139 (24.1%) had addictions to other forms of smokeless tobacco. None of the women reported addiction to narcotic substances.

Family and addiction: Families of 30 (5.2%) women had a positive attitude towards their addiction, in 455 (78.9%) women the attitude was negative while families of 92 (15.9%) women had a neutral attitude. In 41 women (7.1%) at least one other family member were also addicted to either alcohol or tobacco or both and in the rest, no other family member had any form of addiction. Addiction is the subject of conflict in families of 70 (12.1%) women.

The reasons cited for addiction among participants are given in (Figure 1). The most common reason cited was 'tension/frustration' by all the women. This stress was due to chronic illness, unemployment or disharmony in the family.



**Figure 1: Histopathology picture of neurocysticercosis.**

Most commonly cited source of information about harmful effects of addiction was a television in 439 (76.1%) women, followed by tobacco packets in 178 (30.8%) women, radio in 154 (26.7%), posters/banners in 72 (12.5%) and newspaper in 33(5.7%) women.

Almost all women i.e. 555(96.2%) knew that oral cancer was a harmful effect of addiction. Other harmful effects known to women were HIV (185 women ,32.06%) throat cancer (93, 16.1%),lung cancer (67 ,11.61%),TB (57, 9.87%),stomach cancer (43 ,7.45%) and Intestine cancer (43, 7.45%).

About 557(96.7%) women were not aware of any deaddiction center. Willingness to quit an addiction was seen in 264(45.8%) women. Doctors (415 women, 71.92%) were reported to be a major support for quitting addiction followed by family and friends (129 women, 22.4%).

## DISCUSSION

In India, the prevalence of substance use in women has been reported as 11% for tobacco and 2% for alcohol.<sup>11</sup> In our study, the mean age of onset of addiction in women was 21.51 years. Similar findings were noted by P S Kothar et al, where they reported that the mean age of initiation of addiction was found to be 24.59 years for females.<sup>12</sup> A study conducted by Shah BK et al, reported it as 24 years.<sup>2</sup> In this study around 47% of women were illiterate. The association of substance use and levels of education has been reported worldwide.<sup>13,14</sup> The majority of participants belonged to lower socioeconomic status which is in congruence with the existing literature.<sup>15</sup> Tobacco is a cheap and easily available substance. It can be shared among friends.<sup>16</sup> Tobacco chewing was the most common form of addiction seen in women in this study too. The most common reason for addiction was 'tension/frustration' by all the women. This stress was due to chronic illness, unemployment or disharmony in

the family. Other reasons were experimentation, peer pressure and addiction in other family members. Other studies have shown that peer group pressure for initiation and continuation of substance abuse 48.3%.<sup>17</sup>

In another study done by Tata Institute of Fundamental Research, the most important reason for starting tobacco is tooth related complaints (48%), followed by peer group influence (38%).<sup>18</sup> The most commonly cited sources of information about the harmful effects of addiction were television followed by tobacco packets, radio, posters/banners and newspapers. Willingness to quit an addiction was seen in 45.8% of women. Doctors were reported to be a major support for quitting addiction followed by family and friends. Chockalingam K et al, reported that 54% of participants in their study wanted to stop the habit of addiction and a study by P S Kothari et al reported this proportion to be 20% much lesser than our study.<sup>19</sup>

## CONCLUSION

Addiction in females is a major public health problem which is compounded by their lack of knowledge.

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