

**Dissertation
in
State Health Society, Bihar**

“Knowledge and attitude of young adults aged between 15-25 yrs regarding the harmful effect of smoking and alcoholism at Bhagalpur in Bihar”

A Dissertation Proposal for

Post Graduate Diploma in Health and Hospital Management

by

**Narayan Tripathi
PG/11/055**



**International Institute of Health management Research
New Delhi
Date 30/04/2013**

“Assess the knowledge and attitude of young adults aged between 15-25 yrs regarding the harmful effect of smoking and alcoholism at Bhagalpur in Bihar”

A Dissertation Submitted in partial fulfillment of the requirement for the award of

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**International Institute of Health management Research
New Delhi
April 2013**

Certificate of Internship Completion

Date:.....

TO WHOM IT MAY CONCERN

This is to certify that *Mr. Narayan Tripathi* has successfully completed his 3 months internship in our organization from February 07, 2013 to April 30, 2013. During this intern he has worked on his Dissertation topic "*Assess the knowledge and attitude of young adults aged between 15-25 yrs regarding the harmful effect of smoking and alcoholism at Bhagalpur in Bihar*" under the guidance of me and my team at *Sub-Divisional Hospital , Kahalgaon , Bhagalpur , State Health Society Bihar*. During this internship period his work was excellent.

We wish him good luck for his/her future assignments.

Prakash Chandra Sinha
23/4/13
(Signature)

Dr. Prakash Chandra Sinha (Name)

Deputy Superintendent. Designation

Certificate of Approval

The following dissertation titled "*Assess the knowledge and attitude of young adults aged between 15-25 yrs regarding the harmful effect of smoking and alcoholism at Bhagalpur in Bihar*" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name

DR. A.M. Khan.

Signature

[Handwritten Signature]

NAME of STUDENT
NARAYAN TRIPATHI

Certificate from Dissertation Advisory Committee

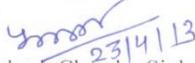
This is to certify that **Mr. Narayan Tripathi**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. He is submitting this dissertation titled *“Assess the knowledge and attitude of young adults aged between 15-25 yrs regarding the harmful effect of smoking and alcoholism at Bhagalpur in Bihar”* in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Dr, Preetha 
Assistant Professor

IIHMR, New Delhi

Date


Dr. Prakash Chandra Sinha

Deputy Superintendent

SDH Kahalgaon, Bhagalpur

Date.....

FEEDBACK FORM

Name of the Student: Narayan Tripathi

Dissertation Organization: Sub-divisional hospital, Kahalgaon,
State Health Society, Bihar

Area of Dissertation: "Assess the knowledge and attitude of
young adults aged between 15-25 yrs regarding the harmful
effects of smoking and alcoholism at Bhagalpur in Bihar"

Attendance: 100 percent

Objectives achieved: Maximum

Deliverables: excellent

Strengths: Dedicated to provide the hospital services to
beneficiaries at round the clock, good presentation and writing
skill.

Suggestions for Improvement: Be more emotionally
competence.

Yash
23/4/13
Signature of the Officer-in-Charge/
Organisation Mentor (Dissertation)

Date: 23.4.13

Place: Kahalgaon, Bhagalpur.

Abstract

Assess the knowledge and attitude of young adults aged between 15-25 yrs regarding the harmful effect of smoking and alcoholism at Bhagalpur in Bihar

Introduction: Tobacco use is one of the major preventable cause of death and disability worldwide. If current smoking patterns continue, it will cause some 10 million deaths each year by 2020. According to GATS-2009-2010 in Bihar 30.1 and above percentage of adults age 15 and above are tobacco users in any form and 10.1-20.0 percentage of adults age 15 and above are tobacco smokers. Average age at ignition of tobacco use was 17.8 with 25.8% of females starting tobacco use before the age of 15. Prevalence of smoking and alcohol consumption has been on rise since few years and hence it's of much concern for the health providers as the increased consumption is exposing the young adults to higher health risks. According to global status report on alcoholism and health by WHO: The harmful use of alcohol results in approximately 2.5 million deaths each year, with a net loss of life of 2.25 million.

Data and methods: The current study is qualitative study to assess the knowledge, attitude and perception of younger adults conducted in urban area of Bhagalpur district in Bihar, 200 samples was covered by using convenient sampling technique samples were selected from markets, colleges and other public places. Samples were approached b/w the age group of 15-25 year. The self administered questionnaire was used for the data collection.

Results: The study suggests that smoking and drinking rates remain high between the age group of 19-22 years predominantly males with the highest prevalence. Peer pressure is the reason for the youngsters to adopt this habit. Stress is not the cause behind this habit for most of the people. Parental influence, media does not lead to higher instance of drinking and smoking amongst youth. Awareness about the ill effects of this malady has been found to be present amongst the youth both in smokers and non-smokers. 15-18 years has been found to be the age when initiation of drinking and smoking has occurred. Lack of education has been a factor leading to the persistence of this habit.

Conclusion: So we can conclude that peer pressure, experimentation and parental influence are the important factors for initiation of the smoking and drinking habits in younger adults and they have such a negative attitude even they know the bad consequences of these bad habits but still they are pouring their self to these bad habits.

Acknowledgements

I have taken efforts in this project. However, it would not have been possible without the kind support and help of many individuals and organizations. I would like to extend my sincere thanks to all of them.

I wish to express my deep sense of gratitude to **Dr. Uday Shankar Chaudhary, Civil Surgeon Bhagalpur** who had been a source of inspiration to me and my heartfelt thanks to him for his able guidance, useful suggestions and timely encouragement which helped me a lot completing the project work.

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My sincere acknowledgement goes to Assistant Professor **Dr. Preetha** and Associate Dean **Dr. Dharmesh Lal** for their kind assistance and support throughout my summer training.

Finally, I would like to show my greatest appreciation to my colleagues and family for their tremendous support and cooperation while working on this project.

The guidance and support received from all the members who contributed was vital for the success of the project. I am grateful to them for their constant support and guidance

Narayan Tripathi

PGDHHM, IIHMR, New Delhi

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Executive Summary

Tobacco is the second major cause of death in the world. It is currently responsible for the death of one in ten adults worldwide (about 5 million deaths each year). If current smoking patterns continue, it will cause some 10 million deaths each year by 2020. Half the people that smoke today - that is about 650 million people - will eventually be killed by tobacco. The WHO in 2004 projected 58.8 million deaths to occur globally, from which 5.4 million are tobacco-attributed, and 4.9 million as of 2007. As of 2002, 70% of the deaths are in developing countries.

The word alcohol comes from the Arabic “Al Kohl,” which means “the essence.” Alcohol has always been associated with rites of passages such as weddings and graduations, social occasions, sporting events and parties. The media has often glamorized drinking. NESARC data, about 46 percent of young adults (12.4 million) engaged in drinking that exceeded the recommended daily limits at least once in the past year, and 14.5 percent (3.9 million) had an average consumption that exceeded the recommended weekly limits.

According to the National Institute on Alcohol Abuse and Alcoholism [NIAAA], men may be at risk for alcohol-related problems if their alcohol consumption exceeds 14 standard drinks per week or 4 drinks per day, and women may be at risk if they have more than 7 standard drinks per week or 3 drinks per day.

The study entitled “The attitude of young adults between 15-25 years towards smoking and alcoholism ” was carried out in schools,colleges,markets,coaching centres in Bhagalpur with the objective of determining the awareness of youth about smoking and alcoholism, to find out the age group most commonly influenced by it .

The study also suggests that smoking and drinking rates remain high between the age group of 19-22 years predominantly males with the highest prevalence. Peer pressure is the reason for the youngsters to adopt this habit. Stress is not the cause behind this habit for most of the people.

Parental influence, media does not lead to higher instance of drinking and smoking amongst youth. Awareness about the ill effects of this malady has been found to be present amongst the youth both in smokers and non-smokers. 15-18 years has been found to be the age when initiation of drinking and smoking has occurred. Lack of education has been a factor leading to the persistence of this habit.

Introduction

The prevention of tobacco use in young Indians appears as the single greatest opportunity for preventing non-communicable disease in the world today as it is home to one sixth of the global population. Tobacco use is one of the major preventable cause of death and disability worldwide.

Tobacco is the second major cause of death in the world. It is currently responsible for the death of one in ten adults worldwide (about 5 million deaths each year). If current smoking patterns continue, it will cause some 10 million deaths each year by 2020. Half the people that smoke today - that is about 650 million people - will eventually be killed by tobacco. The WHO in 2004 projected 58.8 million deaths to occur globally, from which 5.4 million are tobacco-attributed, and 4.9 million as of 2007. As of 2002, 70% of the deaths are in developing countries.

The WHO states that "Much of the disease burden and premature mortality attributable to tobacco use disproportionately affect the poor". Of the 1.22 billion smokers, 1 billion of them live in developing or transitional nations. Rates of smoking have leveled off or declined in the developed world. In the developing world, however, tobacco consumption is rising by 3.4% per year as of 2002.

According to Global Adult Tobacco Survey (GATS 2009-2010) tobacco uses in india.

TOBACCO USE					
Tobacco smokers	Overall(%)	Males(%)	Females(%)	Urban(%)	Rural(%)
Current tobacco smokers	14.0	24.3	2.9	11.2	15.1
Current cigarette smokers	5.7	10.3	0.8	7.0	5.2
Current bidi smokers	9.2	16.0	1.9	5.5	10.7
Daily tobacco smokers	10.7	18.3	2.4	8.4	11.6
Daily cigarette smokers	3.6	6.3	0.6	4.5	3.1
Daily bidi smokers	7.5	13.1	1.6	4.7	8.7

According to GATS-2009-2010 in Bihar 30.1 and above percentage of adults age 15 and above are tobacco users in any form and 10.1-20.0 percentage of adults age 15 and above are tobacco smokers. Average age at ignition of tobacco use was 17.8 with 25.8% of females starting tobacco use before the age of 15.

About a third of the male adult global population smokes. Smoking related diseases kill one in 10 adults globally, or cause four million deaths. By 2030, if current trends continue, smoking will kill one in six people. Every eight seconds, someone dies from tobacco use.

The word alcohol comes from the Arabic “Al Kohl,” which means “the essence.” Alcohol has always been associated with rites of passages such as weddings and graduations, social occasions, sporting events and parties. The media has often glamorized drinking. NESARC data, about 46 percent of young adults (12.4 million) engaged in drinking that exceeded the recommended daily limits at least once in the past year, and 14.5 percent (3.9 million) had an average consumption that exceeded the recommended weekly limits.

According to the National Institute on Alcohol Abuse and Alcoholism [NIAAA], men may be at risk for alcohol-related problems if their alcohol consumption exceeds 14 standard drinks per week or 4 drinks per day, and women may be at risk if they have more than 7 standard drinks per week or 3 drinks per day.

Prevalence of smoking and alcohol consumption has been on rise since few years and hence it's of much concern for the health providers as the increased consumption is exposing the young adults to higher health risks.

According to global status report on alcoholism and health by WHO: The harmful use of alcohol results in approximately 2.5 million deaths each year, with a net loss of life of 2.25 million.

Though many studies have been conducted on smoking and alcoholism but still the prevalence is found to be increased. And hence an elaborate study of the knowledge and attitude is required, that gives a deep insight about the attitude towards smoking and alcoholism.

Objectives of the study:

General objective: “To assess the individual and social determinants that influences the knowledge and attitude of the young adults aged among 15-25yrs regarding the harmful effects of smoking and alcoholism.”

Specific objectives:

1. To determine the impact of social factors on attitude of younger adults
2. To assess the influence of individual determinants on attitude of younger adults.
3. To assess the knowledge of the samples regarding the harmful effects of smoking and alcoholism.

Variables:

Objectives	Variables
Demographic details	<ul style="list-style-type: none">➤ Name of the respondent➤ Gender➤ Age➤ Educational Qualification➤ Father’s highest level of education➤ Mother’s highest level of education
Social factors influencing the attitude of young adults	<ul style="list-style-type: none">➤ Peer pressure➤ Magnitude of peer pressure➤ Influencing factors for initiation of smoking➤ Influencing factors for initiation of alcoholism➤ What are the reasons for the initiation of habit of alcoholism

<p>To know the individual factors influencing the attitude of young adults</p>	<ul style="list-style-type: none"> ➤ Curiosity to experiment ➤ Age group of initiation of smoking ➤ No. of cigarettes per day ➤ Frequency of alcohol consumption ➤ Type of alcohol preferred ➤ Quantity of alcohol consumed per month
<p>To assess the knowledge of the sample regarding the harmful effects of smoking and alcoholism</p>	<ul style="list-style-type: none"> ➤ Factors that influence the sample to smoke and drink alcohol ➤ Harmful effects of smoking ➤ Harmful effects of alcoholism ➤ Harmful effects in pregnancy due to alcoholism and smoking

Methodology:

Study setting –Urban area of Bhagalpur district.

Study population- Study population was all the young adults aged between 15 - 25year. According to Sample Registration System (SRS 2010) 19.7% of the Bhagalpur district population was b/w the age group of 15-25.As per SRS 2010 the district population for the age group of 15 -25 year was 597348, this population is taken as the study population for the study.

Sample size- sample size was calculated on the basis of smoking prevalence 20% among 15-25 years population in the GYTS Bihar study. Thus the sample size came to 246 at confidence limit 5% and confidence level 95%. Sample size was calculated by the use of Epi Info™ 7 statistical package.

Out of this sample size 200 samples were covered rest of the sample could not be covered because of completion of study period and that is one of the major limitation of study.

Sampling technique and selection of samples- convenient sampling technique was used to selection of sampling sites, samples were selected from markets, colleges and other public places after this purposively samples were approached b/w the age group of 15-25 year then randomly the samples were selected.

Selection Criteria-

❖ Inclusion criteria-

1. Young adults should belong to Bihar.
2. Young adults should be a resident of that particular selected district.
3. Young adults should be within the age group of 15-25 year.
4. It is not necessary that he should indulge in smoking and alcoholism.

❖ Exclusion criteria

5. A young adult not a resident of the state and district.

Study period- Dissertation tenure was of 2 completed months. First month was dedicated for preparing the proposal for the study, collecting all the background information and for preparing primary data collection tools.

Second month was dedicated to actual field visits and collection of data, analysis and report writing.

The study period started from 20th of February to 20th of April.

Study design- This is a qualitative study to assess the knowledge, attitude and perception of younger adults.

Data collection tools & data collection-

The self administered questionnaire for data collection was developed in the form of structured questionnaire with the help of an extensive review of literature and study of literature from various journals, magazines and text books, websites and on the basis of these structured questionnaire data was collected.

Primary data collection tools were prepared in the form of interview schedules and pre-tested in the field for appropriateness. Changes were done according to pre-test results and printed in sufficient numbers for use in the field.

Data entry and analysis- Data entry was done in SPSS 16.0 and analysis was done using Excel and SPSS 16.0 software. Wherever possible percentage and Chi-square test were applied.

Ethical issues- Informed consent was taken from all the study participants and ethical issues were considered.

Limitation of the study- Since the actual sample size taken was 250 but only 200 were covered because of other work responsibility of job. The schedule was very hectic at job and didn't get more time for data collection. Extreme hot weather of the state proved to be the major constraint for field visits apart from other limitation such as short duration, lack of conveyance etc. Limitations mentioned can have their impact on the findings of the study due to incomplete sample size.

The sample size consists of 86% of males and only 14% females, as the females feel more reluctant about disclosing their drinking and smoking attitudes. Hence the number of male and female respondents is not equal

Large number of students taken is in the age group between 19-22 years (44%) and therefore the age distribution of all the respondents is also not same.

Review of literature

1. A study done by Harini Priyam et.al. “Prevalence, Knowledge and Attitude of Tobacco Use Among Health Professionals In Mangalore City, Karnataka” revealed that Ever consumers were 37% and 19% were current consumers of tobacco. Cigarette is major product consumed. Majority of the current consumers (56.92%) had attempted to quit but more than half (60%) had again restarted the habit. Addiction was the cause for not quitting the habit among 15.38% of current consumers. 38.9% stated that they had participated in anti tobacco programmes. Majority of the health professionals (72.91%) have expressed that tobacco use has to be banned.
2. A study done by Gupteshwar Singh et.al. “Prevalence and Correlates of Tobacco use Among 10-12 Year Old School Students in Patna District, Bihar, India” n= 1626 revealed that Ever users in the sample were 16.6% and current users were 5.1% . Current use was significantly associated with male sex .students not participating in sports tobacco use among friends , unaware of harmful effects of tobacco and students who were used by parents and teachers to buy tobacco for them.
3. A study done by Holly E. R. Morrell et. al“Smoking Prevalence and Awareness Among Undergraduate and Health Care Students “ n=10000 revealed that Health care students reported lower rates of current smoking than undergraduate students, even though both groups demonstrated similar knowledge of tobacco-related health risks.
4. A study done by Mohammad R. Torabi et. al. “Comparison of tobacco use knowledge, attitude and practice among college students in China and the United States” n=2131 exposed that American students scored higher in knowledge but lower on the attitude scale of the questionnaire. American respondents also were more likely to smoke cigarettes and use other tobacco products. Chinese students, on the other hand, had a higher rate of starting smoking at age 13 years or younger and were less likely to have tried to quit.
5. A study done by xyz et al “A comparison of responses to alcohol expectancy questionnaire (CEOA) of Indian and Malaysian medical students” the male respondents were inclined show higher affinity towards acceptance of alcohol females are very much less so. However, the respondents of both groups appeared to be well aware of the negative aspects of alcohol.

6. A study done by Wojtal M et. al. "Comparison of the knowledge level of stationary and non stationary students of the Public Higher Medical Professional School in Opole on the subject of the health results of smoking" revealed that Students of non-stationary studies demonstrated the higher level of the knowledge on the subject of health results of smoking. The stationary students, young people, don't realize a nicotine addiction as the strong risk fully--11.2% of examined is negating a fact that the smoking can cause so strong addiction, like taking drugs.
7. A study done by Arima mishra et al "Indian Youth Speak About Tobacco: Results of Focus Group Discussions with School Students" . Forty-eight FGDs were conducted with students (N = 435) in sixth and eighth grades in six schools in Delhi, India. Key findings include: (a) students in government schools reported as "consumers" of tobacco, whereas students in private schools reported as "commentators"; (b) parents and peers have a strong influence on youth tobacco use; (c) chewing gutkha is considered less harmful and more accessible than smoking cigarettes; (d) schools are not promoting tobacco control activities; and (e) students were enthusiastic about the role government should play in tobacco control
8. A study done by xyz et al "ADOLESCENT SMOKING-A STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICE IN HIGH SCHOOL CHILDREN" n=501 in the age group of 12-17 years Prevalence of smoking was 6.8%. Smoking was predominantly a male feature and about half were occasional smokers (once in 3 months).Peer influence was cited as the most common initiating factor and the 1st puff was taken most commonly at mean age of 13 yrs. Majority of non-smokers (88%) cited "bad for health" as the primary reason for not smoking. More than half the children had a smoker in the house and about 40% had no idea about dangers of smoking.

Results and findings of the study:

Table 1- Demographic Variables of the sampled younger adults

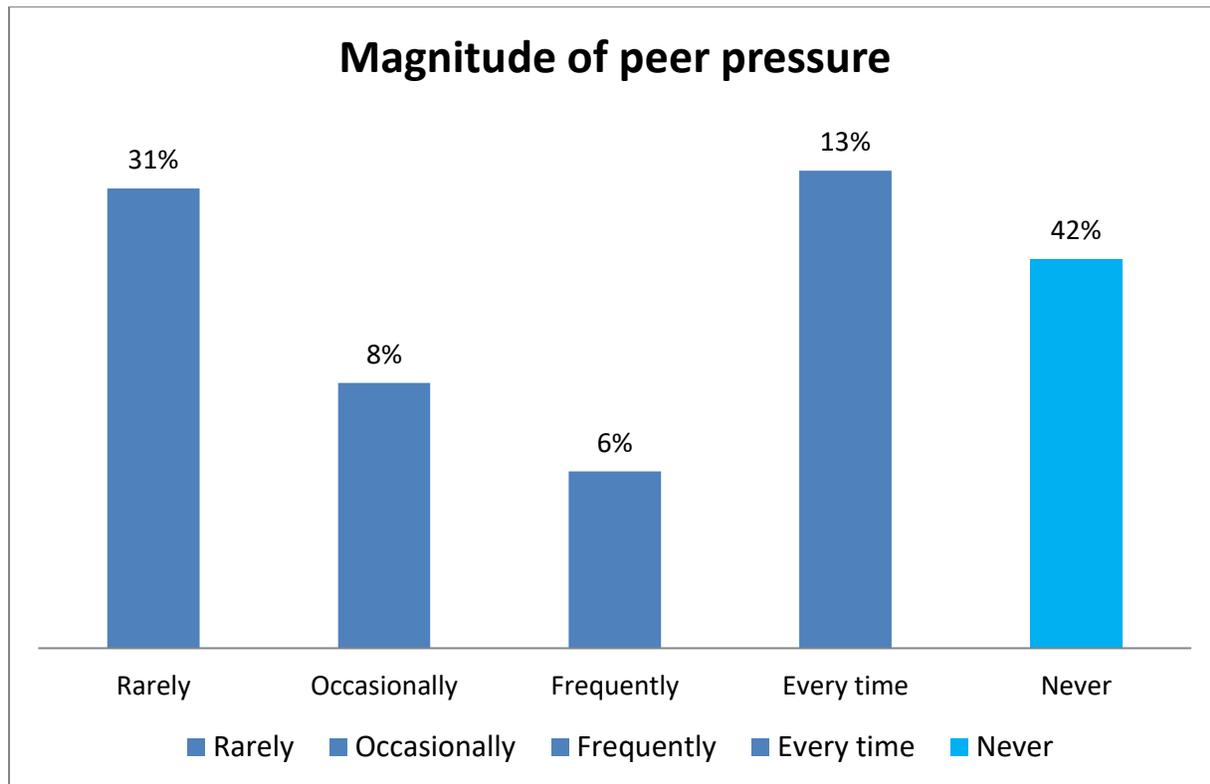
General Profile	sampled younger adults (N=200)
Age	Percentage
15-18	31%
19-22	44%
23-25	25%
Sex	
Female	14%
Male	86%
Educational Qualification	
10th	11%
12th	19%
Graduate	46%
Post-graduate	24%
Educational qualification of their Parents	
Father	
Middle Class	4%
High School	11%
Higher Secondary	26%
Graduate	47%
Post-graduate	12%
Mother	
Illiterate	13%
Middle Class	20%
High School	36%
Higher secondary	24%
Graduate	7%

Out of 200 younger adults 31% of the students were of the 15-18yrs age group, 44% were of 19-22 yrs and 25% belonged to the 23-25yrs age group. 86% of them were males and 14% of samples were females. 46% of the students were from the graduate classes. In relevance to educational status of parents, 59% of fathers and 7% of mothers were well qualified.

1. Social factors influencing the attitude of younger adults

1.1. Peer pressure and magnitude of peer pressure: Out of 200 sampled younger adults 58% of adults accepted that their peers or friends forced or insist to try a cigarette or taste alcohol.

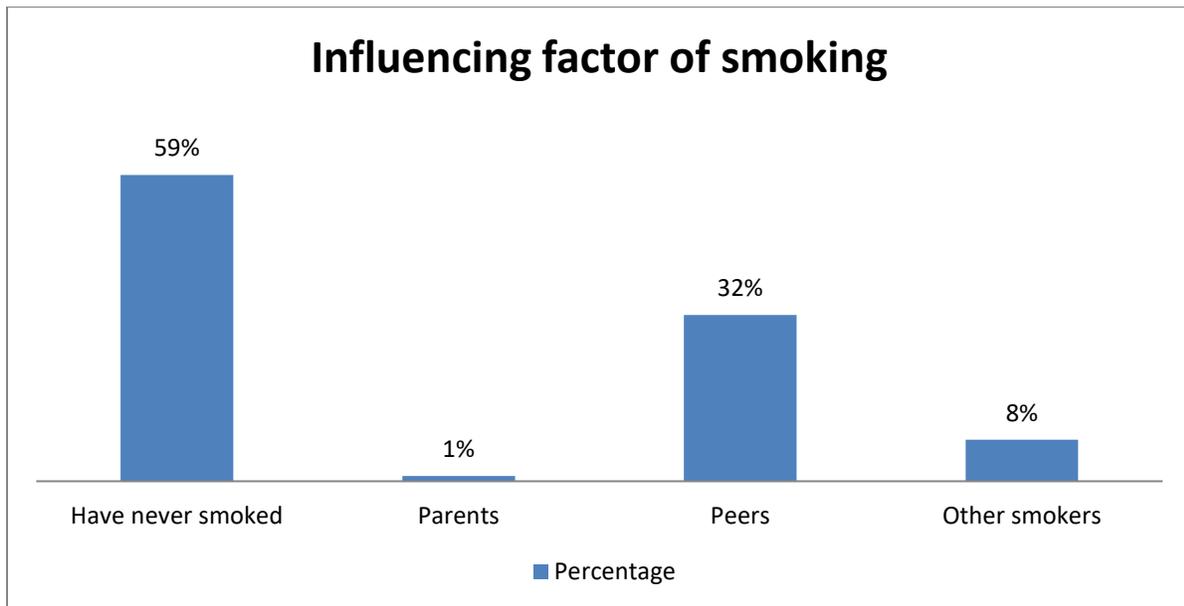
Figure 1- **Magnitude of peer pressure**



Out of the 58% who were forced into the habit of smoking or alcoholism, 31% rarely forced in the habit, 8% of the samples were forced occasionally, where as 6% of the population were forced frequently and 13% were forced every time when they meet.

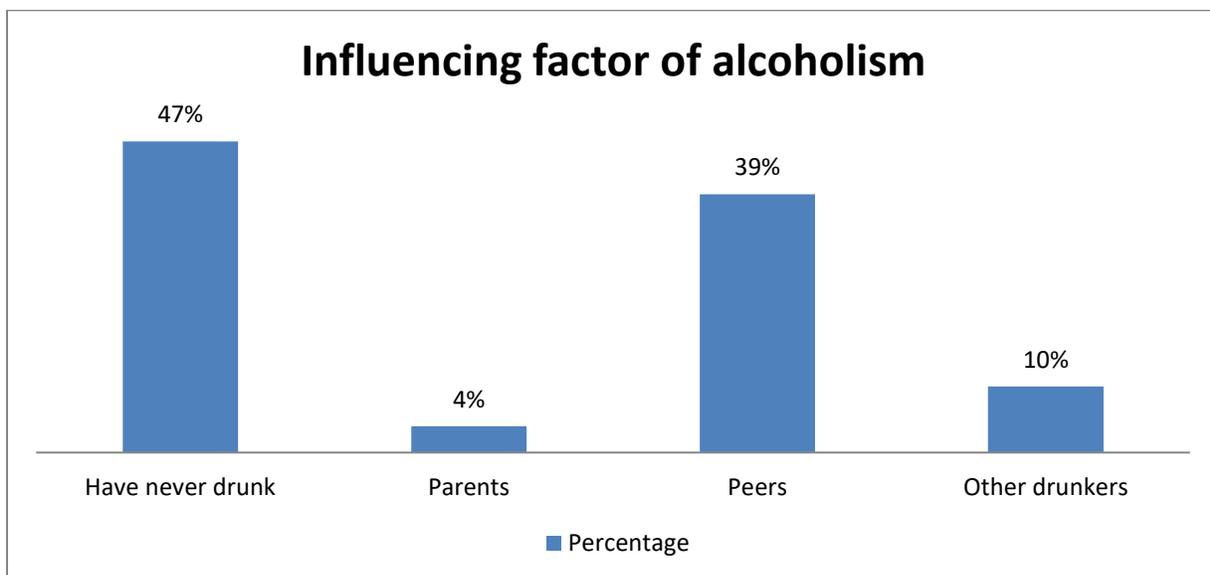
1.2. Influencing Factor of smoking: When the factors influencing smoking were studied, out of the total study population (i) 59% had never smoked; (ii) 32% were influenced by peers; (iii) 8% were influenced by other smokers and (iv) 1% were influenced by parents.

Figure 2. Influencing Factor of smoking



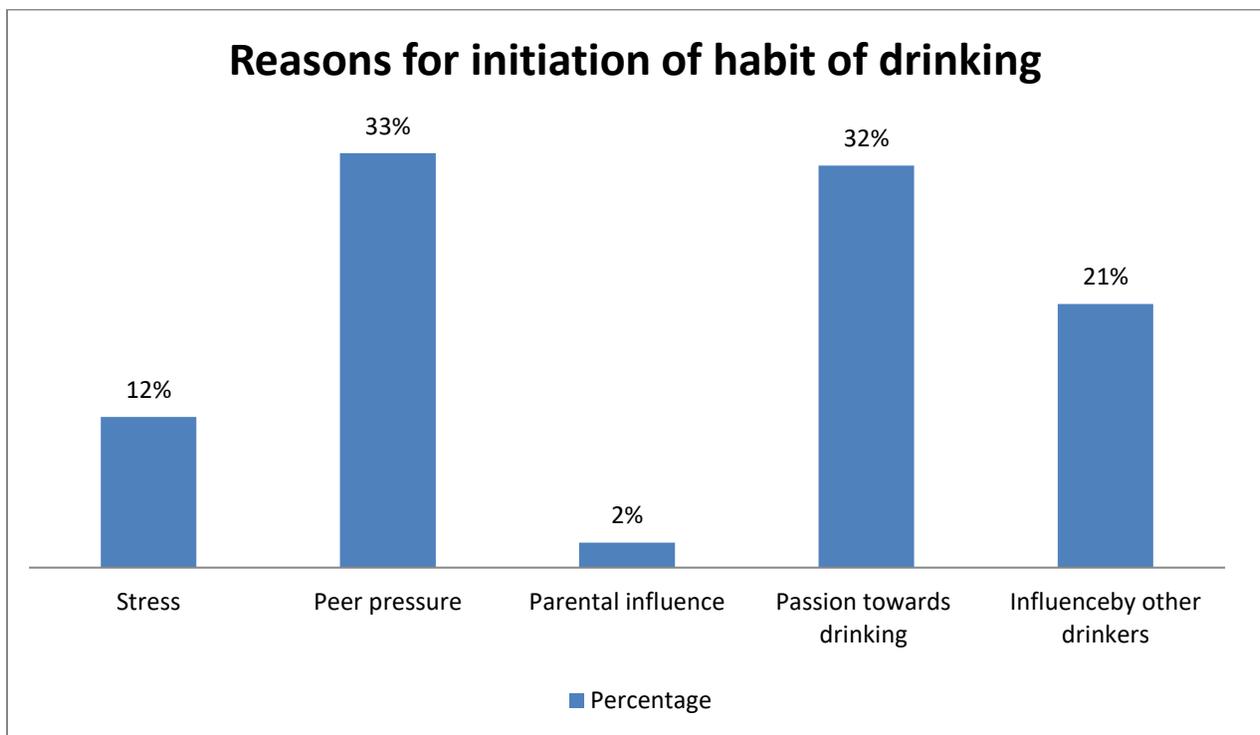
1.3. Influencing Factor of alcoholism: On studying the factors influencing alcoholism, 47% had never drunk, and out of the remaining population, (i) 39% felt that peers played an important role in influencing the habit; (ii) 10% said that other drinkers influence others and (iii) 4% thought parental influence also matters.

Figure 3. Influencing Factor of alcoholism



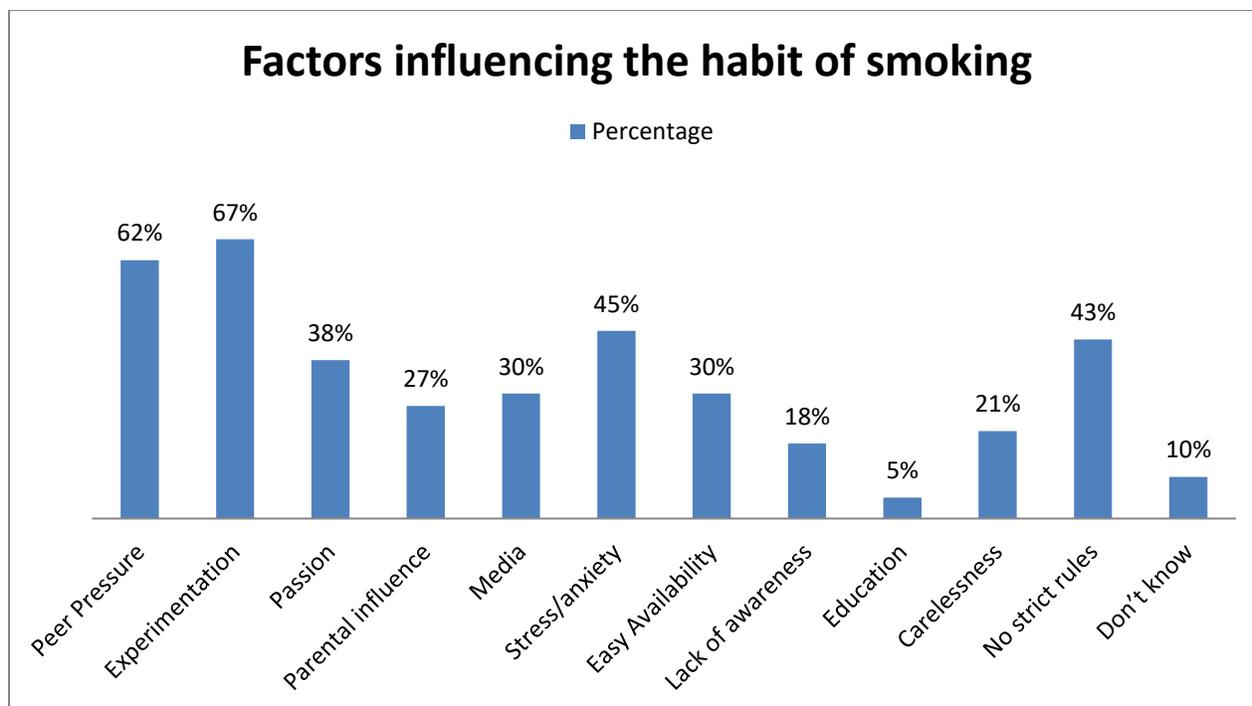
1.4.Reason for initiation of habit of drinking : After studying the factors affecting the initiation of habit of drinking, it was seen that only 12% of the study group thought that stress was a contributing factor for them to start drinking When peer pressure as a reason for initiation of the habit was studied, it was seen that 33% started drinking because of peer pressure When parental influence was studied as a factor for the habit, according to 98% of the study population it was not a reason to start the habit Of the study population practicing the habit, 79% were not influenced by other drinkers while 21% were influenced by other drinkers.

Figure.4. Reason for initiation of habit of drinking



1.5.Factor influencing the habit of smoking: When asked about the factors influencing the habit of smoking, maximum respondents described experimentation as the reason, with peer pressure coming to a close second. Stress and anxiety and no strict rules are also major factors influencing the habit of smoking. The main reasons behind this are the curiosity amongst youth about smoking products and the pressure to conform to people of their age group.

Figure.5. Factors influencing the habit of smoking



2. Individual factors affecting the attitude of young adults:

2.1. Curiosity to experiment the cigarette and alcohol: When the attitude of the young adults towards alcoholism and smoking were studied, only 29% were curious to taste or experiment with alcohol and cigarettes; 42% weren't curious while 29% did not respond to the question.

2.2. Age of Initiation of alcoholism habit: When the study population was asked about the age at which they started the habit of drinking, 47% had never drunk and out of the rest of population: (i) 21% started at the age between 15-18yrs; (ii) 19% began at the age of 19-22yrs; (iii) 13% indulged at the age of 23-25yrs and whereas 40% sample never drunk the alcohol.

Table.2. Age of initiation of alcoholism

Age of initiation of alcoholism	Percentage
15-18yrs	21%
19-22yrs	19%
23-25yrs	13%
have never drunk	47%
Total	100%

2.3.No. of cigarettes smoked by smokers per day: When the frequency of smoking was studied, out of 200 samples, (i) 59% never smoked; (ii) 17% were quitters; (iii) 19% smoked < 5 cigarettes/day; (iv) 3% smoked 6-9 cigarettes/day; (v) only 2% smoked >10 cig. /day.

Table3. No. of cigarettes smoked by smokers per day

Particulars	Percentage
Have never smoke	59%
i use to smoke but not any more	17%
less than five per day	19%
6-9 per day	3%
more than 10 cigars per day	2%
Total	100%

2.4.Frequency of alcohol consumption among the samples: From the data obtained it is been observed that 47% people never consume alcohol, 13% consume alcohol once in a week, 12% consume alcohol less than once in a month, 11% consume alcohol once in a month while 11% consume once in two week, 6% consume alcohol several times a week .

Table.4. Frequency of alcohol consumption among the samples

Particulars	Percentage
Never	47%
less than once a month	12%
once a month	11%
once in 2 weeks	11%
once in a week	13%

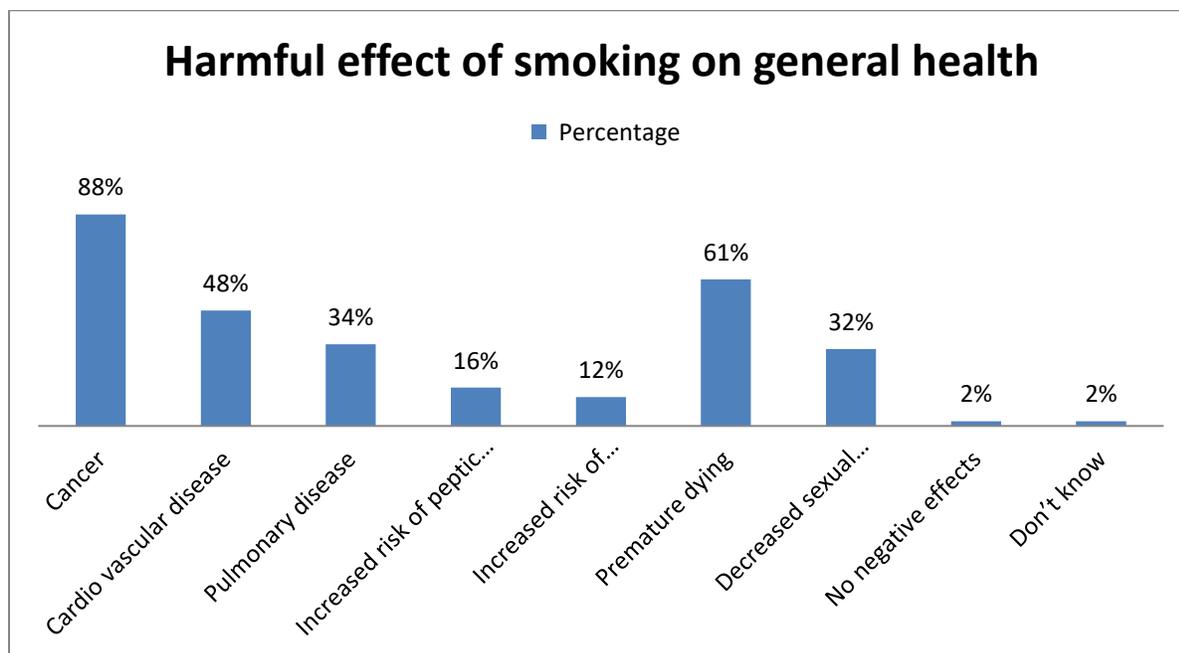
several times a week	6%
Total	100

3. Knowledge regarding the harmful effects of smoking and alcoholism :

3.1. Harmful effect of smoking on general health:

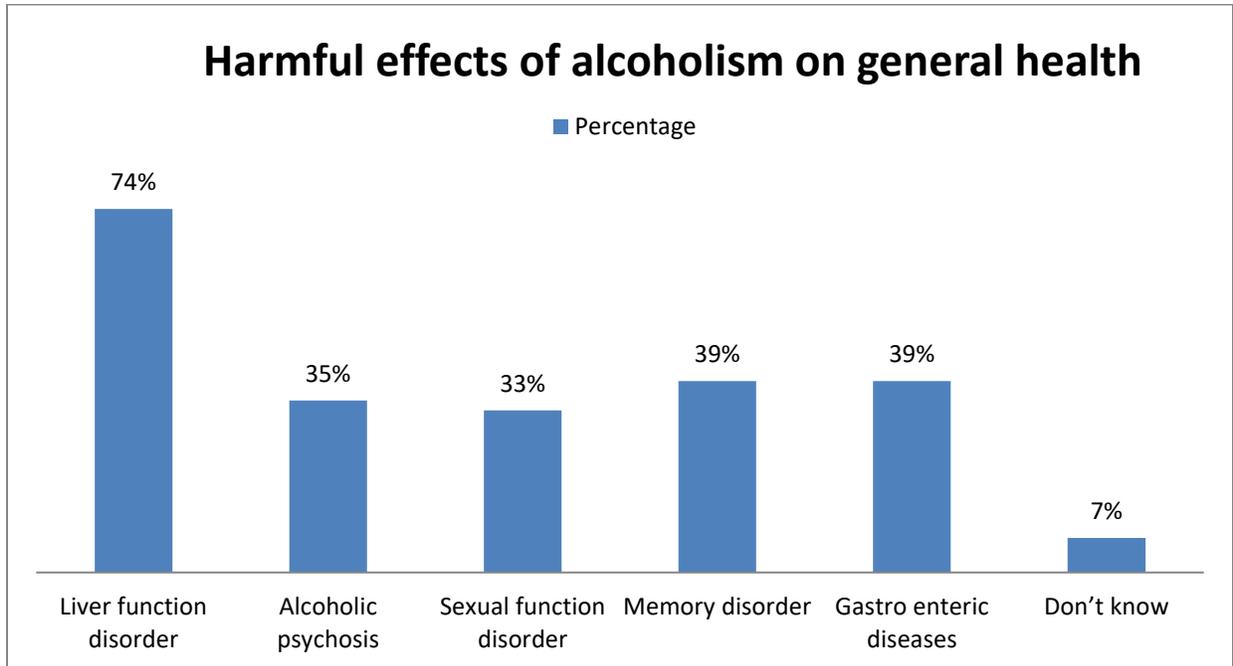
When level of awareness was studied, 88% of total population was knew that smoking caused cancer ,only 48% of them knew that smoking causes cardiovascular diseases 34% stated that smoking causes pulmonary diseases .When effects of smoking were studied, 16% knew that smoking increases the risk of peptic ulcers When asked about the effects of smoking, out of 200 samples only 12% knew that smoking increases the risk of duodenal ulcers 24% knew that smoking results in facial wrinkles Out of the total study population of young adults, only 61% knew that smoking can cause premature dying When the study about effects smoking were studied, only 32% were aware that it can reduce the sexual performance Out of the total study populatio only 2% said that there were no negative effects of smoking When the effects of the habit of smoking were studied only 2% did not know of any harmful effects of smoking on health.

Figure.6. Harmful effect of smoking on general health



3.2. Harmful effects alcoholism on general health:

Figure.7. Harmful effect of alcoholism on general health



From the studied population it is been found that 74% population feels that liver disorder takes place.

The graph indicates that 65% studied population does not feel the alcoholic psychosis is one of the negative effect of alcohol consumption over health while 35% population agrees.

Out of 200 studied population it is been found that 33% population thinks that there is some sexual function disorder due to consumption of alcohol. From the studied population 39% population think that there is a memory disorder due to the consumption of alcohol. It is been observed that 39% population think gastro enteric disorder arises due to consumption of alcohol. The study indicates 7% population does not know the negative effect of alcohol consumption.

Discussion :

A study done by Harini Priyam et.al. “Prevalence, Knowledge and Attitude of Tobacco Use Among Health Professionals In Mangalore City, Karnataka” revealed that 56 % were the tobacco consumers in the form of tobacco and they accepted peer pressure and experimentation were the factors to initiate the habit and the same is found in the present study that 52% of the younger adults were indulge in habit of smoking and 62% and 67% have accepted that peer pressure and experimentation are the important factor for initiating smoking.

A study done by xyz et al “A comparison of responses to alcohol expectancy questionnaire (CEOA) of Indian and Malaysian medical students” the male respondents were inclined show higher affinity towards acceptance of alcohol females are very much less so same is found in the present study that females are very much less involve in these habits and also they were reluctant to talk about their smoking and drinking habits.

A study done by Wojtal M et. al. “Comparison of the knowledge level of stationary and non stationary students of the Public Higher Medical Professional School in Opole on the subject of the health results of smoking” revealed that young people, don't realize a nicotine addiction as the strong risk fully--11.2% of examined is negating a fact that the smoking can cause so strong addiction, like taking drugs similar findings are also come out of this study that 7% of the study population don't know that alcoholism has dad impact on health 2% are same with the smoking.

A study done by Arima mishra et al “Indian Youth Speak About Tobacco: Results of Focus Group Discussions with School Students” . Forty-eight FGDs were conducted with students (N = 435) in sixth and eighth grades in six schools in Delhi, India Key findings include parents and peers have a strong influence on youth tobacco use same kind of result is also revealed by this current study that peers and parents have strong influence on their smoking and drinking attitudes.

A study done by xyz et al “Adolescent smoking –A study of knowledge, attitude and practice in high school children” n=501 in the age group of 12-17 years Prevalence of smoking was 6.8%. Smoking was predominantly a male feature and about half were occasional smokers (once in 3 months).Peer influence was cited as the most common initiating factor and the 1st puff was taken most commonly at mean age of 13 yrs. Majority of non-smokers (88%) cited "bad for health" as the

primary reason for not smoking in current study When the frequency of smoking was studied, out of 200 samples, (i) 59% never smoked; (ii) 17% were quitters; (iii) 19% smoked < 5 cigarettes/day; (iv) 3% smoked 6-9 cigarettes/day; (v) only 2% smoked >10 cig. /day and 88% of the sample cited that smoking causes cancer.

So we can conclude that peer pressure, experimentation and parental influence are the important factors for initiation of the smoking and drinking habits in younger adults and they have such a negative attitude even they know the bad consequences of these bad habits but still they are pouring their self to these bad habits.

Conclusion:

The study entitled “The attitude of young adults between 15-25 years towards smoking and alcoholism ” was carried out in schools,colleges,markets,coaching centers in Bhagalpur with the objective of determining the awareness of youth about smoking and alcoholism, to find out the age group most commonly influenced by it .The study also suggests that smoking and drinking rates remain high between the age group of 19-22 years predominantly males with the highest prevalence. Peer pressure is the reason for the youngsters to adopt this habit. Stress is not the cause behind this habit for most of the people.

Parental influence, media does not lead to higher instance of drinking and smoking amongst youth. Awareness about the ill effects of this malady has been found to be present amongst the youth both in smokers and non-smokers. 15-18 years has been found to be the age when initiation of drinking and smoking has occurred. Lack of education has been a factor leading to the persistence of this habit.

Recommendations:

A healthy society is the wealthy society. When all the individuals are free from any kind of bad habits that can adversely affect their health and fully aware of the healthy practices they should adopt. So some measures should be followed not only at the community level but also at the individual level to avoid any health related distress.

Recommendations for the students:

- Prevention programs for elementary school:
 1. Children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout.
 2. Education should focus on the following skills:
self-control; emotional awareness; communication; social problem-solving; and academic support, especially in reading.
- Prevention programs for middle or junior high, high school students:
students should increase academic and social competence with the following skills: Study habits and academic support; Communication; Peer relationships; Self-efficacy and assertiveness; Drug resistance skills; Reinforcement of anti-drug attitudes; and Strengthening of personal commitments against drug abuse

Recommendations for the parents:

Family Programs

Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information.

Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement.

Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring

activities; praise for appropriate behaviour; and moderate, consistent discipline that enforces defined family rules.

Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances.

Brief, family-focused interventions for the general population can positively change specific parenting behaviour that can reduce later risks of drug abuse.

Recommendations for the schools and community:

There are numerous community-based prevention programs that have been thought to be helpful in educating children and families about the harms of substance abuse. There are mediating factors of classroom-based substance abuse that have been analyzed through research. There are specific conclusions that have been generated about effective programs. First, programs that allow the students to be interactive and learn skills such as how to refuse drugs are more effective than strictly educational or non-interactive ones. When direct influences (e.g., peers) and indirect influences (e.g., media influence) are addressed the program is better able to cover broad social influences that most programs do not consider.

Programs that encourage a social commitment to abstaining from drugs show lower rates of drug use. Getting the community outside of the school to participate and also using peer leaders to facilitate the interactions tend to be an effective facet of these programs. Lastly, teaching youth and adolescents skills that increase resistance skills in social situations may increase protective factors in that population.

Focus of most community-based programs is on changing community policies and norms such as stricter policies on underage access to and consumption of alcohol.

Reference:

1. Shashidhar A, Harish J, Keshavamurthy SR. Adolescent Smoking - A Study of Knowledge , Attitude and Practice in High School C hildren. Pediatric Oncall. [serial online] 2011 [cited 2011 January 1];8. Art # 7. Available from http://www.pediatriconcall.com/fordocor/Medical_original_articles/smoking.asp
2. Mishra A , Arora M, Stigler H M, Komro A K, Lytle A L, Reddy S K and Perry L C.,Indian Youth Speak About Tobacco: Results of Focus Group Discussions with School Students. Health Education & Behavior, Vol. 32 (3): 363-379 (June 2005).
3. Wojtal M, Kurpas D, Sochocka L, Seń M, Steciwko A. Comparison of the knowledge level of stationary and non stationary students of the Public Higher Medical Professional School in Opole on the subject of the health results of smoking. Przegl Lek. 2007;64(10):800-3. PMID: 18409313 [PubMed - indexed for MEDLINE]
4. Ganaraja B, Ramesh BM, Kotian MS. A comparison of responses to alcohol expectancy questionnaire (CEOA) of Indian and Malaysian medical students. Indian J Physiol Pharmacol. 2010 Jul-Sep;54(3):265-70. PMID: 21409864 [PubMed - indexed for MEDLINE]
5. Moham m ad R. Tor abi, Jingzhen Yang and Jianjun Li. Comparison of tobacco use knowledge, attitude and practice among college students in China and the United States. Health Promot. Int. (2002) 17 (3): 247-253. doi: 10.1093/heapro/17.3.247
6. Holly E. R. Morrell, Lee M. Cohen, and Jared P. Dempsey, Smoking Prevalence and Awareness Among Undergraduate and Health Care Students. Am J Addict. 2008 May–Jun; 17(3): 181–186. PMID: PMC2757300 NIHMSID: NIHMS124529
7. Gupteshwar Singh, D.N. Sinha, P.S. Sarma and K.R. Thankappan Prevalence and Correlates of Tobacco use Among 10-12 Year Old School Students in Patna District, Bihar, India. Indian Pediatrics 2005; 42:805-810
8. Harini PriyaM, Sham S Bhat, Sundeep Hegde K Prevalence, Knowledge and Attitude of Tobacco Use Among Health Professionals In Mangalore City, Karnataka. J Oral Health Comm Dent 2008;2(2):19-24

Annexure

Annex.A. Interview schedule for younger adults.

TITLE:

“A study to assess the knowledge and attitude of young adults aged between 15-25yrs regarding the harmful effects of smoking and alcoholism at Bhagalpur in Bihar”

INTERVIEW SCHEDULE: For the young adults aged between 15-25yrs

1. Name of the respondent:
2. Gender
 - a. Male
 - b. Female
3. Age
 - a. 15-18yrs
 - b. 19-22yrs
 - c. 23-25yrs
4. Educational Qualification
 - a. 10th class
 - b. 12th class
 - c. Graduation
 - d. Post graduation
5. Father’s highest level of education:
 - a. Incomplete secondary
 - b. General secondary
 - c. Incomplete higher
 - d. Complete higher
6. Mother’s highest level of education:
 - a. Incomplete secondary
 - b. General secondary
 - c. Incomplete higher
 - d. Complete higher

7. Have your friends/peers ever forced or requested you to try a cigarette or drinking?
- a. Yes
 - b. No

If yes how often they will insist you to drink or smoke?

8. If no are you curious about tasting and experimenting with alcoholic products and cigarettes?
- a. Yes
 - b. No

9. Do you smoke? If yes, from where have you been influenced?
- a. Have never smoked
 - b. Parents
 - c. Peers
 - d. Other smokers

10. Do you have a habit of drinking? If yes, from where have you been influenced?
- a. Have never smoked
 - b. Parents
 - c. Peers
 - d. Other smokers

11. At what age group did you start drinking?
- a. 15-18yrs
 - b. 19-22yrs
 - c. 23-25yrs

12. For you what are the reasons for provoking or starting the habit of drinking?
- a. Stress
 - b. Peer pressure
 - c. Parental influence
 - d. Passion towards drinking
 - e. Influenced by the other drinkers

13. In your view what are the major factors which will influence the habit of smoking among the following: (mark all that apply)

- a. Peer pressure
- b. Experimentation
- c. Passion
- d. Parental influence
- e. Media
- f. Stress/anxiety
- g. Easy availability
- h. Lack of awareness
- i. Education
- j. Carelessness
- k. No strict rules

14. Do you smoke? If yes, how many cigarettes do you smoke per day?

- a. Have never smoked
- b. I used to smoke, but not any more
- c. Less than five cigarettes a day
- d. About 6-9 cigarettes a day
- e. More than 10 cigarettes a day

15. In general, do you think smoking has negative effects on health? If so, what kind of negative effects it has: (mark all that apply)

- a. Cancer
- b. Cardiovascular disease
- c. Pulmonary disease
- d. Increased risk of peptic ulcers
- e. increased risk of peptic ulcers
- f. Increased facial wrinkling
- g. Pre-mature dying
- h. Decreased sexual performance
- i. Other (specify):
- j. No negative effects at all
- k. Don't know

16. How often do you consume any type of alcohol (beer, wine, liquor, vodka, champagne, etc.)?
- Never
 - Less than once a month
 - Once a month
 - Once in two weeks
 - Once a week
 - Several times a week
 - Don't know
17. Usually which type of alcohol do you prefer to take among the following? (mark all apply)
- Beer
 - Wine
 - Gin
 - Whisky
 - Rum
 - Vodka
 - Champagne
 - Others (specify):
18. Do you have a habit of drinking alcohol? If yes, how much quantity do you drink?
- Have never consumed alcohol
 - I used to drink, but not any more
 - Less than 500 ml a month
 - About 0.5-3 lts of whisky a month
 - More than 3lts a month
19. Do you think drinking alcohol during pregnancy may have negative health affects? If so, what are they? (mark all that apply. Probe: What else?)
- Death of a mother
 - Death of a foetus
 - Spontaneous abortion (miscarriage)
 - Premature delivery
 - Physical deficiency of the newborn
 - Mental deficiency of the newborn
 - Overweight of newborn
 - Other (Specify):
 - No negative effects
 - Don't know

20. What negative effects can frequent alcohol consumption have on health? (mark all that apply; Probe: What else?)

- a. Liver function disorder
- b. Alcoholic psychosis
- c. Lung Cancer
- d. Sexual function disorder
- e. Memory disorder
- f. Gastroenteric diseases
- g. Other (specify): .
- h. Don't know

21. Any comments?