Alcohol Use and Tobacco among the Teen Agers in Nepal

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Abstract

The people's right to live healthy life has been threatened because of the use of tobacco and smoking. The government of Nepal has introduced the tobacco control and regulation act 2011. However, students are learning bad habits like use of alcohol and tobacco and enjoying with their friends and not going to the school. Parents are thinking that their children are gone to the school and teachers are not thinking what is happening about their students who are using alcohol and smoking outside of the school. Alcohol use and smoking is becoming a serious problem for parents, teachers and community people. Slowly, children are having drugs and involving in crime which is totally affecting people in the society. However, this article is highlighted the present condition of using alcohol and tobacco, factors of influencing teen agers for using alcohol and tobacco.

Keywords: Alcohol and tobacco, factors, teen agers, smoking, community people.

1. Introduction

Students aged 10 to 20 years are learning alcohol use and smoking among their friends. Even, a student who studies at class 6 is smoking and using alcohol at tea shop nearby the school. According to WHO, 39.5% of males and 23.8% of females above the age of 10 use tobacco with 90% of them starting at the age of 15. Tuladhar, (2004). Smoking not only affects the person who uses but also endangers the health of other people who are sitting near.

The people's right to live healthy life has been threatened because of the use of tobacco and smoking. The government of Nepal has introduced the tobacco control and regulation act 2011. However, students are learning bad habits and enjoying with their friends and not going to the school. Parents are thinking that their children are gone to the school and teachers are not thinking what happening alcohol use is and smoking outside of the school. Alcohol use and smoking is becoming a serious problem for parents, teachers and community people. Slowly, children are having drugs and involving in crime which is totally affecting people in the society. Alcohol use and tobacco is life threatening and money consuming as it is a widespread fact and true that people are losing their life and property due to the consumption of tobacco and smoking. I have found gap between teachers and students and students and parents.

Due to globalization, and modernization, people are changing with different perspectives and habits. Today's students are very clever and they are for future but they learning smoking and alcohol habit which is an important economic and social issues from many reasons. It deprives children at their childhood and adversely affects their physical, mental cognitive development. Fundamentally, using and smoking habits are the reflection of poverty and weak economic and social institution but also other local factors as how children are learning this habit from family members and community people and culture of the society.

Alcohol use and smoking advertisements are featured prominently in mass media as well as in public displays in the form of hoarding boards and billboards. There has been hardly any restriction on the advertising of alcohol and smoking despite the nature of the product and its possible health and social impact. Students are learning from national radio, television and private FM channels and as a result it is not uncommon to see city skylines, roads, shop walls and boards, houses and national highways teeming with alcohol and smoking billboards, banners and posters.

1.1. Global and national situation

The use of tobacco and alcohol are becoming serious impacts on health and that becoming health at risk among the poorest in the developing counties like Nepal. Youth smoking is a major public health concern in much of the world and the World health organization estimates that 4.2 million individuals die every year from smokingrelated conditions (Krauth, 2005). And the people die annually from tobacco related causes by the late 2020's the estimated people will be about 10 million (Silva & Samarasinghe & Gunawardena, 2009).

According to statistics of Nepal, 44 people die daily due to diseases related to smoking and tobacco consumption and the government spends Rs 16 billion money annually for treatment of patients suffering from these diseases (Times, 2011). More than 15,000 people kills every year due to use of alcohol in Nepal, among them, 85 percent die of lung cancer and smokers suffering from lung cancer often neglect initial symptoms and take medicine by themselves without undergoing any medical check-ups. (Personal communication with Aarati Shah, medical director of Bhaktapur cancer hospital).

Cigarette smokers have a lower level of lung function than those persons who have never smoked and smoking reduces the rate of lung growth (Personal communication with Aarati Shah, medical director of Bhaktapur cancer hospital). However, in adults and among the teen agers, cigarette smoking is nothing due to not taking serious and affecting causes like heart disease and stroke.

The average age of young people is 18 years who use alcohol and tobacco in Sri Lanka (Silva & Samarasinghe & Gunawardena, 2009) and the alcohol use among the general population in Sri Lanka is much higher than in the developed counties like US and UK (Hanwella & Silva & Jayasekera, 2012). However, it shows that in developing countries like Nepal, India and Sri Lanka where young people are high risk of using alcohol and tobacco.

According to WHO, 39.5% of males and 23.8% of females above the age of 10 use tobacco with 90% of them starting at the age of 15 (Tuladhar, 2004; Choe *at el.*, 2004). However, Alcohol use and tobacco is life threatening and money consuming as it is a widespread fact and true that people are losing their life and property due to the consumption of tobacco and smoking. Smoking not only affects the person who uses but also endangers the health of other people who are sitting near. And due to globalization, and modernization, people are changing with different perspectives and their habits.

Uses of tobacoo among the boys are higher than girls in developing countries (Choe *at el.*, 2004) where as in developed countries girls are more likely to smoke than boys (Witkiewitz *at el.*, 2012). However, girls are likely to smoke among well family in urban areas then rural areas in Nepal.

1.2. Law and policy

Many countries have been introduced Tobacco products control and regulation law but most counties in Asia have weak policies and programs for tobacco (Choe at el., 2004). However, in Nepal Tobacco products control and regulation law has been introduced only in 2006 then later on 2011.

According to this tobacco products control and regulation law (n.d., 2011; Recphec, 2011), "Tobacco products" means cigarette, bidi, cigar, tamakhu, pipe-tobacco or kakkad made or manufactured for the purpose of smoking, and this expression also includes the leaf tobacco as a raw material, khaini, gutkha or other tobacco product, 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.

However, today's students are very clever and they are for future but they learning smoking and alcohol habit which is an important economic and social issues from many reasons. It deprives children at their childhood and adversely affects their physical, mental cognitive development. Fundamentally, using and smoking habits are the reflection of poverty and weak economic and social institution but also other local factors as children are learning from family members, community and society.

Cigarettes and tobacco products cannot be sold to people below 18 years of age and pregnant women (Recphec, 2011) and this Act prohibits smoking and sale and distribution of tobacco-related products at public places and slaps a fine from Rs 100 to Rs 100,000 on the offenders (Times, 2011). However, it has not highly controlled by the government of Nepal and people are not much more aware on this issue.

Alcohol use and smoking advertisements are becoming a factor for influencing to the students for having alcohols and tobacco. According to the association of advertising agencies in Nepal say that alcohol accounts for 30 percent of the total Rs. 2 billion industry turnover (Tuladhar, 2004) and not allow for displaying in mass media and public places in the form of hoarding boards and billboards. But there has been hardly any restriction on the advertising of alcohol and smoking despite the nature of the product and its possible health, culture and social impact.

Students are learning from national radio, television and private FM channels and as a result it is not uncommon to see city skylines, roads, shop walls and boards, houses and national highways teeming with alcohol and smoking billboards, banners and posters. Nevertheless, the national television and radio earned Rs. 27.5 Million from alcohol advertisements and Rs. 1.25 Million from tobacco advertisements (Tuladhar, 2004). However, the economic costs of tobacco use are equally devastating. In addition to the high public health costs of treating tobacco-caused diseases, tobacco kills people at the height of their productivity, depriving families of breadwinners and nations of a healthy workforce. Tobacco users are also less productive while they are alive due to increased sickness.

2. Influencing factors

Tobacco and poverty are inextricably linked. Many studies have shown that in the poorest households in lowincome countries spend as much as 10% of total household expenditure is on tobacco (Tuladhar, 2004). This means that these families have less money to spend on basic items such as food, education and health care. However, use of alcohol and tobacco are increasing day by day among the students in Kathmandu and in addition to its direct health effects, tobacco leads to malnutrition, increased health care costs and premature death. It also contributes to a higher illiteracy rate, since money that could have been used for education is spent on tobacco instead. Poor economic condition of the family is a one of the most important reason for using alcohol and tobacco. The poverty rate of Nepal is about 25.16 percentages (CBS, 2011) and about 34.1% people are still illiterate in Nepal (CBS, 2012). However, due to lack of education, poor people involve in low and easy type of income activities and production of alcohol by birth one of the easy activities for them.

In many developing countries, poor children who are performing less in study and less attachment in the school (Giannotta & Ozdemir, 2013) are directly involved in the tobacco business so that they and their families can just eat for that day and they either sell cigarettes or are involved in its cultivation. However, many of the children who start smoking or using tobacco in poor countries are already malnourished, underweight or wasting.

According to the (WHO, 2014), the short-term health consequences of smoking include respiratory and non respiratory effects, addiction to nicotine, and the associated risk of other drug use among young people. However, long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood. They are becoming addict to smoke and could not stay without smoking a cigarette.

Socio-democratic and school environment are another factors for using alcohol and smoking (Leatherdale & Hammond & Ahmed, 2008). That's why the students who use alcohol and tobacco have less and poorer school performances and they left school. Use of alcohol and tobacco are associated with a host of other risky behaviors, such as fighting and engaging in unprotected sex due to lack of education.

Social setting and high stress among the teen agers influence to have alcohol use and tobacco and that are potential factors for having and engaging in drinking and using tobacco (Witkiewitz at el., 2012). Many smokers occur primarily in a social context that the adult smokers who regularly attend smoking more in social settings than in other settings (Jackson & Colby & Sher, 2010). However, Children are living with that kind of community where community people use alcohol and tobacco in their society. And also social culture influence on smoking and drinking among the teen agers (Bobo & Husten, 2000). However, it determines on which culture where children are living in the society.

Social control and family structures could help to control negative events like having alcohol and tobacco (Kask & Markina & Podana, 2013). But due to use of alcohol and tobacco "negative life events and affluence were increasing younger's intense alcohol use "(p-10). However, social control depends on social norms and values and social rules and regulations for people in the society.

Children who were permitted to drink alcohol at home have been found to show increased alcohol involvement and drunkenness over time (Donovan, 2010) that means the home environment is the most popular source of alcohol for children from where children are learning alcohol habit. However, home environment depends on time and situation of family members that how much times parents could provide for their children and what is the economic condition of family in the society.

Positive family mealtime environment (mealtime without alcohol and tobacco) contributes to control children for using alcohol and tobacco (white & Halliwell, 2010). However, it depends on how many times the family can organize the family mealtime day for their children. And in the context of Nepal, for developing countries it really depends on time and expenditures for this activity.

Family base programme might be one possible solution for reducing alcohol use and tobacco among the school going children or teen agers (Leatherdale & Hammond & Ahmed, 2008). However, it depends on regular assessment and intention of family visitors. Family base programme should focus on those parents and people who use alcohol and tobacco and should address and orient with parental environment on real harmful situation of using alcohol and tobacco.

Parental involvement for drinking with children is a reason for influencing their children to have alcohol and tobacco (Patrick & Schulenberg, 2013). So, parental education and awareness should organize for making parents aware on the issue of alcohol and tobacco. The levels of parental education define the family economic and social status where they are living (Choe *at el.*, 2004). However, parents themselves are involving in such activities that they are addicted in using alcohol and tobacco. Then, how would they have a time to think about their children? Children are surviving and living same environment and learning same things.

3. Concussion

Teen agers who have close relationships with parents are less likely to smoke (Choe *at el.*, 2004). However, in the context of Nepal the components of making relationships like building trust and belief could be possible among high class family in urban areas but those people who are facing poverty as making relationships with parents could not be possible because poor parents would give time to work for survival rather than giving a time for their children.

So, minimizing alcohol use and tobacco is challenge for all in Nepal due to weak policies and programs for tobacco control. Taxes on cigarettes are high, no advertisement of cigarettes in any media is permitted, and there are strong and varied warning labels on cigarette packets (Corrao *et al*, 2000). However, it is little practice not fully implemented by the government of Nepal. Lastly, strong programs and policy, when adopted and strong

implemented, can control and minimize the alcohol use and tobacco in Nepal.

References

- Bobo, J. K. & Husten, C. (2000). Social culture influences on smoking and drinking. *Alcohol research and health*, 225-232.
- CBS. (2012). National Population and Housing Census 2011: National report. Kathmandu: Government of Nepal.
- CBS. (2011). Nepal living standards survey 2010/11. Kathmandu: Central bureau of statistics.
- Choe, M. K., Thapa, S. & Podhisita, C. *at el.*, (2004). The teen tobacco Epidemic in Asia:Indonesia, Nepal, Philippines, Taiwan, and Thailand. *Journal of youth sudies*, 73-87.
- Corrao, M. A., Guindon, G. E. & Sharma, N. et al, (2000). Tobacco control country profiles. Atlanta, Georgia: The American cancer society.
- Donovan, J. E. (2010). *The burden of alcohol use: Focus on children and preadolescents*. Retrieved 04 05, 2014, from https://www.google.com.np/search?q=the+Burden+of+Alcohol+Use.
- Giannotta, F. & Ozdemir, M. (2013). School bonding and alcohol use in Italian early adolescents: What comes first? *Merrill-palmer*, 280-303.
- Hanwella, R., Shilva, V. A. & Jayasekera, N. E. (2012). *Alcohol use in a military population deployed in combat areas: a cross sectional study.* Retrieved 04 05, 2014, from http://www.substanceabusepolicy.com/content/7/1/24.
- Jackson, K. M., Colby, S.M. & Sher, K. J. (2010). Daily patterns of conjoint smoking and drinking in college student smokers. *National institutes of health*, 424-435.
- Kask, K., Markina, A. & Podana, Z. (2013). The effect of family factors on intense alcohol use among European adolescents: A multilevel analysis. *Hindawi*, 1-12.
- Krauth, B. V. (2005). Peer effects and selection effects on smoking among Canadian youth. *The Canadian journal of economics*, 735-757.
- Leatherdale, S. T., Hammond, D. & Ahmed, R. (2008). Alcohol, marijuana, and tobacco use patterns among youth in Canada. *Cancer causes and control*, 361-369.
- n.d. (2011). *http://www.google.com.np/url?www.who_tobacco_product_control_regulatory_act_2011.pdf.* Retrieved 04 04, 2014, from Tobacco Product (Control and Regulatory) Act, 2011.
- Patrick, E. & Schulenberg, M. (2013). Prevalence and predictorsof adolescent alcohol use and binge drinking in the United States. Retrieved 04 05, 2014, from http://pubs.niaaa.nih.gov/publications/arcr352/193-200.htm.
- Recphec. (2011, 08 07). Ensure right to healthy life of people. *poster*. Kathmandu, Kathmandu, Nepal: CWIN Nepal and Recphec Nepal.
- Recphec. (2011). Tobacco products control and regulation law. Kathmandu: Recphec Nepal.
- Silva, V., Samarasinghe, D. & Gunawardena, N. (2009). Alcohol and tobacco use among males in two districts in Sri Lanka. *The ceylon medical journal*, 119-124.
- Thomas, R.,Baker, P. & Lorenzetti, D. (2008). Family-based programmes for preventing smoking by children and adolescents (Review). Retrieved 04 05, 2014, from http://www.thecochranelibrary.com.
- Times. (2011, 08 04). *http://www.nepalitimes.com*. Retrieved 04 05, 2014, from Tobacco Control and Regulation Act to be implemented.
- Tuladhar, S. (2004). Impact of alcohol and tobacco advertisements on children. Kathmandu: CWIN Nepal.
- white, J. & Halliwell, E. (2010). Alcohol and tobacoo use during adolescence: The importance of the family mealtime environment. *Journal of health psychology*, 526-532.
- WHO. (2014). *Tobacco Free Initiative (TFI):Health effects of smoking among young people*. Retrieved 04 06, 2014, from http://www.who.int/tobacco/research/youth/health_effects/en/.
- Witkiewitz, K., Desai, S. A. & Steckier, G. *at el.*, (2012). Concurrent drinking and smoking among college students: An event-level analysis. *Psychol addict behav*, 649-654.