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Research Article

Assessment of Alcohol and Other Habits Among Young Adults Attending Diagnostic Camp in Budhanilkantha Municipality Area, Kathmandu Nepal - A Descriptive Study

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Abstract

Aim: An observational study was conducted in Budhanilkantha area, Kathmandu to determine the status of oral hygiene of individuals during diagnostic camp.

Materials and Method: A total 360 subjects between 18-50 years of age range were selected for the study. It consisted of demographic detail that includes age, gender, residence, religion and other deleterious habits. Data samples were analyzed by descriptive statistics like mean and percentage with the use of using spss software version 16.

Results: Intake of other substance 155(44%) are more in subjects followed by alcohol (38%) and Tobacco (18%) are found in subjects.

Conclusion: Study requires larger sample size in similar geographical conditions to assess both knowledge and practice in relation to behavioral aspect in longer time frame.

Keywords: Oral Cancer; Tobacco; Diagnostic Camp; Observational Study

Introduction

Adolescence is realignment period, in where person develops abilities to experiment with new types of behaviors and faces the challenge of adopting healthy behavior. Since behaviors acquired during adolescence tends to prevail in throughout in life. Deleterious behaviors possesses life threatening risk and are difficult to eradicate and can have an impact on health [1]. Alcohol and tobacco possess serious threat to life. Children and adolescents mostly consume tobacco initially [2]. Smoking is mainly started in adolescence and only few people start smoking after adukthood [3]. Consumption of Alcohol is very psychoactive practice among adolescents [4]. Consumption of alcohol and smoking are very synergistic behaviors and are closely related to chronicity of the habit [5,6]. Smoking is very prevalent among South African students and varies between 37% and 43% among males in tertiary institutions [7]. According to World Health Organization (WHO), the deleterious impact of alcohol consumption on the global index of disease and severity is only second to unsafe sex and undersized child sta-

tus and it exceeds systemic risk factors like impure water and sanitation, hypertension, high cholesterol, or tobacco use [8]. Smoke form of tobacco involves drawing into the mouth, and is inhaled, smoke is produced by burning tobacco [9]. Cigarette is most commonly used smoke form of tobacco, and also includes other forms such as cigarillos, cigars, pipes or water pipes. Apart from smoke form 'smokeless' tobacco is also popular. Smokeless form typically involves chewing, sniffing or quid placement. Both smoke and smokeless forms of tobacco have similar adversities [10]. Hence the aim of the present study was to determine the level of alcohol and other deleterious habits in young adults in Kathmandu, Nepal.

Materials and Methods

Study was conducted in Budhanilkantha area of Kathmandu to determine the status of oral hygiene status of that area from 5th march 2018 to 7th march 2018 during diagnostic camp. Questionnaire based Performa in vernacular language was used for data collection after pretesting. An age range of 18-50 years of individuals attending the diagnostic camp were considered for study purpose. Study comprised total of 360 subjects (male and female) for the study. Study consisted of demographic details such as age, gender, religion, residence and other deleterious habits. The inclusion criteria comprised of subjects willing to participate in the study and signed consent form was obtained. Physically/mentally disabled subjects and unwilling to participate were excluded from the study. Statistical analysis was carried out by using spss software version 16 with use of descriptive statistics like mean and percentage.

Results

Table 1 shows the different age range of study subjects. Out of 360 subjects 180(50%) of them belonged to 29-39 years of age and 100(27%) subjects between 40 and above and 80(23%) subjects between 18-28 years.

Age Group	Number(n = 360)	Percentage
18-28	80	23%
29-39	180	50%
40 and above	100	27%
Total	360	100.0

Table 1: Age range.

Table 2 shows the Gender breakdown of study subjects. Out of total 360 subjects, majority 199(55.278%) of them were females and 161(44.722%) subjects were males.

Sex	Number (n = 360)	Percentage
Male	161	44.722%
Female	199	55.278%
Total	360	100.0

Table 2: Gender breakdown.

Table 3 Out of 360 subjects a majority 170 (76.62%) male and 120(92.07%) female belonged to urban and 60 (23.37%) male and 10(7.89%) female belonged to rural areas.

Residence	Male	Female
Urban	170(76.62%)	120 (92.07%)
Rural	60(23.37%)	10(7.89%)
Total	230	130

Table 3: Permanent residence wise distribution.

Table 4 out of 360 subjects a majority of subjects belonged to hindu religion 335(93%) were as buddhist 10(2.7%) followed by muslims 5(1.3%) christians 2(.5%) and others 8(2.5%).

Religion	Number (n = 360)	Percentage
Hindu	335	93%
Buddhist	10	2.7%
Muslims	5	1.3%
Christians	2	.5%
Others	8	2.5%

Table 4: Religion Wise Distribution.

Table 5 Depicts the intake of other substances are more in subjects 155(44%) as compared to Alcohol 140(38%) and Tobacco 65(18%) are in subjects.

Variables	Number (n = 360)	Percentage
Alcohol	140	38%
Tobacco	65	18%
Other substances	155	44%
Total	360	100.0

Table 5: Alcohol, Tobacco and other substances.

Discussion

The current study determined the extent of alcoholic drink, Tobacco and other substances consumption. Out of total subjects less than half were unaware of oral cancer, in accordance with result of the study by Pakfetrat., *et al*. Sathyanarayanan., *et al*. Turki [11-13].

Unawareness of oral cancer, by half of the study population in a developing nation like Nepal, where oral cancer is second most prevalent form of cancer in middle aged male population is an alarming signal [14]. Chief source of information regarding oral cancer was obtained from mass media than any other sources highlighting the power of media in present scenario [15-17]. In the present study the intake of other substance are more because of that subjects are addict of taking drugs they are more use to since childhood from these habits early age is the most common factor of causing the oral cancers, lack of awareness and knowledge regarding the substances whether alcohol consumption are more in middle aged group is more as compare to others and intake has taken in all the age group as the other study. According to the religion the most of the subjects belong to the hindu culture and they are more spiritually and culturally devoted.

Conclusions

Oral hygiene practices, dietary habits and access to dental care services played an important role. Study requires larger sample size in similar geographical conditions to assess both knowledge and practice in relation to behavioral aspect in longer time frame.

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