

Research Article

Prevalence and Knowledge of High Risk Behaviours among College Students

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A B S T R A C T

Introduction: Youth is a critical period for the initiation and sustenance of high risk behaviours, as they knowingly or unknowingly indulge in alcohol use, drug use and tobacco use which leads to lifestyle diseases and significant health problems, emerging as a global threat in the future. Hence the investigator step forward for the youth, by conducting a descriptive study to identify the prevalence of high risk behaviours and to assess knowledge on its various health consequences among college students in selected colleges of Thrissur district in Kerala, India.

Materials and Methods: A quantitative non-experimental approach and descriptive study design were used for the study with a sample size of 610 college students who were selected by multi stage random sampling. High risk behaviour inventory and knowledge questionnaire were the tools used. Data were organized, tabulated and analysed with descriptive and inferential statistics.

Result: Overall prevalence of high risk behaviours was 30.1%. Among the respondents, 28.7% were using alcohol, 1% was using drugs, 9.7% and 2.5% reported the use of tobacco and smokeless tobacco in their life respectively. About 42.1% of male students and 16.1% of female students reported high risk behaviours. Majority (63.6%) of them reported average level of knowledge related to high risk behaviours.

Conclusion: The study concluded that early identification of high risk behaviours and assessment of knowledge help to plan effective risk reduction and health promotive strategies.

Keywords: Prevalence, High Risk Behaviours, College Students

Introduction

'The youth is the hope of our future' - Jose Rizal. 'Good habits formed at youth make all the difference' - Aristotle. World youth population is about 1.3 billion. India is the second populous country in the world with its highest youth population of 356 million. Youth are the most vulnerable

population for high risk behaviours. A study conducted by Alcohol and Drug Information Centre of India (ADIC) showed that 20% of the alcohol users in Kerala were below 21 years.¹ 20 million youth per year and nearly 55,000 youth per day are drawn into tobacco addiction in India.² Every year about 800,000-900,000 Indians die due to tobacco

use. Amongst college students who were current users of tobacco, 22% were found to be male whereas 10.3% were female. Similarly in the case of smokeless tobacco products, males are dominant (18.5%) over females (8.4%).³ Incidence of youth, who are getting offended under the Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985, is increasing at an alarming rate which highlighted the lack of proper sensitization programmes on drug abuse in India. Furthermore, a newer trend emerged due to inaccessibility to high quality addictive drugs amongst children, to rely immensely on cheap and easily available volatile substances such as cough syrups, pain relief ointments, glue, paint, whiteners, gasoline and cleaning fluids to satisfy their cravings.⁴

There has been a significant shift in the pattern and age of initiation of intoxicating substances in recent times, closely linked to availability, affordability, peer pressure and media influence. Currently, there is evidence for a significant secular trend affecting the age at initiation of illicit drug consumption. Majority begin experimenting with substances by 15-17 years, a significant lowering from 25 to 29 years a decade back ago.⁵ The problem in India is the lack of proper sensitization programmes about drug abuse in colleges for youth. Integrated youth risk behaviour surveys and mass health awareness programmes for the youth is running in a very slow pace in our country now. There is very little number of health care centers that deal with substance abuse problems, especially in the rural areas. Even though, Government of India through health care delivery system has implemented health programmes for the betterment of the vulnerable groups, only scarce activities are focused on the health promotion and prevention of youth health risk behaviours. Community health workers have to play a vital role in planning strategies to reduce that unhealthy behaviours.⁶

Understanding the present crucial situation, the investigator felt the need to identify the prevalence of high risk behaviours namely alcohol use, addictive drug use and tobacco use and to assess the knowledge of youth on its health consequences among the college students.

Materials and Methods

A Quantitative non-experimental approach was used for the present study to identify the prevalence of high risk behaviours and knowledge among students of selected colleges in Thrissur. Descriptive survey design was used for collecting information from 610 students studying in two selected colleges of Thrissur district, Kerala. Sampling technique used was multi stage random sampling. Students in the age group from 18 to 24 years who have complete willingness to participate, were included in the study.

Data were collected by using socio personal data sheet and

high risk behaviour inventory to identify the prevalence of high risk behaviours namely alcohol use, addictive drug use and tobacco use. A structured knowledge questionnaire was used to assess the level of knowledge on high risk behaviours. The technique used for data collection was self-reporting. Researcher met students personally, after obtaining the permission of the principal of concerned colleges and head of departments. Explained the purpose of the study and ensured confidentiality. After obtaining informed consent, tools were administered to the students. The data collection process took 45 minutes for each student. The response sheets were collected and data were subjected to descriptive and inferential analysis. Based on the findings, a planned health awareness programme of 45 minutes duration was conducted for whole students in the concerned colleges in order to reduce the risk behaviours by improving their knowledge.

Result

Based on the objectives, data were analysed by descriptive and inferential statistics.

Table 1. Distribution of college students based on socio personal characteristics

| (n=610) | | |
|---|-----|------|
| Socio Personal Characteristics | f | % |
| Age (in years) | | |
| 18-19 | 364 | 59.7 |
| 20-21 | 205 | 33.6 |
| 22-24 | 41 | 6.7 |
| Gender | | |
| Male | 330 | 54.1 |
| Female | 280 | 45.9 |
| Source of pocket money | | |
| Parents | 479 | 78.4 |
| Tuition | 43 | 7.0 |
| Catering | 37 | 6.2 |
| Salesmanship | 03 | 0.5 |
| Others | 48 | 7.9 |
| Monthly recreational expenditure | | |
| ₹ ≤ 100 | 325 | 53.2 |
| ₹ 101-500 | 221 | 36.2 |
| ₹ 501-1000 | 43 | 7.2 |
| ₹ >1001 | 21 | 3.4 |
| Number of social networks | | |
| Nil | 109 | 17.9 |
| 1 to 5 | 383 | 62.7 |
| 6 to 10 | 91 | 14.9 |

| | | |
|---|-----|------|
| 11 or more | 27 | 4.4 |
| Frequency of usage | | |
| Never used | 109 | 17.9 |
| Daily | 185 | 30.3 |
| Weekly | 177 | 29.0 |
| Monthly | 139 | 22.8 |
| Family history of high risk behaviours | | |
| Yes | 247 | 40.4 |
| No | 363 | 59.6 |

Majority of the students under study were males who are active in social networking communities.

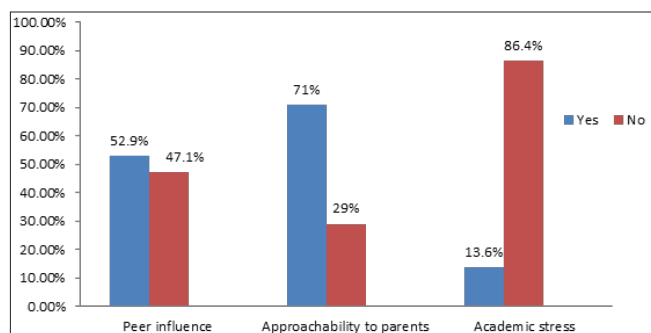


Figure 1. Distribution of students based on peer influence, approachability to parents and their academic stress

Peers play a vital role in development of high risk behaviours than parents and academics.

Table 2. Distribution of college students based on prevalence of high risk behaviours

| (n=610) | | |
|----------------------|-----|------|
| High risk behaviours | f | % |
| Yes | 184 | 30.1 |
| No | 426 | 69.9 |

Table 3. Distribution of male and female students based on high risk behaviours

| High risk behaviours | Male (n ₁ =330) | | Female (n ₂ =280) | |
|-------------------------|----------------------------|------|------------------------------|------|
| | f | % | f | % |
| No high risk behaviours | 191 | 57.9 | 235 | 83.9 |
| High risk behaviours | 139 | 42.1 | 45 | 16.1 |
| Alcohol use | 130 | 39.4 | 45 | 16.1 |
| Addictive drug use | 06 | 1.8 | 0 | 0 |
| Tobacco use | 53 | 16.1 | 06 | 2.1 |
| Smokeless tobacco use | 14 | 4.2 | 0 | 0 |

Male students reported high risk behaviours than female ones.

From table 4, it is evident that most (61.8%) initiated alcohol and tobacco use in the age of 15 to 17 years. About half (50%) started using drugs at the age of 11 to 14 years.

About 32% of alcohol users were getting alcohol during social events. Nearly half (50%) of the drug users were getting tobacco and drugs from their friends.

Table 4. Comparison of students based on characteristics of high risk behaviours

| Characteristic of high risk behaviours | Alcohol use (n=175) | | Addictive drug use (n=6) | | Tobacco use (n=59) | | Smokeless tobacco use (n=14) | |
|--|---------------------|------|--------------------------|------|--------------------|------|------------------------------|------|
| | f | % | f | % | f | % | f | % |
| Age of initiation | | | | | | | | |
| 10 years or below | 07 | 04.0 | 01 | 16.7 | 08 | 13.6 | 0 | 0 |
| 11 to 14 years | 23 | 13.1 | 03 | 50.0 | 07 | 11.9 | 02 | 14.3 |
| 15 to 17 years | 108 | 61.8 | 02 | 33.3 | 34 | 57.6 | 09 | 64.3 |
| 18 years or above | 37 | 21.1 | 0 | 0 | 10 | 16.9 | 03 | 21.4 |
| Available sources | | | | | | | | |
| Social events | 56 | 32.0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Shop | 20 | 11.4 | 02 | 33.3 | 15 | 25.4 | 03 | 21.4 |
| Elders | 48 | 27.4 | 01 | 16.7 | 13 | 22.2 | 02 | 14.3 |
| Friends | 42 | 24.1 | 03 | 50.0 | 23 | 38.9 | 04 | 28.6 |
| All the above | 09 | 5.1 | 0 | 0 | 08 | 13.5 | 05 | 35.7 |

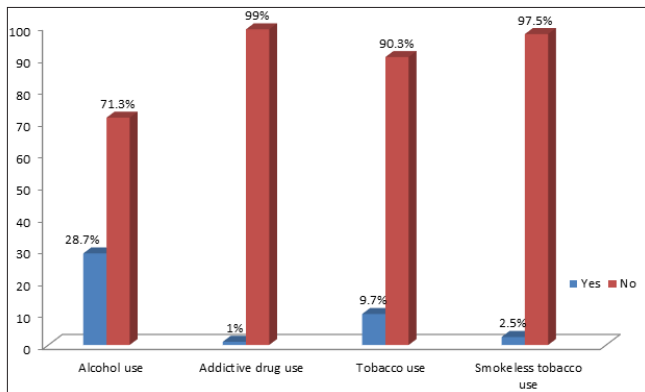


Figure 2.Percentage distribution of students based on type of high risk behaviours

Table 5.Distribution of college students based on level of knowledge on high risk behaviours

| Level of knowledge | f | % | Mean | SD |
|--------------------|-----|------|------|------|
| Good | 103 | 16.9 | 9.27 | 3.53 |
| Average | 388 | 63.6 | | |
| Poor | 119 | 19.5 | | |

(n=610)

Discussion

The study focused on assessment of the prevalence and knowledge of high risk behaviours among students in selected colleges in Thrissur district. The study findings are discussed in detail with relation to findings of other studies which the investigator reviewed.

A study conducted by the Alcohol and Drug Information Centre of India (ADIC) showed that 20% of alcohol users in Kerala were below 21 years. Most tobacco users start using tobacco before the age of 18 years, while some start as young as 10 years. About 13.1% of the people involved in substance abuse in India, are below 20 years.⁷These findings are in line with the present study which reveals that mean age of initiation of high risk behaviours was found to be 16.3 years (Table 4).

The present study found that 28.7% of respondents had tried alcohol in their life time. (Figure 2) Among female participants, the prevalence of alcohol consumption was 7.4% and among male participants it was 22.1%. Indian National Family Health Survey-3 (NFHS-3) documented that among individuals aged 15 to 24 years, 32% of men and 2.2% of women drink alcohol.⁸

A study was conducted to find out the prevalence of current tobacco use among college students in Kerala. Prevalence of current smoking was 11.7% and prevalence among male college students was found to be 13.6%. In the present study, the prevalence of tobacco use was 12% which included 16.1% of males and 2.1% of females. Global

Youth Tobacco Survey (GYTS) results in India revealed that 10.5% of males were current smokers.³Soniet. et al. (2013) revealed that prevalence of tobacco use was reported by 14.6%. These findings are comparable with the present study findings (Figure 2).⁹

Nidhi et al., (2012) revealed that male students had more prevalence of substance use compared to females. It was found that there was significant association between family history of substance use and early age of initiation.¹⁰ Shudhadeep et al (2011) showed that prevalence of substance use among the males was significantly higher than females.¹¹ In the present study, high risk behaviours were found to be more common among the male students than females (Table 3,4).

According to Hisham et al., the factors associated with substance abuse were found to be peer influence, lack of parental support.¹²Smoking was found to be considerably influenced by a best friend, father, sibling or a favourite movie star smoke and also among who are having pocket money.³ In the present study also the high risk behaviours were significantly associated with peer influence and approachability to parents.

Conclusion

The present study was aimed to identify the prevalence and knowledge of high risk behaviours among students in selected colleges in Thrissur district.

The findings revealed that prevalence of high risk behaviours among college students was 30.1%. The prevalence of high risk behaviours among male college students was found to be 40.1% and that in female college students was found to be 16.1%. About 16.9% of college students reported good knowledge on high risk behaviours, 63.6% had average knowledge and 19.5% had poor knowledge. It was found that there is statistically significant association between high risk behaviours and selected socio personal variables such as age, education of mother, average monthly expenditure for recreational activities, online social network usage, family history of high risk behaviours, peer influence and approachability to parents. It was also found that there is statistically significant association between knowledge and selected socio personal variables such as gender, online social network usage and peer influence.

From this study, it is clear that the prevalence rate of high risk behaviours is high among college students and there was significant gender based difference in the prevalence of high risk behaviours. Majority of college students were having average knowledge on high risk behaviours. Considering the prevalence rates and knowledge scores, a planned health awareness programme was conducted among college students to reduce the high risk behaviours and to improve their knowledge level. The findings of the

study have implications in nursing practice, education, administration and research. Nurse as the change agent should concentrate much on improving healthy lifestyle and reducing the occurrence of high risk behaviours. Youngsters, their family members and the community should be fully motivated and educated on high risk behaviours and its consequences. The study concluded that early identification of high risk behaviours and assessment of knowledge help to plan effective risk reduction and health promotive strategies.

Conflict of Interest: None

References

1. Website of Kerala state beverages (manufacturing and marketing 2008-2013) corporation and alcohol and drug information centre of India (ADIC). 20% liquor users under aged', The Indian express correspondence report. January 2014. Available from: www.kbsc.kerala.gov.in/reports.
2. Rajiv Theodore. Kerala becoming devil's own country. 74% children uses tobacco, highest liquor consumption, most cancer cases in India. American bazaar, India bureau chief Feb 27 2014. Available from: <https://www.americanbazaaronline.com/2014/02/27/kerala-becoming-devils-country-74-children-use-tobacco-highest-liquor-consumption-cancer-cases-india/>.
3. Global Youth Tobacco Survey (GYTS). Tobacco Free Initiative (TFI) tobacco Control 11:252-270. Available from: <https://www.who.int/tobacco/surveillance/gyts/en/>.
4. Johnston LD et al. Monitoring the future national survey results on drug use, 1975–2007, MD, National Institute on Drug Abuse. NIH Publication 2008; No. 08 (6418A.).
5. World Health Organization (WHO). The global burden, management of substance abuse, 2012. Available from: www.who.org/substanceabuse/pages/acknowledge/html.
6. Ministry of Health and Family Welfare, Government of India. Non communicable diseases risk factors survey. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22710529>.
7. Kerala State Beverages (Manufacturing and Marketing) Corporation, Alcohol and Drug Information Centre Of India (ADIC). The Indian Express Correspondence Report march 2015.
8. Indian Institute of Population Sciences and Macro International. National Family Health Survey (NFHS 3), 2007. Mumbai. Available from: http://www.nfhs_youth_statistics/html.
9. Soni Preetil, Raut D K. VMMC and Safarjung hospital AIIMS New Delhi India. prevalence and pattern of tobacco consumption in India, 1st November 2013. Available from: www.isac.in.
10. Goel N, Khandelwal V, Pandya K, Kotwal A. 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): 187. Available from: <http://www.tandfonline.com/doi/abs/10.1080/088581VX0k4>. [PubMed/ Google Scholar].
11. Das S, Ghosh M, Sarkar M, Joardar S, Chatterjee R, Chatterjee S. Adolescents Speak: Why do we Smoke? *Journal of Tropical Pediatrics* 2011; 57(6): 476-480. Available from: <https://www.cabdirect.org/globalhealth/abstract/20113405324>.
12. Bajwa HZ, Al-Turki ASA, Dawas AMK, Behbehani MQ, Al-Mutairi AMA, Al-Mahmoud S et al. Prevalence and Factors Associated with the Use of Illicit Substances among Male University Students in Kuwait. *Med Princ Pract* 2013; 22(5): 458-463. [PubMed/ Google Scholar].