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**PREVALENCE, ACCEPTABILITY AND ACCESSIBILITY
OF TOBACCO, ALCOHOL AND ILLEGAL DRUGS AMONG
SCHOOL CHILDREN IN A RURAL MARKET TOWN IN
ISAAN, THAILAND**

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Introduction

The transition time of adolescence is a time when young people experiment with ideas and behaviour that has an effect on their current and future health (Bertrand et al, 1993). It is therefore important for those involved with young people to be aware of young people's behaviour and perceptions, so that they make appropriate interventions before they start or if already started before they become addicted to substances.

In the case of smoking, drinking and drug taking, the whole inter-sectoral community needs to be aware of the prevalence of the problem and opinions of young people. Apart from the health problems of concern to health professionals, the way these substances effect school performance is of concern to teachers and the way they can lead to crime is of concern to the police. Unless the problem is understood, and unless those who have the problem are listened to, very little can be achieved.

Researching into adolescents' opinions on their acceptability and accessibility of tobacco, alcohol and illegal drugs will stimulate interest and recognition of the importance of their views and how they can be incorporated in teaching and planning to make health education of these important topics, relevant and exciting.

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The purpose of this study was to determine prevalence, acceptability and accessibility of tobacco, alcohol and drug use among younger high school children in a small market town in North-eastern Thailand. The area is not an especially high risk area but fairly typical of poor rural Thailand. Although there have been national surveys of smoking and drinking habits in Thailand, there are few surveys where school children have been asked themselves about health damaging behaviours and especially what they think should be done about it. The local education department estimate that as education is still free at Grades 2 and 3, approximately 2/3rds of children are still at school.

Data and Method

The study was in two parts:

- a) Quantitative: A cross-sectional, anonymous self-completed questionnaire study;
- b) Qualitative: Several focus groups and semi-structured interviews.

The sample was all available high schools were chosen in a rural district in North-eastern Thailand. This included one main town high school and 6 rural schools including one for novice monks; 197 school children aged 13 to 15 from grades 2 and 3 were selected out of 998, using proportionate, random sampling; a selection ratio of 1:5. Data was obtained on children's own use of tobacco, alcohol and illegal drugs as well as familial and best friends use of tobacco and alcohol. Data was also obtained on children's perceptions and other issues affecting the acceptability and accessibility of tobacco, alcohol and illegal drugs.

Analysis:

Analysis was carried out using EPI INFO Version 6 software.

1. Frequency distribution of each variable was examined.

2. Where possible variables were made into dichotomous variables so that 2 by 2 Chi-square analysis could be conducted.
3. Differences between rural, town and monk schools were examined using Chi-square.
4. Differences between smokers, drinkers and drug takers were examined with Chi-square test on all possible risk factors.
5. Differences in Chi-square were calculated to determine differences between;
 - a) ever smoked/never smoked; smoked regularly/not smoked regularly;
 - b) ever drank alcohol/never drank alcohol; drank occasionally or regularly/ not drank occasionally or regularly.
 - c) ever took drugs/never took drugs.
6. Stratified analysis was conducted on significant risk factors to detect if there was any association controlling for sex.

A probability value of $P < 0.05$ was considered to be statistically significant.

Strengths of the Questionnaire Method

1. Adolescents in Thailand have a high literacy rate, especially those going on to high school grades. It was expected that multiple choice questionnaire with some written answers would be adequately answered by the majority of students, because children would be familiar with multiple choice like answers from school examinations. It was also expected that children at this age would be old enough to respond with thought out answers and the pretest confirmed this.
2. It was hoped that self administered anonymous questionnaires would enable honesty not possible by interview which by it's nature is not anonymous. Non-anonymous interviewing might cause fear that their teacher or parents might find out. Confidentiality was stressed during the verbal introduction, written on the front sheet of the questionnaire and reinforced by asking the child not to write their name on the questionnaire.

3. The questionnaire was designed so that it could be completed within a maximum of one hour. This was confirmed during the pretest. It was felt that this would be a reasonable time to request from teachers for children to be removed from study in order to complete the questionnaire. It was also felt that any longer would create boredom and that questions towards the end might then be excluded or answered poorly.
4. Due to language limitations it was felt that this method would extract the most amount of information using a method that would require the least amount of interpersonal translation. (Translating written answers still requires much time but is possible when it is convenient to the translator). Multiple choice answers can be put into data files without being able to read the language. This demonstrates, however, that research is usually best carried out where the researcher is fluent in the language.

Results

Smoking:

Prevalence: The number of children who ever smoked was 58.2% males, 15.1% females. Only 16.3% males, 2.0% females smoked more than 1 cigarette a week. This compares to 23.4% of males and 0.71% of females aged 15-19 year olds in the 1993 National Survey. No association was found with age, town/rural, live with both parents/not, economic rating, school type or academic level.

Acceptability: Generally, children thought that a smoker their age was 'stupid' and 'boring' but less so if they smoked. Conversely, smokers were more likely to say a smoker their age 'was appealing'. Smokers were more likely to find film stars who smoked 'appealing', have best friends who smoked and think smoking helped them to make friends. 68% of all children said their father smoked. 93% knew that 'smoking kills you', 89% that it 'makes you less healthy' and 86% that it 'causes lung cancer'.

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Nearly half the children (47%) said they had seen advertisements for cigarettes even though they have been banned for several years but this may be due to the prominent displaying of cigarettes in shops. (see photograph)

Accessibility: Smokers were less likely to think shops shouldn't sell tobacco to young people but more likely to believe that children should be allowed to smoke if they wanted. Only 22% knew that the legal minimum age to buy tobacco was 18 years. Most children wanted smoking ban in schools (92%)

Children's opinions: When asked what should be done to help young people not to smoke the responses included a range forbidding the sale and manufacture of tobacco and banning smoking in public places or children from buying it.

Drinking Alcohol:

Prevalence: The number of children who had ever drunk alcohol was 58.2% males, 21.2% females. The most frequently mentioned brand that young people said they drank was *Mekong* Whisky (35% proof). The number of children who drank alcohol occasionally (less than once a week) was 48% of males and 13.2% of females. This compares to 21.7% of males and 2.1% of females aged 14 to 19 years old in the 1991 National Survey that have an alcohol 'habit' (habit not defined). Regular (more than once a week) drinkers were 2% male/female. There was no association found with age, town/rural, live with both parents/not, economic rating, school type or academic level.

Acceptability: Most children thought that a drinker their age was 'stupid' but drinkers were more likely to say a drinker their age was 'grown up' or 'appealing'. Most fathers drank alcohol regularly (71%) but drinkers were more likely to have a drinking mother. Drinkers were more likely to have a best friend who drank and to say that it is "easier to make friends" if you drink alcohol. Drinkers were more likely to say

that a film star drinking alcohol was "appealing" and to "feel more confident" if drank. Most (69%) of children had seen alcohol adverts. Two thirds (65%) knew drinking alcohol can cause 'hard liver' (cirrhosis). The most common reason for drinking was "to relax" (31%), "because friends drinking" (27%), "to cheer you up" (20%) and "to get drunk" (14%).

Accessibility: Only 5% of children said "children should drink alcohol if they want". Only 12% knew that the minimum legal age to buy alcohol is 18 years. Children's opinions: Children were creative in their suggestions on how this problem could be tackled; posters/poems/pop songs, no drinking days, a giving up alcohol camp, exercise sports activities so people aren't bored. Some responses were like slogans, "If you love life don't drink!", "Give up today and have a safe life" and "Drink milk instead"

Drug taking:

Prevalence: 18.4% males, 3% females had ever taken illegal drugs. 45% said they know people their age who took drugs. The main drugs taken were amphetamines (8% males, 3% females) cannabis (14.3% males, 1% females) and glue (7.1% males, 2% females). No association was found with age, town/rural, living with both parents or not, economic rating, school type or academic level.

Acceptability/Accessibility: Only a few children 8% said that taking drugs was "exciting", 8% said "young people should take drugs if want". Most had heard about effects of drugs from teachers and from TV. 45% said that most young people will try out drugs at some time.

Children's opinions: Suggestions of ways to tackle the problem included "provide more work: unemployment leads to addiction", "parents and teachers should be good examples" and "Drug addicts should be imprisoned and fined".

Association between smoking, drinking and drug taking;

Children who ever smoked were over 4 times more likely to have ever drunk alcohol and 10 times more likely to have tried drugs compared to non smokers. Children who ever drank alcohol were approximately 4 times more likely to have tried illegal drugs compared to never drank. Smoking could therefore be interpreted as being a "gateway" to other substance abuse and therefore intervention needs to be targeted to ensure accessibility and acceptability of substances are reduced for early or pre-adolescents.

Conclusion and Recommendations:

Accessibility: The most effective way to reduce adolescent smoking, drinking and drug taking is to reduce accessibility. The under 18 years law needs to be reviewed and taken seriously by the whole community; shop-keepers, teachers, parents, police and health staff.

Acceptability: Secondly, the whole community need to be reminded of the short and long term consequences of smoking, drinking and drug taking. Where possible parents, teachers, police and health workers need to learn about the issues and work together to combat this serious problem

- Children know about the long term health risks but more work with them is needed for them to understand the relevance to them. Children need to understand that very few are 'addicted' so that most can break the habit with basic support and encouragement. Children need to see how the disadvantages outweigh the advantages.

- Promoting children's self esteem/confidence/life skills in negotiating health limiting behaviour is a key area to be addressed in education in schools.

● Children's views need to be listened to so that health education is relevant and education should not be based on what the health educators think children need to hear. It would seem appropriate to use youth camps to disseminate information. Health and School staff have already used these in Sivilai to good effect and children like them. As children have emphasised themselves, extra-curricula activities in sport and other clubs may provide children with an alternative to substance abuse.

● Finally, it would appear that children need someone to turn to who will not be judgmental but who they know can offer them help and advice.

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