

Cultural orientation and drinking behaviors among University students in Wuhan, China

Hongxiu Tang and Ping Yin

Huazhong University of Science and Technology, China

This study examines the relationship between cultural orientation and drinking behaviors, taking into account the role of gender, hometown, grade and campus environments.

A total of 1279 university students in Wuhan in China participated in our survey during the period of May 1 to August 1, 2011 and they were assessed for measures of drinking behaviors and cultural orientation by Chinese Cultural Orientation Scale.

There were 43.32% regular drinkers, 36.71% occasional drinkers and 19.97% non-drinkers. 39.13% students were western oriented, 32.61% were traditionally oriented, 17.23% were marginally oriented and 11.03% were biculturally oriented. More traditional cultural orientation lowered the likelihood of regular drinking, as compared to bicultural orientation. Males had higher likelihood of regular drinking than females, graduate students had higher likelihood of regular drinking than undergraduates, students from urban areas had higher likelihood of regular drinking than those from town or rural areas and students in key university had higher likelihood of regular drinking than those in general university. Contingency coefficients showed there were some association between cultural orientation with gender ($r=0.12$), hometown ($r=0.12$) and university attendance ($r=0.11$).

Cultural orientation influences drinking behaviors among Chinese university students. More traditional cultural orientation was associated with lower drinking frequency while biculturalism was associated with higher drinking frequency. Western culture did not affect drinking directly. There are significant differences in drinking behaviors related to gender, hometown, grade and campus environments. The role of gender, hometown and university attendance in drinking behaviors is partially through the influences on cultural orientation.

Biography

Hongxiu Tang is studying for Master's degree in Tongji Medical College of Huazhong University of Science and Technology in China. Her focus of study is psychological and sociological aspects of alcoholism under the leadership of Prof. Ping Yin. She has participated in several global and state research projects about alcoholism, such as Global Actions on Harmful Drinking Project-Noncommercial Alcohol Use in China.

thx882008@sina.com

Global response to tobacco use and dependence: The WHO framework convention on tobacco control

Hadii M. Mamudu

East Tennessee State University College of Public Health, USA

Until the late 1980s when the US Surgeon General affirmed that nicotine is addictive, the scientific contest was whether or not tobacco use was habituation or addiction. Since then, authoritative bodies, including the UK Royal College of Physicians have indicated that nicotine in tobacco is more addictive than banned substances such as heroine. Most people begin smoking as minors and become dependent on tobacco, unable to easily quit due to nicotine addiction. The problem is, tobacco use has become globalized through tobacco industry marketing and promotion activities worldwide. There are over 46 million smokers in the US; over 1.35 billion worldwide. About one-third of non-communicable diseases (NCDs) such as cancer, cardiovascular and respiratory diseases are attributable to tobacco use. Tobacco kills half of its regular users and is responsible for over 443,000 deaths in the US; over six million worldwide. In 2003, 192 member countries of the WHO unanimously adopted the Framework Convention on Tobacco Control (FCTC) to curtail this global epidemic. This international public health treaty contains evidence-based best practices for dealing with tobacco use and dependence, including smoke-free environments, tax increases, health warnings, ban on tobacco advertising and treatment for tobacco dependence. Currently, 174 countries have ratified the FCTC; not including the US. Collaboration among countries to deal with this global tobacco epidemic increased between 2003 and 2011 and culminated in the first UN Declaration on NCDs in September 2011, which called on countries to, among others; implement the FCTC to reduce tobacco use and dependence.

Biography

Hadii M. Mamudu obtained his PhD from West Virginia University and had postdoctoral studies from Institute of Health Policy Studies/Center for Tobacco Control Research and Education at University of California in San Francisco. He is currently an Assistant Professor at the College of Public Health in East Tennessee State University where he does research in global tobacco control. He has published more than 15 papers in reputed journals and co-authored the first academic book on global tobacco control and serving as an editorial board member of reputed.

MAMUDU@mail.etsu.edu