



Psychographic characteristics, tobacco, and alcohol use in a sample of young adults on the U.S./México border



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HIGHLIGHTS

- Predominantly Hispanic young adults' psychographic characteristics were assessed.
- Tobacco and alcohol use patterns were assessed relative to psychographic clusters.
- Two clusters were identified: 'Popular Extroverts' and 'Mainstream/Conventionals.'
- 'Popular Extroverts' demonstrated greater alcohol use and greater risk for lifetime tobacco use.
- 'Mainstream/Conventionals' reported greater intentions to smoke in the next month.

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ABSTRACT

Few studies using psychographic segmentation have been conducted; even fewer in minority samples. Study aims were to identify psychographic clusters and their relation to tobacco and alcohol use within a predominantly Hispanic (87%) young adult (ages 18–25) sample. Participants ($N = 754$; 72.5% female; $M_{\text{age}} = 20.7$ [2.2]) completed the following measures online: sociodemographics, tobacco use history, the Daily Drinking Questionnaire (Collins, Parks, & Marlatt, 1985), a social activities scale, a psychographic survey, a music preference item, the Brief Sensation Seeking Scale (Hoyle, Stephenson, Palmgreen, Lorch, & Donohew, 2002), and the Mini-International Personality Item Pool (Donnellan, Oswald, Baird, & Lucas, 2006). *Two step* cluster analysis identified two groups. 'Popular Extroverts' (49.3% of sample) reported higher: extroversion scores $F(1, 652) = 40.03$, sensation seeking scores $F(1, 652) = 20.38$, alcohol use (greater number of drinks per week [$F(1, 652) = 9.69$]; and past month binge drinking [$\chi^2(1) = 12.80$]), and lifetime tobacco use ($\chi^2(1) = 10.61$) (all $ps \leq 0.002$). 'Mainstream/Conventionals' (50.7% of sample) reported greater intentions to smoke in the next month $F(1, 284) = 11.81$, $p = 0.001$. 'Popular Extroverts' may benefit from prevention/cessation messaging promoting peer support and intensity-oriented activities. For 'Mainstream/Conventionals,' messaging communicating negative attitudes toward smoking and the tobacco industry may be effective. Future directions include testing targeted messages which may be incorporated into mass media tobacco and alcohol interventions for young adults on the U.S./México border.

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1. Introduction

1.1. Smoking among young adults and Hispanics

Tobacco use remains the leading cause of preventable death in the U.S. (Centers for Disease Control and Prevention [CDC], 2012a). Although smoking rates have declined in past years, light (≤ 10 cigarettes per day) and intermittent (nondaily) smoking have increased,

particularly among young adults (CDC, 2012a; Pierce, White, & Messer, 2009; Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). Notably, still one quarter of Hispanic 18–25 year olds report smoking at least one cigarette in the past month (SAMHSA, 2013). Studies (Cooper, Rodríguez de Ybarra, Charter, & Blow, 2011; Rodríguez-Esquivel, Cooper, Blow, & Resor, 2009; Trinidad et al., 2009) suggest light and intermittent smoking are the most common smoking patterns among Hispanics; which nevertheless have been associated with multiple health consequences (An et al., 2009; Coggins, Murrelle, Carchman, & Heidbreder, 2009; Schane, Ling, & Glantz, 2010). Contrary to past conceptions, light and intermittent smokers (LITS) report difficulty trying to quit (Cabriales, Cooper,

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Salgado-García, Naylor, & Gonzalez, 2012; Reitzel et al., 2009), and between 73% and 82% have reported failed quit attempts (Tindle & Shiffman, 2011).

1.2. Alcohol use among young adults and Hispanics

Some studies have suggested the range in the prevalence of past 30 day binge drinking (females ≥ 4 drinks; males ≥ 5 drinks per occasion) among young adults to be between 28.2% and 39.5%, which is the highest of all age groups (CDC, 2012b; SAMHSA, 2013). Additionally, alcohol use intensity among young adults has been reported as the highest of all age groups (9.3 drinks per occasion), as well as nontrivial rates (12.7%) of heavy drinking (≥ 5 past month binge drinking episodes) (CDC, 2012b). One study on the U.S./México border (Cabriaes, Cooper, & Taylor, 2013) indicated that 69.2% of Hispanic college students reported current use of alcohol, which was higher than the national adult average (55.3%; CDC, 2013a). Similarly, Hispanics (CDC, 2012b) have reported among the highest rates of binge drinking (17.9%), and compared to nonHispanic whites and African Americans, Hispanics have reported the highest binge drinking intensity (8.4 drinks per occasion) (CDC, 2012b). Furthermore, one study (Caetano, Mills, & Vaeth, 2012) observed more problematic alcohol use patterns among Hispanics living on the U.S./México border compared to Hispanics living in non-border areas. As such, given these noted tobacco and alcohol use patterns it is important to identify at risk groups so that targeted cessation/prevention messaging may be developed.

1.3. Marketing health behavior

Studies have indicated the effectiveness of mass media campaigns focusing on disease prevention and health promotion (e.g., tobacco; Durkin, Brennan, & Wakefield, 2012; National Cancer Institute [NCI], 2008). Additionally, studies suggest that targeted approaches to market health behavior change are more effective than broad approaches (Kreuter & Wray, 2003). Indeed, the tobacco and alcohol industries have themselves marketed their products to specific groups, including youth (Braun, Mejia, Ling, & Pérez-Stable, 2008; Hastings, Anderson, Cooke, & Gordon, 2005; Jackson, Hastings, Wheeler, Eadie, & Mackintosh, 2000; Ling & Glantz, 2002b), and ethnic minorities (Fernandez et al., 2005; Iglesias-Rios & Parascandola, 2013). Some researchers (e.g., Ling, Neilands, Nguyen, & Kaplan, 2007) have suggested applying this knowledge within health psychology/public health to inform the creation of mass media campaigns.

1.4. Psychographic segmentation

Although segmentation using demographics (e.g., identifying groups based on gender and ethnicity) has previously been used, segmentation using psychographics has been suggested as potentially more effective (Maibach, Maxfield, Ladin, & Slater, 1996; Morgan & Levy, 2002). Psychographics include lifestyle, preferences, attitudes, and personality characteristics. Psychographic segmentation identifies individuals who are similar in terms of those characteristics, but who may also share similar substance use patterns (e.g., Ling & Glantz, 2002a). Studies have primarily used cluster analysis (Punj & Stewart, 1983) to identify psychographic groups and their relation to health behavior. For example, studies with college students have identified 'thrill seeking socializers' as one group with significantly higher rates of substance use (e.g., alcohol, tobacco), compared to other groups (Berg et al., 2010; Berg et al., 2011; Suragh, Berg, & Nehl, 2013).

1.5. Theoretical framework

As a manner of informing the inclusion of psychographic constructs in the analyses, we assessed social identity theory and social cognitive theory as relevant theoretical frameworks. Social identity theory

proposes that people develop an important part of their identity from being members of a social group (Verkooijen, de Vries, & Nielsen, 2007), and this influence is theorized to be stronger during adolescence. Self-categorization theory (an extension of social identity theory) posits that individuals adopt the group's perceived behavioral norms striving for group identification (Hogg & Abrams, 2003). Additionally, social cognitive theory suggests that individuals are strongly influenced by the behavior of others, primarily through modeling (Bandura, 1986, 2001; Maibach et al., 1996). Social cognitive theory (Bandura, 2000, 2004) also suggests that individuals choose environments aligned with their attitudes, values, and behaviors (i.e., smoking youth socializing with other smoking youth). Thus, both theories provide a relevant framework to study substance use patterns between social crowds/groups.

1.6. Study aims

The primary aim of this study was to identify clusters based on psychographic characteristics, and their potential relation with tobacco and alcohol use in a predominantly Hispanic young adult sample on the U.S./México border.

2. Method

2.1. Participants

Participants ($N = 754$) were males and females between the ages of 18 to 25 years ($M = 20.69$ years, $SD = 2.16$). Within an ANOVA framework (e.g., Berg et al., 2011), a power analysis using G*Power (Faul, Erdfelder, Buchner, & Lang, 2009) indicated that 199 participants were needed (considering small effect $f^2 = 0.04$, $\alpha = 0.05$ two tailed; 80% power). However, for cluster analysis, Formann (1984) recommended a sample size of at least 2^m , in which m represents the number of clustering variables used (in this case nine), such that at least 512 participants were needed in order to detect an effect, if present. See Table 1 for additional characteristics.

2.2. Measures

2.2.1. Sociodemographic characteristics

Age, gender, socioeconomic status, and other relevant information were collected.

2.2.2. Intentions to smoke

Among non-tobacco users, six items assessed intentions to smoke in the future. Two items came from the National Youth Tobacco Survey (NYTS; CDC, 2013b), and one item was previously used by Setodji, Martino, Scharf, and Shadel (2013). The remaining items were generated and adapted from available NYTS items to assess more proximal intentions (e.g., six month), and experimental use of other tobacco products. This measure was included given its prior use in epidemiological studies and to reflect both long term and proximal intentions to smoke.

2.2.3. Tobacco use and history

This survey included items regarding tobacco use history (e.g., quit attempts, daily/nondaily smoking), with a focus on past thirty day use. This questionnaire was included given its prior use with Hispanic smokers living on the U.S. border (e.g., Cooper et al., 2011; Rodríguez-Esquivel et al., 2009).

2.2.4. The Daily Drinking Questionnaire (DDQ)

The DDQ assessed drinking rate/frequency and time spent drinking (Collins et al., 1985). Internal reliability has ranged between 0.73 and 0.78 (Geisner, Larimer, & Neighbors, 2004; Lewis & Neighbors, 2004), and α in this study was 0.83. Two additional items assessed lifetime and past month binge drinking. This questionnaire was included given

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