



Social roles among recruits in Switzerland: Do social roles relate to alcohol use and does role change have an impact?



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HIGHLIGHTS

- Over time the number of young men living with a partner and being employed increased.
- No such change was found for parenthood.
- Living with a partner resulted in lower alcohol use at follow-up.
- Stable role situations related to lower alcohol use at follow-up.

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ABSTRACT

Introduction: Young men are likely to report high levels of alcohol use. Previous studies found a reduction in alcohol use when adopting adult social roles. This study examines the frequency of parenthood, partnership and stable employment among young men in Switzerland. It tests whether the alcohol use of those with adult social roles differs from those without and whether changes in social roles relate to changes in alcohol use.

Methods: Data was available from 5025 men (20.0 years) at baseline (August 2010 to November 2011) and 15 months later. Changes in social roles and their impact on alcohol use were examined in multiple regression models. **Results:** At baseline, 15.8% had a job and 4.9% a stable partner, and 1.5% had a child or were expecting one (30.5%, 6.1% and 2.2% at follow-up). Having a partner was associated with a significant decrease in annual frequency of drinking and weekly risky single-occasion drinking (RSOD) at follow-up. A higher number of social roles at follow-up was associated with a significant decrease in weekly RSOD. Apart from a significant decrease in weekly RSOD among those remaining in a stable partnership, role development was not found to have significant effects on alcohol use between baseline and follow-up.

Conclusions: In Switzerland, an early engagement in permanent social roles is uncommon. Nevertheless, holding single or multiple social roles was commonly associated with reduced alcohol use, although not always significantly so. In western European countries, the engagement in adult social roles is postponed to later ages.

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1. Introduction

Social roles are based on enduring and stable relationships with others and therefore determine the individual's position within a given society by providing behavioural guidance and defining their identity (e.g. McCall & Simmons, 1996). Consequently, many studies found a relationship between social roles and health behaviour such as substance use (e.g. Bachman et al., 2002; Galea, Nandi, & Vlahov, 2004). Based on the assumptions of the role accumulation theory, holding social roles structures a person's daily life through meaningful activities related to the fulfilment of these roles and therefore results in

beneficial health effects (Aneshensel, Frerichs, & Clark, 1981; Hong & Seltzer, 1995). Correspondingly, a recent study in 10 industrialised countries found that holding multiple social roles was associated with lower alcohol use, especially among men (Kuntsche, Knibbe, & Gmel, 2009). The present study examines the frequency of parenthood, partnership and stable employment among young Swiss men; it tests whether the alcohol use of those with social roles differs from those without and whether changes in social roles relate to changes in alcohol use among those concerned.

Young men in particular are likely to report high levels of alcohol use (E. Kuntsche & Gmel, 2013). Whereas the percentage of daily drinkers is rather low (below 2%) in age groups under 25 and increases thereafter, risky single-occasion drinking (RSOD, also called binge drinking) peaks among 20 to 24-year-olds (Gmel, Notari, Georges, & Wicki, 2012). Previous analyses using a sample of young men similar to the sample in

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the present study produced comparable results: 75.5% of those drinking reported at least monthly RSOD and 69.3% of their total weekly alcohol volume was consumed through RSOD (Gmel, Gaume, Faouzi, Kulling, & Daepfen, 2008).

Previous studies in the USA found evidence that among young adults, entering a stable work position or living in a steady relationship may reduce a formerly high alcohol use to lower levels (Labouvie, 1996; Moffitt, 1993). Also, becoming a parent has been associated with reduced alcohol use (Bachman, Wadsworth, O'Malley, Schulenberg, & Johnston, 1997; Labouvie, 1996). This decline was considered by some as a “maturing out” of problematic alcohol use (Johnstone, Leino, Ager, Ferrer, & Fillmore, 1996). The adoption of role-related responsibilities and duties (Bachman et al., 2002) or role incompatibility as well as the increase in social control were considered as possible explanatory factors. However, due to differences in drinking cultures and the late engagement in permanent social roles, it is unknown to what degree results can be transferred to Europe.

In recent years the engagement in adult social roles seems to have shifted to later decades. In Switzerland, age at first marriage increased by five years between 1971 and 2013 (men = 31.9 years, women = 29.6 years, Federal Statistical Office (FSO), 2013). It is argued that reasons such as spending a longer time in education followed by a delayed entrance into the labour market, less traditional gender roles, birth planning using highly efficient contraception methods and a tendency to postpone marriage and children to later in life after having settled and made a career may explain the rise in age at first marriage and at the birth of the first child. In consequence, fewer women under 30 years of age and more women above 35 give birth in many western European countries (OECD, 2011). In Switzerland, data on the mean age at the birth of their first child is only available for married women; it increased by five years between 1970 (25.3 years) and 2012 (30.4 years; Federal Statistical Office (FSO), 2013).

The relevance of social roles for alcohol use has been shown for both genders and cross-culturally (S. Kuntsche et al., 2006; S. Kuntsche et al., 2009; Kuntsche, Knibbe, Kuntsche, & Gmel, 2011) among adults older than 25 years, but – to the best of our knowledge – there are no studies on younger age groups. Younger age groups may be of particular importance as alcohol use is commonly high and social roles begin to emerge. Therefore, the present study examines the frequency of parenthood, partnership and regular occupation among young men in Switzerland. It also tests whether the alcohol use of those with social roles differs from that of those without and whether changes in social roles relate to changes in alcohol use among those concerned. In addition, as the engagement in social roles is limited in young men in Switzerland, the study does not focus on role combinations but instead on the number of social roles held and its impact on alcohol use (S. Kuntsche et al., 2006; S. Kuntsche et al., 2009; S. Kuntsche et al., 2011).

2. Method

The sampling of young men was carried out within the mandatory army recruitment system to which all Swiss men must present themselves in the year of their 19th birthday. Their eligibility for military or civil service is determined at conscription centres. In total, 13,245 young men present between August 2010 and November 2011 at three of the six national conscription centres in Switzerland (covering 21 of the 26 cantons) were asked to participate in the study; 7563 gave their informed written consent. Confidentiality was ensured for all participants, and the army environment was used only for enrolment purposes. Participation was independent of military or civil service. Questionnaires were sent to private addresses and the army was completely blinded about responses at baseline and follow-up. Ethical approval was obtained from the Ethics Committee for Clinical Research of the Lausanne University Medical School (research protocol 15/07).

During enrolment at the conscription centres, a short five-minute questionnaire containing sections on demography and alcohol, tobacco,

and cannabis use was given to all recruits and answered by 94% of them. It was strictly confidential for those who did not provide informed consent. This questionnaire was used to compare consenters with non-consenters (Studer, Mohler-Kuo, et al., 2013) and participants with those who gave written consent but did not return the questionnaires sent to their home addresses (silent refusal, Studer, Baggio, et al., 2013). Given the large sample size, there were some differences between consenters and non-consenters, but these differences were generally small and went in different directions. For example, non-consenters who drank alcohol were slightly more often heavy alcohol consumers, but at the same time there were more abstainers among the non-consenters (Studer, Mohler-Kuo, et al., 2013).

Data from 5990 men was obtained at baseline (t1; 79.2% of those with consent). About 15 months after the first measurement, participants were re-contacted for a second measurement (t2) and 5223 (87.2%) also responded at follow-up. The high response rate at follow-up was achieved through intense panel care, e.g. by sending birthday cards with small birthday presents between baseline and follow-up or through personal contact with those who did not respond within three weeks after an automatic reminder was sent out. The latter received what were known as encouraging telephone calls. The aim of these was to encourage non-respondents to resume their involvement in the study by establishing direct person-to-person contact. The calls were based on motivational interviewing techniques (Miller & Rose, 2009) – one of the research institutions involved in the study (the Alcohol Treatment Centre in Lausanne) has particular strengths in providing brief motivational interviewing (Bertholet, Faouzi, Gmel, Gaume, & Daepfen, 2010; Gaume, Gmel, Faouzi, & Daepfen, 2009) and their experts trained interviewer staff.

At both time points, participants reported their alcohol use and provided information on their social roles. Respondents' age ranged from 18 to 28 with a mean age of 20.0 (SD = 1.23) at baseline. Further details of the survey and the sample were published elsewhere (Studer, Baggio, et al., 2013) and can also be found online (www.c-surf.ch).

2.1. Measures

2.1.1. Social roles

The present study focused on three social roles: being or becoming a parent (i.e. the partner being pregnant), having a stable partner and having a paid job. Given the present age range, it was impossible to distinguish in the analysis between marriage and co-habitation as this would have limited the number of respondents fulfilling this social role. The authors therefore decided to focus on partnership, using two categories of marital status (having a stable partner and being married) to create this indicator.

The role of employment was defined on the basis of the respondent's current professional status. Those with regular part-time or full-time work were coded as employed whereas those without a job, on an apprenticeship or in university education were coded as unemployed. Those in military or civil service were also coded as unemployed as military service in Switzerland includes 18 or 21 weeks of basic training and annual three-week refresher courses until a number of service days is reached. Although it is also possible to complete one's military service over a continuous 300-day period, a maximum of 15% of recruits per year choose this option. Civil service is usually spread over several years with 390 days of community service in total.

All three measures on social roles are dichotomous (yes = 1 vs. no = 0) and were available at both time points. A count measure (number of social roles) was then derived on the basis of these three measures. A previous study showed that the number of social roles an individual held was a good indicator of alcohol use for both genders in most countries (S. Kuntsche et al., 2009).

2.1.2. Change in social roles

Besides the fact of holding a social role or not, a measure for role change between the two measurements was developed using the

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