



Drunkenness and its association with health risk behaviors among adolescents and young adults in three Asian cities: Hanoi, Shanghai, Taipei



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ABSTRACT

Purpose: To assess the prevalence of drunkenness among adolescents in Hanoi, Shanghai, and Taipei and explore the association between heavy drinking and other health risk behaviors.

Methods: The data are drawn from the Three-city Collaborative Study of Adolescent Health, conducted in Hanoi, Shanghai, and Taipei in 2006. A sample of 17,016 adolescents and young adults, aged 15–24 years, was selected by multistage sampling. Descriptive analysis was used to estimate the proportion of drunkenness and other health risk behaviors. Multivariate logistic regression was used to investigate relationships between drunkenness and risky health behaviors.

Results: The proportions of the sample getting drunk during the past month were 6.36%, 4.53%, and 8.47% in Hanoi, Shanghai, and Taipei, respectively. More males than females reported drunkenness in all three cities, with the difference highest in Hanoi (11.08% vs. 1.14%) and lowest in Taipei (9.69% vs. 7.18%). Different levels of relationship between drunkenness and health risk behaviors, such as anxiety, suicidal ideation, smoking, gambling, fighting, drinking and driving, and having sexual intercourse, were found across the three cities; an exception was nonuse of contraception.

Conclusion: Drunkenness was positively associated with many health risk behaviors. It may serve as an indicator of other risky behaviors. Interventions to reduce drinking and drunkenness may contribute considerably to the prevention of other risk behaviors and to adolescent safety and well-being.

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1. Introduction

As one of the most common health risk behaviors among adolescents and young adults, alcohol use seriously threatens their health and well-being. Alcohol is now the leading risk factor contributing to disability-adjusted life years in 10–24-year-olds globally (Fiona et al., 2011). According to a report by the World Health Organization (2011), alcohol is a factor in almost 10% of deaths among young people. The three most frequent forms of mortality among adolescents—accidental death, homicide, and suicide—are

associated with alcohol use (Balogun et al., 2014). Its use among adolescents and young adults, especially excessive drinking, often leading to drunkenness, has become a major public health concern.

Adolescence is the time when alcohol use typically begins and escalates. Alcohol is thought to be important in adolescent development and socialization as it helps young people to integrate with their peers and to negotiate their passage into the adult world (Hughes et al., 1997). Hughes et al. (1997) reported that children aged 12 and 13 years used alcohol to experience the adult world and to satisfy their curiosity, and those aged 14 and 15 were testing out their limits and getting drunk to share the experience with others. In the 2003 National Youth Risk Behavior Survey, Miller et al. (2007) found 44.9% of US high school students reported drinking alcohol during the past 30 days, and 28.8% reported binge drinking. A Web-based survey from ten North Carolina universities revealed

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63.6% of students described themselves as current (past 30 days) drinkers, and 35% reported getting drunk at least once a week (O'Brien et al., 2006). Although excessive drinking has been a relatively common behavior among adolescents in western countries, little is known about adolescent drunkenness in Asia. To fill this gap, we conducted a cross-sectional study to evaluate drunkenness among adolescents and young adults in three Asian cities – Hanoi, Shanghai, and Taipei – which have shared the same Confucian-based culture for thousands of years. With an emphasis on moderation, Confucianism has likely provided some constraint to excessive drinking (Iris and James, 1989; Weatherspoon et al., 2001) and may possibly mitigate the risk associated with alcohol use. However, in the past several decades, Hanoi, Shanghai, and Taipei have been undergoing marked sociocultural change in the wake of modernization, rapid industrialization, and globalization, accompanied by the adoption of more Western lifestyles. The gradual erosion of traditional Confucian values influences attitudes toward drinking and alcohol consumption; consequently, western drinking practices are gradually becoming accepted, especially among young people. As these three cities have opened to the West at different times (Taipei has the longest exposure to the West, Hanoi's exposure is the most recent, and Shanghai is between the two), traditional values may have eroded to different extents, and western drinking patterns, especially excessive alcohol consumption leading to drunkenness, may also have been adopted at different levels. We hypothesize that the prevalence of drunkenness varies across the three cities; specifically, the longer the city has been exposed to the West, the higher the prevalence of drunkenness.

Adolescence is an important transition period when many adolescents can get involved in different problem behaviors such as smoking, alcohol use, and fighting (Guilamo et al., 2005). According to Jessor's problem behavior theory (Jessor and Jessor, 1977), adolescents' involvement in any one problem behavior or health behavior increases the likelihood of involvement in others because they share many common causes. Concern about alcohol consumption among adolescents and young adults has led to increased exploration of the association of alcohol use with other health risk behaviors, often finding positive relationship. For example, research found that alcohol drinking and smoking had a high probability of co-occurrence (Istvan and Matarazzo, 1984). Adolescent internalizing anxiety and suicide were found to be related to adolescent alcohol use (Juan et al., 2010; Trim et al., 2007). Miller et al. (2007) reported that binge drinkers were 10.8 times more likely to ride with a driver who had been drinking alcohol than nondrinkers, and were 4.4 times more likely to be involved in a physical fight. Research has also suggested positive relationship between alcohol use and risky sexual behaviors, such as premarital sex, multiple sexual partners, and pregnancy (or getting a partner pregnant) (Lin et al., 2005; Miller et al., 2007; Stickley et al., 2013). Most of this research has been conducted in western countries, with a paucity of studies exploring these relationships in Asian cities. Therefore, this study will examine whether the association of drunkenness with a variety of different health risk behaviors exists, and if it do then we explore the extent to which this relationship varies across the three cities. We hypothesize that drunkenness is associated with health risk behaviors across the sites. Research (Donohew et al., 2000) has found sensation-seeking plays a crucial role in adolescents' susceptibility to alcohol use and other risky behaviors. When drunkenness is more prevalent, it may not meet adolescents' need for novelty and sensation, making them more likely to seek alternative sources of stimulation such as fighting or sexual behaviors. Therefore, we also hypothesize that the strength of the association between drunkenness and other health risk behaviors will vary across cities—being strong in Taipei, and relatively weak in Hanoi.

2. Methods

2.1. Sampling and data collection

Data for this study were drawn from the Three-city Collaborative Study of Adolescent Health by a team of researchers from the Johns Hopkins Bloomberg School of Public Health, the Population and Health Research Center in Taiwan's Bureau of Health Promotion, the Shanghai Institute for Planned Parenthood Research and the Hanoi Institute for Family and Gender Studies. This was a cross-sectional survey conducted in metropolitan Hanoi, Shanghai, and Taipei, including both their urban and surrounding rural areas. After obtaining ethical approval from the Committee on Human Research at the Johns Hopkins University as well as the collaborating local organizations, 17,016 adolescents and young adults aged 15–24 years were selected by multistage sampling methods in 2006. In Hanoi and Shanghai, both private residences and group living facilities were sampled. In Taipei, students were interviewed in school, with a small nonstudent subsample interviewed at their private residences and group living facilities. More details on the study design have been described previously (Zabin et al., 2009). The interview was conducted face-to-face, but to ensure the privacy of adolescents, participants could reply to sensitive questions with direct computer entry. In this article, we focus on the 16,554 unmarried adolescents.

2.2. Measures

2.2.1. Alcohol use and drunkenness. Respondents' involvement with alcohol was assessed with the question: "Have you ever had a glass of beer, wine, or a shot of liquor (not including while with your family at a banquet or celebration)?" If the response was "Yes", then a series of alcohol-related questions were asked to assess alcohol use. Respondents who drank alcohol in the past month were classified as current drinkers. Drunkenness was assessed based on self-evaluation through the question "In the past 30 days, how many times were you drunk?". The alternative responses were never, once, 2–3 times, more than 3 times.

2.2.2. Health risk behaviors. Health risk behaviors in this study included the following: (1) Anxiety – being worried, to the point of not being able to sleep, more than 3 times in the past 6 months; (2) Suicide ideation – having thought about hurting oneself physically or killing oneself, during the past 12 months; (3) Smoking on one or more days in the past month; (4) Gambling for money (lifetime); (5) Running away from home for at least one night (lifetime); (6) Fighting – being in a physical fight with anyone for any reason in the last 12 months; (7) Drinking and driving – driving a car, motorcycle or other motorized vehicle after drinking alcohol, or being a passenger in a vehicle driven by someone who had been drinking alcohol, in the past month; (8) Having sexual intercourse (lifetime); (9) Nonuse of contraception during first coitus, among respondents who reported having had sexual intercourse.

2.2.3. Control variables. Demographic characteristics – age, gender, economic status, and school status – were controlled in the analysis. Respondents' ages were divided into two groups according to different phases of development: age 15–19 years (older adolescents) and age 20–24 years (young adults). Economic status was assessed by the number of listed appliances that the family currently owns, and coded as above average/average/below average based on tertiles calculated separately by city. School status was divided into four categories: currently a student with a job, currently a student but without a job, currently not a student but with a job, and currently not a student and without a job. City was treated as an effect modifier, because we wanted to test cross-city differences in association between drunkenness and other health risk behaviors.

2.3. Statistical analysis

Descriptive analyses were conducted to estimate and compare the prevalence of alcohol drinking, drunkenness and health risk behaviors by city. Multivariable logistic regressions predicting risky sexual behaviors with controls for age, gender, economic status, school status, drunkenness, city, and an interaction between city and drunkenness were run, testing (1) the adjusted association between drunkenness and health risk behaviors, and (2) the differences in the association between drunkenness and these behaviors across cities. Adjusted odds ratios of drunkenness with behavior across cities were estimated by including city fixed effects to control for unmeasured differences between cities and permit significance testing of the between-city differences with the interaction term (Madkour et al., 2010). The sample was weighted according to the probability of each respondent being selected from the sample.

3. Results

Alcohol drinking, drunkenness and health risk behaviors by city are shown in Table 1. Significant differences between cities were found across all variables. In all three cities, more than half of the respondents reported having a history of alcohol use in their lifetimes, with the highest in Taipei and the lowest in Hanoi. The

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