



ORIGINAL ARTICLE

A Study of High-Risk Drinking Patterns Among Generations Based on the 2009 Korea National Health and Nutrition Examination Survey

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Abstract

Objectives: The aim of this study was to identify how the drinking patterns of a generation on the paternal side affect those of the next generations by estimating the number of high-risk drinkers by generation according to the Alcohol Use Disorder Identification Test.

Methods: Data were selected from the 2009 Korea National Health and Nutrition Examination Survey conducted by the Korea Centers for Disease Control and Prevention and were analyzed using SPSS 18.0.

Results: Later generations started drinking earlier (62.4%, 71.8% and 91.1%, respectively). The majority of the second generation consumed more than 2–4 drinks a month (83.7%), but only a small proportion experienced difficulty in everyday life (9.6%), felt repentance (9.6%), or experienced memory loss (17.9%) after drinking. Unmarried third-generation adults with high-risk-drinking fathers reported more frequent alcohol consumption [odds ratio (OR) 1.441], greater amounts on one occasion (>7 cups for men, OR 1.661; > 5 cups for women, OR 2.078), temperance failure (OR 2.377), and repentance after drinking (OR 1.577). Unmarried third-generation adults with high-risk-drinking grandfathers consumed greater amounts of alcohol on one occasion (OR 3.642), and unmarried third-generation women more frequently consumed large amounts of alcohol (>5 cups, OR 4.091). Unmarried third-generation adults with high-risk-drinking fathers were more likely to exhibit high-risk drinking patterns (OR 1.608). Second-generation individuals from a high-risk-drinking first generation were more likely to engage in high-risk drinking (OR 3.705).

Conclusion: High-risk drinking by a generation significantly affects the high-risk drinking patterns of subsequent generations.

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1. Introduction

The 2009 Korea National Health and Nutrition Examination Survey (KNHNES) conducted by the Korea Centers for Disease Control and Prevention (KCDC) revealed rates of monthly alcohol consumption and high-risk (HR) drinking of 59.4% and 17.1%, respectively [1]. This rate of HR drinking is very high compared to the rates in Japan (12%), Italy (11.2%), Canada (9.5%), the USA (8.2%), Germany (7.9%), Australia (6.3%), France (5.3%), and Sweden (1.5%) [2]. KCDC conducted web-based research into the health-related behaviors of adolescents in 2011 and found that currently drinking students were HR drinkers or consumed HR amounts of alcohol per month (one bottle for men, >5 cups of *soju*, distilled ethanol) [3].

Korean society has taken a liberal approach to alcohol consumption by young adults, including adolescents, and to drinking patterns and drinking disorders [4,5]. It has been acknowledged that drinking patterns are hard to change, so Korean society encourages onset of drinking under the guidance of fathers or elders [6]. Therefore, the drinking patterns of fathers are related to the onset, amount, and patterns of drinking by Korean adolescents [7]. Studies on family drinking history have shown that parental drinking problems are transmitted to their children [8,9]. Some 30% of study participants were classified as children of alcoholics (COAs) in several studies on problematic children [10–12]. Adult children of alcoholics (ACOAs) are COAs who are older than 18 years and significantly involved in problematic drinking, especially in terms of amount and frequency [10,13]. From a familial perspective, the status of a drinker in a family influences the relationships in the family [14].

Many studies have investigated genetic factors in problematic drink and alcohol addiction [15–17]. A study on adult twins in Australia revealed that two-thirds of the alcoholism risk was determined by genetic effects and one-third by environmental factors [16]. Alcoholics often start with experimental drinking during adolescence, so there have been many studies on factors affecting the onset of drinking. A study of German adolescent twins and their parents showed that their drinking behaviors were more influenced by genetic and social factors or peer pressure than by parental drinking, and genetic factors were stronger for women aged 17–25 years than for men [15]. If the two factors coexisted, the children were at greater risk of alcohol dependence according to interaction between the two factors [17]. Transmission over generations was affected by genetic and psychological factors in children and siblings [18–20].

Therefore, familial factors or the drinking patterns of prior generations are strong candidates for explaining problematic drinking by subsequent generations. A few

studies on problematic drinking by college students investigated family history, parental attitudes to children's drinking, and parental drinking behaviors and frequency in Korea [21–24]. However, few study have examined factors that affect the influence of a prior generation on subsequent generations [25].

The aim of this study was to investigate generation effects on drinking patterns among three generations: the first generation, the second generation, and the unmarried third generation. The study data were sampled from 2009 KNHNES raw data, which were collected in 2009 from all of the Korean population aged ≥ 19 years by KCDC.

2. Materials and methods

2.1. Study subjects and data

The 2009 KNHNES population comprised adults aged ≥ 19 years residing in Korea. All households in sampling locations identified by local administrative units were systematically selected and enlisted. All adults in the sampled households were interviewed, which yielded a total of 227,700 interviewees. We selected 1258 households for which three generations (grandparents, parents, and unmarried adult children) resided in one household. Among the first- and second-generation individuals, women were excluded because they traditionally have very low rates of drinking in general and of HR drinking. Data were analyzed for 242 first-generation, 1232 second-generation, and 1733 third-generation (833 men, 850 women) individuals.

2.2. Study tool

Drinking-related questionnaires in the 2009 KNHNES were selected and utilized for this study. We selected as variables age, sex, and questions on current drinking status and the Alcohol Use Disorder Identification Test (AUDIT). Questions on current drinking status consisted of lifetime drinking history, onset age, current drinking, frequency, amount on one occasion, and HR drinking. The AUDIT scale of Babor et al was selected. Abstinence failures, daily life disorder, hangover, repentance, memory loss, and injury after drinking, and abstinence recommended by a doctor were included in the AUDIT questions. A score of < 8 was considered non-high-risk (NHR) drinking, and a score of ≥ 8 was defined as alcohol disorder. For the Korean standard of Lee et al, we classified 12 as the cutoff point for further analysis. The World Health Organization defines a standard drink as 12 g ($\pm 20\%$) of pure ethanol, regardless of alcohol beverage type [26]. HR drinking is classified as five or more weekly standard drinks and the limit for women is 50–80% of that for men [27]. In this study we defined HR drinking as seven cups or five cans of beer on one occasion per month for men, and five

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