



Direct and indirect effects of alcohol expectancies through drinking motives on alcohol outcomes among students in Vietnam



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ABSTRACT

Objective: To investigate whether the links between alcohol expectancies (tension reduction; global positive change; improved cognitive and motor abilities; and change in social behavior) and alcohol outcomes (drinking volume, 6+ drinks, alcohol problems, and symptoms of alcohol dependence) are mediated by drinking motives (social, enhancement, conformity, and coping).

Method: A multi-stage sampling strategy was used in four Vietnamese provinces, resulting in a final sample of 4756 students (43.2% females) with mean age 20.6 (SD 1.8) years. Structural equation models, including indirect effects, were estimated for women and men separately.

Results: Overall, there were many cases of full mediation (indirect effects range from -0.006 to 0.083 and p -values from <0.05 to <0.001) and little indication of partial mediation (indirect effects range from -0.009 to 0.025 and p -values from <0.05 to <0.001). In both men and women, coping motives most frequently mediated the influence of expectancies on alcohol outcomes. Among men, enhancement motives and, to a lesser extent, social motives also played a role in mediating the effects of expectancies on alcohol outcomes. Among women, full mediation was found far less often and less consistently.

Conclusion: By confirming that, in Vietnam, motives mediate the link between expectancies and drinking behavior, this study supports the cultural robustness of a key assumption of the motivational model (i.e. that drinking motives are more closely associated with alcohol use than expectancies). Enhancement, coping and social motives are most frequently found as mediators among male students whereas coping motive only is most frequently found as a mediator among female students. As most of the effects of expectancies were mediated by motives, drinking motives appear to be a promising factor for interventions.

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1. Introduction

Alcohol expectancies and drinking motives are well known cognitive factors explaining alcohol use among adolescents and young adults. Research in this area has mainly focused on North America and Europe (Hasking, Lyvers, & Carpio, 2011; Kuntsche, Knibbe, Engels, & Gmel, 2007; Kuntsche, Wiers, Janssen, & Gmel, 2010; Urban, Kokonyei, & Demetrovics, 2008). No studies have documented the role of alcohol expectancies and the mediating role of motives in explaining alcohol consumption in Vietnam. Nevertheless, from both a conceptual and prevention point of view, it is relevant to ascertain,

whether in Vietnam, the influence of expectancies on drinking is also mediated by motives. Conceptually this is relevant, because it may or may not support the relatively strong assumption of the motivational theory (Cooper, Frone, Russell, & Mudar, 1995; Cox & Klinger, 1988; Kuntsche et al., 2010) that motives are the most proximal variable explaining alcohol consumption. From a prevention point of view, it is important to know which specific variable most directly influences more problematic outcomes, such as frequency of 6+ drinks, alcohol-related problems or symptoms of alcohol dependence.

Alcohol expectancies are the beliefs of an individual about the effect that occurs if they consume alcohol (Jones, Corbin, & Fromme, 2001). Drinking motives are assumed to be the valued outcomes that make an individual decide to drink (Cooper, 1994). In contrast to alcohol expectancies, motives can only be assessed among individuals who have actually consumed alcohol. The motivational model further assumes that alcohol expectancies influence drinking

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only insofar as they shape particular drinking motives, while drinking motives influence an individual to make a decision whether he/she will consume alcohol in any given situation. Motives are assumed to be proximal predictors of alcohol use, the gateway through which more distal influences, such as expectancies, are mediated (motivational theory) (Cooper, 1994; Cox & Klinger, 1988; Kuntsche et al., 2007). Although both expectancies and motives are associated with alcohol use, their basic concepts differ (Kuntsche et al., 2010). Thus, simply because an individual thinks that a particular effect occurs when drinking (e.g., forgetting about problems), it does not necessarily mean that they actually drink for the related motive. This motivational theory (Cox & Klinger, 1988) has been confirmed in many countries, including Australia, Hungary, Switzerland and the USA (Catanzaro & Laurent, 2004; Greenfield, Harford, & Tam, 2009; Hasking et al., 2011; Kuntsche et al., 2007; Tyne, Zamboanga, Ham, Olthuis, & Pole, 2012; Urban et al., 2008). There is increasing evidence to support the hypothesis that drinking motives mediate the link between alcohol expectancies and different alcohol-related outcomes (Cooper et al., 1995; Cronin, 1997; Kuntsche et al., 2007; Kuntsche et al., 2010; Read, Wood, Kahler, Maddock, & Palfai, 2003). Furthermore, one study also showed that expectancies do not mediate the link between motives and alcohol outcome (Kuntsche et al., 2010). However, all these studies originate from Western industrialized countries. Socio-economic and/or cultural factors may well influence the extent to which and/or how these two types of socio-cognitive factors influence drinking. The present study focuses on Vietnamese undergraduate students to establish whether the influence of expectancies on drinking outcomes (drinking volume, 6+ drinks, alcohol problems, and symptoms of alcohol dependence) is mediated by motives.

Vietnam differs considerably from Western developed countries in socio-economic status. In Vietnam, the most relevant socio-economic development is the so-called *Doi Moi* renovation of the economy dating from 1986; this led to a rapid economic growth enabling Vietnam to develop from an extremely poor country to a lower-middle-income country by 2010 (Vietnam development report, 2012). During that period the per capita alcohol consumption (both recorded and unrecorded) of persons aged 15 years and older in Vietnam increased dramatically from about 1.6 l in 1990 to 6.6 l in 2010 (WHO, 2004, 2014). In European countries the recorded adult per capita alcohol consumption decreased in the period 1990–2010 from ≥ 11.5 l to ≥ 10 l (WHO Regional Office for Europe, 2013).

Another socio-cultural difference between Vietnam and most Western developed countries concerns gender differences in alcohol consumption; in Vietnam these are much larger than in most Western countries. For example, in 2010, Vietnamese men drank 12.1 l of pure alcohol per capita whereas women drank only 0.2 l. In comparison, in developed countries in 2010, the male/female ratio of per capita alcohol consumption were, respectively, 13.6/4.9 in the USA, 17.3/7.2 in Australia, 14.0/6.0 in The Netherlands, and 16.5/6.9 in the UK (WHO, 2014). Gender differences in alcohol consumption in Vietnam also emerge from other data: e.g., in rural communities 66% of men (18–60 years) used alcohol compared with only 5% of women (Giang, Van Minh, & Allebeck, 2013); also, among men, 5.7% and 3.6% drank heavily on a weekly and daily basis, respectively, whereas the prevalence among women was virtually nonexistent. In developed countries, the ratio of a heavy episodic drinking pattern for males/females was reported to be 1.75 in Canada, 2.20 in the USA, and 2.68 in The Netherlands (Wilsnack et al., 2000); in all cases, this is less than that in Vietnam. The gender difference in drinking in Vietnam is probably influenced by the Confucian beliefs/practices among the older Vietnamese generation. According to the Confucian moral code (Linh & Harris, 2009; Schuler et al., 2006), women are expected to develop four standard virtues: 1) domestic skills, 2) beauty, 3) calm speech and virtuous character, as well as 4) responsibility for

the home and family activities. In contrast, men are expected to show masculinity as represented by a high position in society and by financially supporting the family (Linh & Harris, 2009). As a result, it is more acceptable for men than for women to spend time socializing and to be involved in public/social activities. Similarly, whereas men are expected to drink to demonstrate their masculinity, women are expected not to drink.

However, the alcohol consumption of the younger Vietnamese generation is increasingly influenced by contemporary changes in gender roles. Nowadays in Vietnam both men and women are expected to be present in public, and women currently occupy social positions that were previously reserved solely for men (Kaljee et al., 2011). For example, the percentage of women represented in the Vietnamese national assembly is 27%, the highest in Asian (Canadian International Development Agency, 2005). Compared with older generations, young Vietnamese people report higher rates of alcohol consumption. For example, in 2013 in Vietnam, alcohol consumption among students was 57.5%, with 37.7% of the female and 77.2% of the male students drinking (Diep, Knibbe, Giang, & De Vries, 2013). Among rural adults the overall prevalence of drinking was 49%, with 17.8% of adult women and 82.9% of adult men drinking (Giang et al., 2013), and alcohol problems were present in 25.5% of adult men and in 0.7% of adult women (Giang, Allebeck, Spak, Van Minh, & Dzung, 2008). Although the frequency of drinking has increased among female students, they still drink less and less frequently than male students (Diep et al., 2013). Furthermore, male students were 14.3 times more likely to have an alcohol problem compared with female students (Diep, Clough, Nguyen, Kim, & Buettner, 2010). Such gender differences in drinking among students are much larger than in, for example, Australia, Canada, the USA, and various European countries.

Thus, it is clear that Vietnam differs from most Western countries in terms of recent socio-economic developments and cultural values, and that alcohol consumption is increasing rapidly, especially among the young and better educated. However, despite that the drinking culture in Vietnam differs from that in Western countries, we hypothesize that, in Vietnam, drinking motives mediate the link between particular alcohol expectancies and different alcohol outcomes, as in most other developed countries.

2. Methods

2.1. Settings

Data were collected in four different sites, to capture regional variations in student population: i) Hanoi in the north (HN) (the political and cultural capital and central-level city); ii) Ho Chi Minh (HCM) in the south (the most modern and central-level city); iii) Hue in the center (an historic traditional city and provincial-level city), and iv) Buon Me Thuat (BMT) in the highland area of the south (a remote region and provincial-level city) in Vietnam and, within each city, from students attending different types of faculties (medicine, economics and technology). In three cities (HN, HCM, Hue), the three largest universities offering training in Economics, Technology and Medicine, were selected. In BMT there was only one university with faculties of Economics, Technology and Medicine.

2.2. Sampling

This was a cross-sectional study among undergraduate students aged 18–24 years. A multi-stage sampling strategy was used to ensure that the final sample had sufficient variation regarding the characteristics of region, type of faculty and academic year. The first stratum was 'city', the second was 'university', and the third stratum was 'study year' (from first to final study year). Within each university, 500

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