



Social roles and alcohol consumption: A study of 10 industrialised countries[☆]

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ABSTRACT

The empirical evidence as regards the precise associations between alcohol use and social roles, and these associations across genders and cultures is heterogeneous. The literature tends to focus on two central but conflicting theories. The first – classic role theory – assumes that a higher number of social roles is associated with a more structured life and thus fewer opportunities to drink heavily. The second – the multiple burden hypothesis – posits that the increasing complexity of multiple social roles leads to higher stress levels, and thus to increased alcohol use. Survey data on 25–54-year olds in 10 western industrialised countries which participate in the Gender, Alcohol and Culture: An International Study (GenACIS) project were used to test whether holding the three main social roles – partnership, parenthood, and paid labour – had a more protective or a more detrimental association with problematic alcohol use than holding fewer roles. Age and education were included as possible confounders, while the outcome variables were risky single occasion drinking (RSOD) and heavy-volume drinking. For both men and women and in almost all countries, the study found that those who had all three roles were least likely to drink heavily or engage in RSOD, thus supporting the assumptions of classic role theory. It also found that the protective effect of multiple roles was more consistent for RSOD. There were a few countries where a two-role model gave a better fit. Results for Germany (RSOD), Switzerland, and the United States (heavy-volume drinking) indicate that the role of paid labour appears to be particularly relevant for risky alcohol use among women. Despite some variability in the association between paid labour and heavy drinking or RSOD among women, in almost all countries the greater the number of roles a person held, the lower their risk of this type of alcohol use was.

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Social roles which define the social position of an individual within a given social system are based on enduring relations with other people and provide both a sense of identity and behavioural guidance (e.g. McCall & Simmons, 1996; Stryker & Serpe, 1982; Thoits, 1991). Holding a variety of social roles, such as partnership,

parenthood or paid labour, may affect the health of the individual since these provide the “object” and “meaning” to her or his life (Durkheim, 1951). For example, several studies have shown that social roles are related to depression (e.g. Brown, 2002), psychological distress (Menaghan, 1989; Wheaton, 1990), and subjective

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well-being (e.g. Burton, Armstrong, & Rushing, 1993), and substance use (e.g. Burton, Johnson, Ritter, & Clayton, 1996; Schulenberg, Bachman, O'Malley, & Johnston, 1994).

The primary focus of our study is the extent to which the relation between the number of roles and alcohol use is similar across countries and gender. For the purposes of our research, we selected 10 (western) industrialised countries, since most of these place greatest importance on three specific adult roles: taking care of oneself by earning an income (paid labour), taking care of dependents, in particular children (parenting), and forming a permanent and stable relationship with a partner (partnership).

Alcohol research literature often uses the concept of “roles” to explain associations between drinking behaviour and social characteristics like family background/support and working life (Jennison, 1992; Johnson, 1982). In the last 20 years, several studies have demonstrated the link between alcohol use and individual social roles, such as being a partner or a parent (Gmel, Bloomfield, Ahlström, Choquet, & Lecomte, 2000; Knibbe, Drop, & Muijtjens, 1987; Wilsnack & Cheloha, 1987). Only a handful of studies have concentrated on how consistent this association is across genders (Knibbe et al., 1987) or across countries (Gmel et al., 2000). Consequently, the present paper does not focus on particular social roles or on all possible role combinations, but rather examines, based on two theoretical hypotheses, how the integration in societal networks provided by partners, colleagues or children or the absence thereof influences the association between these roles and drinking.

The first theoretical perspective concerns classic role theory, which focuses on the beneficial health effects of holding multiple social roles (Aneshensel, Frerichs, & Clark, 1981; Hibbard & Pope, 1991; Hong & Seltzer, 1995). As regards alcohol use, this theory posits that the greater the number of social roles a person holds, the more his or her life is structured by meaningful activities that others expect one to engage in. Partnership, parenthood, and paid labour bring individuals into contact with others and are associated with activities that are defined by the expectations of significant others. It can be assumed that the more everyday life is structured by social activities which the individual and others deem important, the more likely it is that he or she will take care that the time spent in drinking situations and/or behaviour changes due to drinking (e.g. drunkenness) does not interfere with their role obligations (Knibbe et al., 1987; Neve, Lemmens, & Drop, 1997). There is the expectation that activities offering immediate gratification, such as drinking, should not interfere with the adequate performance of these roles. Therefore, the social control on drinking may be stronger among individuals who hold all three roles. These considerations lead one to expect that the more roles a person holds, the less likely he or she is to engage in heavy-volume drinking or risky single occasion drinking (Knibbe et al., 1987; Wilsnack & Wilsnack, 1991).

The second theoretical perspective, the multiple burden hypothesis, assumes that role overload arising from holding too many social roles and from possible conflicts between the demands of these roles (e.g. childcare and having to take on paid labour) is related to stress, since each person only has a finite amount of time and energy. In alcohol regulation theory, for example, drinking is considered a possible mechanism for coping with distress or with negative stress-related emotions (e.g. McCreary & Sadava, 1998; Peirce, Frone, Russell, & Cooper, 1994).

The multiple burden hypothesis has been mainly used in studies of women (e.g. Doyal, 1995). These found that being a single mother was particularly disadvantageous (e.g. Bernstein, 2001; Whitehead, Burstrom, & Diderichsen, 2000), since this group may experience contradictory pressures of working outside the home and their possible desire to be stay-at-home mothers (Ali & Avison, 1997). The main reasons behind the assumption that women are more

likely to feel overburdened by holding all three roles compared to men are: (1) they may spend more time running the (shared) household than men and (2) they may spend more time on childcare than men. This unequal distribution of work may mean that women feel overburdened by holding all three roles (Arber & Khlat, 2002; Lahelma, Arber, Kivela, & Roos, 2002). Given that previous research, which took the multiple burden hypothesis as their starting point, focused on physical and mental health issues (e.g. Maclean, Glynn, & Ansara, 2004) and not on alcohol use, our study, to the best of our knowledge, will, therefore, be the first to investigate the relevance of this theory for alcohol use in a multi-country context. To be able to identify countries where the multiple burden hypothesis sheds greater light than classic role theory on the relation between social roles and drinking, especially among women, we shall adopt a gender-specific approach to evaluate the relevance of the two theories in explaining alcohol use.

The starting point of the present study was classic role theory, which posits that holders of all three social roles should have the lowest alcohol consumption. For this reason, we investigated whether the risk of harmful alcohol use decreased as the number of social roles increased, and whether this held for both genders.

In a second step, the study aimed to shed more light on those countries in which a higher number of social roles was not associated with a lower risk of harmful alcohol use. Particular attention was paid to countries supporting the multiple burden hypothesis. We examined which specific role or combination of roles may be responsible for the finding that holding all three social roles increases the risk of harmful alcohol use. Please note that for the purposes of this study, we defined harmful alcohol use as monthly risky single occasion drinking (RSOD) and heavy-volume drinking, measured as the average consumption in grams of ethanol per day.

Method

The study was based on data from the project *Gender, Alcohol and Culture: An International Study* (GenACIS). At the time of writing, this project comprised 40 surveys from more than 30 countries. The present study focused on 10 industrialised countries from Europe and North America (Austria, Czech Republic, Finland, France, Germany, Norway, Sweden, Switzerland, UK, and the United States); the national data provided sufficient information on social roles and harmful alcohol use. The focus on western industrialised countries ensured a minimum level of comparability regarding the measurement and the meaning of the three social roles – parenthood, partnership and paid labour – across societies. It should be noted that all surveys were nationally representative (see Table 1 for a general overview of the surveys and their characteristics).

Survey-based estimates usually cover between 30 and 70% of a country's per capita consumption, as derived from sales statistics (e.g. Knibbe & Bloomfield, 2001; Rehm, 1998). While a major concern is the possible difference in under-reporting between social categories, which are defined by the roles held, previous studies have shown that rank orders of drinking were preserved and thus do not influence associations between variables (see Gmel & Rehm, 2004). We, therefore, assumed that it was unlikely that categories of respondents who differed in terms of the social roles they held also differed in terms of under-reported consumption. In addition, the study aimed to analyse the effects within countries and not to focus on prevalence comparisons across countries (see Bloomfield, Stockwell, Gmel, & Rehm, 2003).

The GenACIS project developed a core questionnaire which was used by the majority of participating countries. However, countries could also take part by providing a nationally representative survey on alcohol use that used similar questions; this was primarily the case in Europe. To enable a comparison of these surveys,

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