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Article

Parental education differentially predicts young adults' frequency and quantity of alcohol use in a longitudinal Swedish sample

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ABSTRACT

Background: Alcohol consumption contributes to health inequalities, but few studies have examined how socially differentiated alcohol use develops across the life course. In this study, we examine how one aspect of childhood socioeconomic position (parental education) relates to two often-conflated young adult drinking patterns: drinking frequency and quantity per occasion. Using a life course perspective, we also explore whether parental drinking patterns or young adults' own educational attainment might account for such associations.

Methods: This study used longitudinal data from the nationally representative Swedish Level of Living Surveys (LNU). Young adults' (aged 20–28, $n = 803$) drinking patterns and educational attainment were determined through the LNU 2010 and official registers. A decade earlier, parents self-reported their education and drinking patterns in the LNU 2000 and Partner-LNU 2000.

Results: Logistic regression models showed that high parental education predicted young adult frequent drinking, while low parental education predicted young adult high quantity drinking. Drinking patterns were associated inter-generationally, but parental alcohol use did not account for differences in young adult drinking patterns by parental education. Young adults' own education similarly predicted their drinking patterns but did not account for differences in drinking frequency by parental education. Differences in drinking quantity by parental education were no longer significant when young adults' own education was included in the final model.

Conclusions: Findings suggest that parental education constitutes an early-life structural position that confers differential risk for young adult drinking patterns. Young adults whose parents had low education were less likely to drink frequently but were more likely to drink heavily per occasion, a drinking pattern that may place more disadvantaged young adults at a greater health risk.

1. Introduction

Alcohol is a cause of more than 60 medical conditions, but alcohol-related health problems disproportionately affect disadvantaged socioeconomic groups (Hemström, 2002; Room, Babor, & Rehm, 2005; Östergren, Martikainen, & Lundberg, 2017). Reducing inequalities in the alcohol-related disease burden may require a focus on the 'causes of the causes,' that is, an emphasis on how socioeconomic position relates to alcohol use and the development of alcohol-related health problems across the life course (Marmot, 2005).

Alcohol is thought to contribute to health inequalities through two main pathways: socially differential exposure and vulnerability (Diderichsen et al., 2012; Schmidt, Mäkelä, Rehm, & Room, 2010). The former refers to the process whereby some groups are more likely to engage in risky or harmful alcohol consumption; the latter describes

how some groups are more likely to experience poor health given the same alcohol consumption. While both pathways are relevant, they may be more or less important at different life stages (Kuh, Ben-Shlomo, Lynch, Hallqvist, & Power, 2003; Nordahl et al., 2014). That is, differential exposure to alcohol consumption may be especially relevant in early life, i.e., in adolescence and young adulthood, before the development of many alcohol-related health problems. These are also life stages when substantial cognitive development and identity formation coincides with uptake of risky behaviors (Viner et al., 2012). Young adulthood, in particular, is a stage characterized by both important changes in living conditions (e.g., leaving home, pursuit of higher education, start of an occupational career) and some of the highest lifetime alcohol consumption, which can be a danger to young adults' short-term health, their socioeconomic pursuits, and – if the drinking behavior becomes a long-term pattern – a danger to their adult health

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(Casswell, Pledger, & Pratap, 2002; Skogbrott Birkeland, Leversen, Torsheim, & Wold, 2014). From a health inequalities perspective, young adulthood represents an important early life phase, where better knowledge of socially differentiated alcohol use could aid in curbing the unequal development of alcohol-related health problems across the life course.

A substantial body of literature has been devoted to assessing predictors and consequences of young adult alcohol use, particularly within a U.S. college context (see, e.g., Ham & Hope, 2003). By comparison, surprisingly few studies have examined the relationship between socioeconomic position and young adult alcohol use outside of a university setting, and those that do present mixed results. For instance, though not explicitly focused on young adults, reviews from Hanson and Chen (2007), Wiles et al. (2007), and Kwok and Yuan (2016) find no or inconsistent support for an association between childhood socioeconomic position and young people's alcohol use. Stone, Becker, Huber, and Catalano (2012) was the only review we found that focused on young adults, and they report only six studies addressing the relationship between childhood socioeconomic position and young adult alcohol use. These studies also reflect mixed findings. That is, while some articles report no association, some find a positive association (i.e., higher socioeconomic position associated with more alcohol use), and others an inverse association (i.e., lower socioeconomic position associated with more alcohol use). Taken as a whole, it is unclear whether childhood socioeconomic position influences alcohol use in young adulthood.

This lack of consensus may be due in part to important differences in measurement of alcohol use. For instance, there is little consistency in the literature, and not all measurements indicate risky or harmful use, which is relevant from a public health perspective. Moreover, the majority of studies measure alcohol use as some combination of drinking frequency and drinking quantity per typical occasion, which could obscure socioeconomic differences in different drinking patterns. Of course, while frequent high quantity drinking is likely the most harmful drinking pattern, it is still important to differentiate between drinking frequency and quantity as occasional high quantity drinking (i.e., binge drinking) is associated with more health risks than low quantity frequent drinking (Jennison, 2004; Stolle, Sack, & Thomasius, 2009; Tolstrup et al. 2006). Furthermore, we can see that frequency and quantity represent different drinking patterns in how they trend over the life course: Casswell et al. (2002) found that drinking frequency increases through the 20s while drinking quantity per occasion peaks around age 21 before declining. Moreover, drinking frequency and quantity may have different associations with young adult socioeconomic position, i.e., drinking frequency is positively associated while drinking quantity per occasion is inversely associated (Casswell, Pledger, & Hooper, 2003). If extended to childhood socioeconomic position, this may explain why conflating the two drinking behaviors could result in null or inconsistent associations in the literature.

The aim of this study is to examine whether childhood socioeconomic position (measured as parental education) is differentially associated with young adult (20–28 years) drinking frequency and drinking quantity in a longitudinal Swedish sample. In addition, we will incorporate a life course perspective to identify other pathways that may be important for understanding an association between childhood socioeconomic position and young adult drinking patterns (see Fig. 1, path a). For instance, parents may contribute to the reproduction of inequalities in drinking patterns by modeling to their offspring (path b) their own socially differentiated drinking behavior (path c). Another relevant intermediary is young adults' own socioeconomic position. While many young adults lack an occupation or income, their current educational attainment can be considered a marker of their socioeconomic position of destination. One can also regard young adult educational attainment as an educational pathway connecting parental education with young adult alcohol use (Ben-Shlomo & Kuh, 2002), considering an inter-generational association of education (path d) and

an association between young adult educational attainment and their own drinking patterns (path e).

This study will thus address four research questions:

1. How does parental education associate with young adult drinking patterns (drinking frequency and quantity per occasion)?
2. Are drinking patterns associated inter-generationally?
3. How does young adults' own educational attainment associate with their drinking patterns?
4. If parental education is associated with young adult drinking patterns (question 1), do parental drinking patterns or young adults' own education account for this association?

2. Material and methods

2.1. Study population

This study uses data from the two latest waves (2000 and 2010) of the Swedish Level of Living Survey (LNU). The LNU is a nationally representative study of 1/1000 of the Swedish adult population aged 18–75 years (Bygren, Gähler, & Neramo, 2004). Personal interviews focus on participants' living conditions in a broad sense, including their education and health behaviors.

The study population constitutes a cohort of young adults (aged 20–28) who provided information on drinking patterns and own education in 2010. These young adults were originally recruited as adolescents through a parent's participation in the LNU 2000 (N = 1290 adolescents, corresponding to 86% of all eligible adolescents, see Jonsson & Östberg, 2010 for more information). The LNU 2000 and Partner-LNU 2000 (an abbreviated postal survey completed by cohabitating partners of participants in the LNU 2000) were used to obtain household parental education and parental drinking patterns.

The cohort of young adults who participated in the LNU 2010 constitutes over two thirds (72%, n = 929) of the original sample recruited in 2000. Young adults' drinking patterns were obtained from a supplementary questionnaire to the LNU 2010, of which 63% (n = 813) of the original sample participated. Regarding non-response, young adults who answered questions about alcohol in the supplemental questionnaire were more likely to have an advantaged socioeconomic background or be native Swedes compared with those originally recruited in 2000 (see Östberg, Modin, & Brodin Låftman, 2014). After accounting for missing data, the final analytic sample comprises 62% (n = 803) of those originally recruited in 2000. This study was approved by the Regional Ethics Committee of Stockholm (EPN).

2.2. Variables

2.2.1. Parental education

Parental education reflects the highest level of completed education in the household based on three ordered categories: (1) Tertiary degree (corresponds to 13+ years of education); (2) Upper secondary degree (11–12 years of education); (3) Compulsory degree or less (≤ 9 years). Education was determined through official register information, which was confirmed or updated through self-report (i.e., in the LNU 2000 and Partner-LNU 2000). Information from one parent was used when data was missing from a second parent (applicable for 10% of young adults living in two parent households).

2.2.2. Young adult educational attainment

Young adults' own education was also determined through official register information, which was confirmed or updated in the LNU 2010. While some young adults in our sample were too young to have graduated with a tertiary (college or university) degree, all participants would have had the opportunity to graduate with an upper secondary degree. In Sweden, upper secondary education is optional, though highly attended, and today typically comprises 3 years of study

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