

Gender Differences in Alcohol Related Attitudes and Expectancies among College Students

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The study aimed at examining attitude towards alcohol and drinking, alcohol-related expectancies among undergraduate students. The sample consisted of 433 students (231 boys and 202 girls). The tools used in the study were Socio-demographic Data Sheet, Attitude Towards Alcohol and Drinking Scale (ATADS), Alcohol-Related Expectancy Questionnaire-Adolescent Version (AEQ-A) and the General Health Questionnaire-12 (GHQ-12). Results revealed that boys had higher psychological distress along with a more favorable attitude towards alcohol than girls. Further, boys expected that alcohol use could lead to positive outcomes while girls expected that alcohol use could lead to negative outcomes. The findings have implications for prevention of alcohol abuse among college going students.

Keywords: Alcohol Expectancies, College Students, Gender Differences

Alcohol consumption and related problems have risen substantially in many Asian countries including India over the last several years. Alcohol related disorders are increasingly being reported in India. Benegal (2005) in a review of literature found a significant lowering of age at initiation of drinking in a sample from Karnataka which also showed a drop from a mean age of 28 years to 20 years between the birth cohorts of 1920-30 and 1980-90. He asserted that alcohol consumption had visibly increased in the non-traditional segments of urban women and young people, with a noticeable upward shift in rates of drinking among urban middle and upper socio-economic sections.

Research has shown a relationship between drug use initiation and specific attitudes and beliefs regarding drugs. Use of any substance is preceded by values favorable to its use (Kandel & Adrews, 1987). Parental consumption of alcohol, for example, is associated with adolescents having positive attitude towards alcohol. Further, according to McDermott (1984), permissive parental attitude towards drug use, as perceived by

adolescents, may be of equal or greater importance than actual parental drug use in determining the adolescents' use of drugs. Baglioni, Callan, Chant, and Frances (1997) reported that students' intentions to drink alcohol could be predicted by their attitudes, subjective norms, perceived behavioral control, past behavior and intentions related to drinking behavior.

According to the social learning perspective, an individual's beliefs about the effects of alcohol, referred to as alcohol expectancies, influence the likelihood that alcohol will be consumed. Expectancies are defined as "the anticipation of a systematic relationship between events or objects in a future situation". Expectancies are involved in the onset and maintenance of alcohol consumption during adolescence and are related to different consumption patterns of drinking not only during this period but also in adulthood (Goldman, Brown, & Christiansen, 1987). Goldman, Brown, Christiansen, and Smith (1991) opined that the study of expectancies together with other variables such as gender, age, and circumstances

surrounding consumption could contribute to greater knowledge of risk factors for alcohol use.

Gustafson (1993) found that men and high consumers had stronger expectancies and rated these effects as more desirable than did women and low consumers. In a more detailed study, Read, Wood, Lejuez, Palfai and Slack (2004) examined gender differences in alcohol expectancies. They sought to delineate associations among gender, alcohol quantity and alcohol expectancies in a sample of college drinkers, using measures that assessed different expectancy dimensions, accessibility, endorsement, and subjective evaluation. Alcohol consumption was found to be associated with accessibility of two domains of positive expectancies: social enhancement and tension reduction expectancies. However, no significant association was found between alcohol consumption and gender. In a study, Young, Conner, Ricciardelli, & Saunders (2006) found that positive alcohol expectancy factors accounted for significant variance in three drinking indices, that is, severity of alcohol dependence, frequency of drinking and the quantity of alcohol consumed per occasion.

Wall, Hinson and McKee (1998) in a study revealed that alcohol outcome expectancies, unlike attitude, are proximal predictors of excessive alcohol consumption among undergraduates. Feldman, Harvey, Holowaty, and Shortt (1999) in a cross sectional study found that the most often stated reasons for not drinking were believed adverse effect of alcohol consumption on health and family upbringing while the most often stated reasons for drinking were get into a party mood and that drinking was pleasurable.

Although attitude towards alcohol and alcohol related expectancies have been found to be useful in predicting adolescent alcohol use, few studies in India have examined these issues. The present study aimed at assessing attitude towards alcohol and drinking as well

as alcohol related expectancies among college students. In addition, the study examined the role of psychological distress in relation to attitudes and expectancies. The study also aimed at examining gender differences in these beliefs about alcohol.

Method

Sample:

The sample consisted of 433 undergraduate students, of whom 231 were boys and 202 were girls. The students were selected from four English medium coeducational colleges in Bangalore. Students staying in hostels were excluded from the study. The age range of the sample was 17 to 19 years. The mean age of the sample was 18.90 years, 52.65% students were Hindus and 47.80% hailed from joint families. The rest of the students could be equally divided into nuclear and extended families.

Tools:

Attitude Towards Alcohol and Drinking Scale (ATADS) was used to assess two types of attitude, attitude towards alcohol and attitude towards drinking. It consists of 12 items of which six items were developed by the investigator (Kirmani, 2008) to assess attitudes toward alcohol, intention to drink, self-efficacy for drink refusal, awareness of alcohol use on health and relationships with others and attitude towards availability of alcohol. The other six items given by Hilton (1988) examined attitudes towards drinking in a series of social situations. The total scale had an alpha co-efficient of 0.83.

Alcohol Expectancy Questionnaire - Adolescent version (AEQ-A) scale was developed by Goldman and Brown in 1982 to assess expectancies associated with alcohol. It is a 90-item questionnaire to which the subject has to give responses of either true or false. seven expectancy factors (i) Global positive change, (ii) Changes in social behaviour, (iii) Improved cognitive and motor abilities, (iv) Sexual excitement, (v) Cognitive

and motor impairment, (vi) Increased arousal and (vii) Relaxation and tension reduction. The subject's score on a particular scale is the number of statements on that scale to which she / he responds "true". Higher the score, higher the alcohol expectancy. It has high internal consistency of the test is 0.82.

General Health Questionnaire – 12 (GHQ-12): Goldberg and Williams developed the GHQ-12 in 1988. It is a 12-item self-administered questionnaire and screening tool aimed at examining psychological distress among individuals. It has four response categories. The test retest reliability ranges from 0.70 to 0.95 and the concurrent validity is 0.80. The scale in the present study was used to assess psychological distress among undergraduates. In the present study, the binary scoring system was used, that is, 0-0-1-1. Hence, the total score ranges from 0 to 12. Higher the score greater the psychological distress.

Results

Results revealed that 190 students (44%) had already initiated alcohol consumption. Out of these, 150 (79%) were boys and 40 (21%) were girls. Beer was the most frequently consumed alcohol beverage by both boys and girls. An almost equal number of boys (23%) and girls (26%) reported alcohol use in their families. However, more number of boys (32%) reported that alcohol use was prevalent among their peers compared to girls (11%).

Table 1: Mean, SD, t-values on ATADS and GHQ

	Mean	SD	t-value
ATADS Boys	8.22	3.39	0.43
Girls	8.08	3.30	
GHQ Boys	3.48	1.04	3.18**
Girls	2.92	1.87	

** p< .01

Results (Table 1) indicated that there was no significant gender difference in attitude

towards alcohol and drinking. However, analyses of trends revealed that boys have a more favorable attitude to alcohol when compared to girls. More(110) boys (25%) expressed intention to drink in the future compared to 65 girls (15%). Two hundred six girls (48%) reported that alcohol has an adverse impact on health and relationships and that it was too easily available compared to 110 boys (25%) who reported the same views. Boys also reported more difficulties in drink refusal skills. The results indicated that boys were more at risk for alcohol use/abuse than girls.

Table 2: Mean, SD, t-values of those who have already initiated alcohol consumption (Group I) and those who have not (Group II)

	Group I N = 190		Group II N = 243		
	Mean	SD	Mean	SD	t-value
ATADS	8.40	3.20	7.9	2.98	1.72
AEQ	36.40	9.87	35.21	8.95	1.30
GHQ	3.75	1.82	3.05	1.40	4.66**

** p< .01

It was found that boys had significantly higher level of psychological distress (t=3.18, p<.01) than girls (table 1). It was also found that those who have already initiated alcohol use had higher level of psychological distress(t=4.66,p<.01) than those who have not initiated.

Table 3: Mean, SD, t-values on AEQ-A

Factors*	Boys		Girls		t
	Mean	SD	Mean	SD	
I	8.03	3.03	8.24	2.53	0.80
II	5.06	2.52	4.47	2.04	2.70**
III	2.34	1.31	1.77	1.07	5.22**
IV	2.53	1.48	2.18	1.37	2.61**
V	10.02	4.43	11.66	4.70	3.37**
VI	2.40	1.73	1.69	1.44	5.07**
VII	5.60	2.91	4.58	2.78	3.88**
Total	35.79	10.27	34.05	2.20	2.76**

** p< .01

*Factor I: Global Positive Change; Factor II: Changes in Social Behavior; Factor III: Improved Cognitive and Motor Abilities; Factor IV: Sexual Excitement; Factor V: Cognitive and Motor Impairment; Factor VI: Increased Arousal; Factor VII: Relaxation and Tension Reduction

On AEQ-A, significant differences were found (Table-3) between boys and girls on all sub-scales except sub-scale-I, which examined alcohol-related expectancy of alcohol being a powerful agent that makes global positive transformation. Boys have higher alcohol expectancies related to improved social behavior, improvement in cognitive and motor abilities, enhancement of sexuality, relaxation and tension reduction. These positive expectancies from alcohol indicate that boys are more likely to consume alcohol than girls.

Discussion

Findings of significant alcohol use among college students in the present study are similar to the findings reported by Paul (1999). In her study on alcohol use among college students, she found that 40% of 731 students in Bangalore City colleges reported having used alcohol in the past. Sukhwai and Suman (2008) also reported that alcohol use was fairly common among undergraduate college students in Bangalore. In their study on alcohol related beliefs on a sample of 236 students in the age range of 18 to 21 years, they found that 48.30% boys and 33.30% girls had initiated alcohol use. Gender differences in attitude towards alcohol found in the present study were also in line with earlier studies (e.g. Sukhwai & Suman, 2008). The less favorable attitude towards alcohol by girls in the present study might be due to differences in socialization of boys and girls. Drinking alcohol by girls is generally unacceptable in Indian culture while drinking by boys is more often tolerated.

Gender differences in alcohol use may also be attributed to differences in peer influence. Peer alcohol use may have a significant impact on perceived acceptability of alcohol use. As more number of boys had alcohol using peers, they would have normative beliefs about alcohol use being socially and culturally permitted. Earlier studies had also indicated that peer influence

and parents' favorable attitude towards drinking have been positively associated with adolescents initiating drinking alcohol (Schulenberg, Jennifer, Dielman, & Sharon 1999). Guo, Hawkins, Hill, and Abbot (2001) measured the alcohol use of 755 adolescents in a longitudinal study and found that the most significant predictor of alcohol use originating from 10 years of age was association with deviant peers and alcohol use among best friends. Sukhwai and Suman (2008) found that family structure, alcohol use in family, prior use of alcohol or tobacco and alcohol use among friends significantly influenced alcohol related cognitions of college students.

Gender differences in alcohol related expectancies found in the present study are consistent with many other studies done in this area. For example, Gustafson (1993) also found that boys had stronger positive or desirable expectancies for alcohol than girls. Similarly, Sher, Wood, Wood, & Raskin (1996) in a sample of college students found that boys reported higher level of expectancies than girls for tension reduction, social assertiveness, activity enhancement and performance enhancement. According to Mora-Rios (2001), expectancies differ with respect to the gender, race and culture of respondents. The development of expectancies begin with a series of global, diffuse and undifferentiated beliefs on the effects of alcohol, that tend to increase with age and personal experience with alcohol. Further, beliefs about alcohol within the family, society and culture, which constitute primary learning sources, also contribute to the formation of specific expectancies. Expectancies are involved in the onset and maintenance of alcohol consumption during adolescence and are related to different consumption patterns not only during this period but also in adulthood.

Higher psychological distress among boys coupled with expectancies related to tension reduction and relaxation may be driving them to experiment with alcohol use

as a coping mechanism. These together with poor drink refusal skills make them a high risk group for future alcohol use. Similar findings have been reported in earlier studies that examined risk factors for adolescent alcohol use. In a study by Golding, Burnam, Audrey and Benjamin (1992), the most common reason for drinking was "to relax", similar to the 'tension reduction' factor. Holahan, Moos, Holahan, Cronkite, & Randall (2001) examined baseline drinking to cope with drinking behavior across an ensuing 10 year period and found that alcohol related coping strategies were important in predicting long term drinking behavior. The propensity to drink alcohol to cope with stressors strengthens the link between distress and drinking behavior.

Based on the well-established relationship between alcohol expectancies and drinking behavior, researchers have argued that alcohol expectancies can and should be an integral part of treatment and prevention efforts targeting alcohol problems (Fromme, Kivlahan, & Marlatt, 1986). Darkes and Goldman (1998) demonstrated decrease in both alcohol expectancies and alcohol use among college students following the expectancy intervention. Drink refusal skills training is also important to overcome peer pressure to drink alcohol. Social influence resistance strategies have been found to be successful in reducing alcohol use among adolescents. Social influence resistance approaches are combined with training in problem-solving, decision-making skills, skills to increase self-control and self-efficacy, adaptive coping strategies for relieving stress and anxiety, interpersonal skills and general assertive skills (Botvin, 1986).

Results of the study indicate that various cognitive, emotional and social factors are related to alcohol use such as attitudes, expectancies, psychological distress and peer influence. The study highlights the need for specific prevention strategies regarding alcohol use among adolescents. Knowledge

based interventions targeting alcohol related beliefs, attitudes and expectancies may be helpful in reducing harmful drinking behavior. Interventions targeting stress and distress among students may also indicate to prevent harmful alcohol use. Future studies may attempt to identify high risk groups among the student population in order to plan specific prevention and intervention programs.

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