

The Patterns and Causes of Drinking Among Students in a Private University*

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Abstract

The purpose of this study was to describe and understand patterns and causes of drinking of university students by using phenomenological qualitative design. Data were collected among 30 participants derived from snow ball technique through an in-depth interview under ethical considerations. Qualitative content analysis, in which articulation and clarification of the meaning and transferability in the "text" was used, was applied and the results revealed that the participants usually drank alcohol 1-4 times/week and the amount of consumption varied from drinking for better physical health to intoxication level. 'Cocktail Frozen' was the most popular form for participants' drinking and the main reason was to re-joy their lives. Places for drinking were usually located at the nearby university and dormitory. There were four causes involving participants' drinking including gender, psychological problems, parents' drinking, and peer pressure. It was concluded that the knowledge and understanding about patterns and causes of drinking among the university students will enable health care providers to initiate health promotion programs to quit drinking effectively.

Keywords: *Phenomenological qualitative design, snow ball technique, in-depth interview, ethical consideration, intoxication level, 'Cocktail Frozen'.*

1. Introduction

Drinking is the crucial health problem, especially among adolescents in the university, because drinking more than recommended is the possible cause of mental and physical impairments (O'Brien *et al.* 2008; Shalala 2000; NIAAA 2006a, 2006b, 2007). Furthermore, drinking is a major cause of accidents and death among youth worldwide. Alcohol abuse is linked to sexual assaults, date rapes of teens and college students, and makes them have unprotected sex, which increases the

risk of transmission of HIV/AIDS and Sexual Transmitted Diseases.

In addition, a study showed that alcohol consumption by adolescents resulted in possibly permanent brain damage and impairment of the intellectual development as well as poor learning outcomes (Reynolds *et al.* 2003) Young drinkers who were overweight or obese showed elevated liver enzymes even with moderate levels of drinking. Besides, drinking alcohol can affect the growth and the endocrine system because (Dees *et al.* 2001) "drinking alcohol during this period of rapid growth and development may upset the critical hormonal balance necessary for normal development of organs, muscles, and bones. Studies in animals also show that consuming alcohol during puberty adversely affects the maturation of the reproductive system." Over three-quarters of people aged 21-24 years were stated by the National Institute on Alcohol Abuse and Alcoholism (NIAAA 2007) as

* Paper presented at the 1st International Conference on Qualitative Research in Nursing & Health, on "Situating & Stipulating Qualitative Health Research in Today's Practices", Chiang Rai, Thailand, 1-3 December 2010.

current drinkers. And nearly two-thirds were college students whose ages are 18-20 years (Breslow and Smothers 2005; NIAAA 2006a). Also, “data from the Monitoring the Future (MTF) study across several years indicate that 30-day prevalence (use in the last 30 days) peaks at ages 21-22 (at 85% for men and 76% for women), and heavy drinking (drinking five or more drinks in the past two weeks) peaks at ages 21-22 for men (at 55%) and at ages 19-20 for women (at 33%), and then declines linearly into young adulthood.” (Bachman *et al.* 1997, cited by White and Jackson 2004/2005)

Several factors have been found influencing alcohol consumption among adolescents and young adults including insecure and inadequate attachment, parental figures, poor coping mechanism, environmental trigger, easy accessibility, culture of drinking among university students, internal and external motive that prompt alcohol used, anxiety, and problematic relationship at home (Goddard and Green 2005). Green *et al.* (2004), cited by Stranges *et al.* (2006), examined gender differences in the relationship between several measures of alcohol consumption such as frequency, quantity per occasion, and average volume of drinking and found that female drinkers drank beer and mixed beverage consumption as daily drinking and their drinks were associated with better mental health. But male drinkers drank moderate alcohol consumption (2-2.9 drinks per day). And they drank wine and mixed beverage consumption for promoting better physical health. Previous research findings indicated that parent-child relationship is one cause of drinking among adolescents (Locke and Newcomb 2004). Also, “lack of nurturing and involved parenting, and a broken family increase the risk for antisocial behaviour and later heavy alcohol use.” (Hemmingsson 2004, cited by Pitkänen 2008)

There probably are other factors contributing to adolescents’ drinking, for example, some of them could start drinking to promote a friendship formation. But there is no specific study that considers patterns and causes of drinking among students in the international programs of private universities. So, this qualitative study was conducted with

the intention to serve as a guideline for health care providers in order to recognize university students’ behaviors on drinking that may increase the tendency of having a drinking problem in the future and develop health promotion programs to decrease these behaviors.

2. Method

Phenomenological qualitative design was applied to describe and understand the experiences related to patterns and causes of drinking of university students as it can deeply explore details compared to quantitative design (Gerrish and Lacey 2010).

2.1 Consideration of Ethical Issues

The ethical consideration of the planned study was strengthened and several methods were used to assure the protection of the human rights of the participants. The participants were informed about the intended research purposes and had the autonomy to decide whether to participate in this study or not. The participants had to sign a consent form before participating in the data collection process and could withdraw in the eventual presence of physical or psychological discomfort. The data were analyzed by the author with confidentiality concerns for the participants. They were assured that not participating in this study would have no consequences of any kind on their learning outcomes. Furthermore, the author asked all participants for permission to make tape recording and take field notes during the scheduled interviews.

2.2 Sampling

Thirty Thai and international bachelor degree students in academic year 2009 were randomly selected by the so-called “Snow Ball Technique”. The randomization began from the first informant who has ever drunk and would like to participate in this study. Then the second, third, and other drinkers were identified by the prior participants in order to conduct consecutive interviews until getting saturation data.

2.3 Data Collection

The themes for interview were prepared in relation to patterns and causes of drinking and the author also received consultations from an expert who had a previous experience with studies on adolescent drinking. A face-to-face interview was conducted with each participant after signing a consent form. The interviews began with a general open-ended question regarding demographic data and then continued with the other queries to probe the participants for sharing ideas and information. Beyond this, the interviews were unstructured, and non-leading questions were asked to encourage the participants to express their experiences in their own words regarding patterns and causes of their drinking. The full session of an interview took time from 60 to 90 minutes depending on participant's and author's experiences. During the interview process, both verbal and non-verbal communications were observed to make sure that the gained data is accurate.

2.4 Data Analysis

The data were completely filled in a field note after each interview. Thai and English languages were used during the interview process. Thus, translation into an English version was needed at a later time. Triangulation was performed through verification from field note, tape record, written document, and also the author's observation. Qualitative content analysis, in which articulation and clarification of the meaning and transferability in the "text" was used, was applied to get the essence of the findings related to patterns and causes of drinking.

3. Results

The participants' drinking patterns were explored and the data revealed that the participants usually drank alcohol beverage one to four times per week. The amount of consumption varied from drinking for better physical health 2-2.9 drinks per day to a half to five bottles for each time of drinking. But almost all of them consumed intoxication-level

or hazardous drinking (2-6 drinks for a male drinker, and 2-4 drinks for a female drinker) that might involve their physical, intellectual, and mental impairments on a gradual basis.

"I normally drink a lot with my friends, may be 1-5 bottles. It runs from today until the day after tomorrow. We stop... sleep... then drink again."

(a male Thai-American student)

The most common forms of drinking involved the consumption of beer, wine, liquor, and whisky. Among these forms, 'Cocktail Frozen' took action as the fashionable alcohol beverage while drinking with friends. "To rejoice their lives" was reflected as the main reason of drinking, as stated that the occasions for drinking were party, finishing an examination, and special events, such as birthdays and New Year celebrations. The drinking places were beer shop, public bar, restaurant, convenient store nearby campus, and university dormitory. Symptoms and behaviors after drinking were presented in a variety of styles, depending on the amount of alcohol consumption. Dizziness, drowsiness, talkativeness, nausea and vomiting, and blurred vision as well as courage and relaxation were reported. The information related to drinking patterns is illustrated by the following sentences:

"Sure, if I had ever drunk. I normally drink brand name beer and liquor on special occasion such as Birthday and New Year party. Now mixed liquor or 'Cocktail Frozen' is popular among teenagers. I drink with my friends in the dormitory and beer shop. It happened 1-4 times per week and depended on occasion as well."

(a male Thai student, age 19 years)

"I normally drink wine and beer with my friends 1 time a week. My friends tell me that I talk more than normal while drinking. After drinking, some of my friends drive, but me, I never do it because of dizziness and a beer shop is not far from campus. Some of my friends

drink when they want to, but some drink after finishing examination.”

(a female international student, age 21 years)

The second objective of this study was to understand the factors contributing to drinking among university students. The data analysis indicated that there were four causes involving participants' drinking. The said four causes were gender, psychological problems, parents' drinking, and peer pressure.

For gender, the data revealed that the male students were the majority drinkers because they thought that it was not wrong to drink alcohol. In addition, drinking among men with a high socioeconomic status was seen as a normal culture and it was used as a good channel to maintain relationship with friends. In the opposite way, the female students drank because of fashion and also because they would like to demonstrate equal rights with the male students. Furthermore, the female students' drinking was perceived by the male students as an inappropriate behavior. The information related to gender and drinking is illustrated by the following sentences:

“Yes, I think gender can have influence on drinking because it is claimed as habit of a man.”

(a male Thai student, age 20 years)

“I think men drink more than women because they have to make relationship in the society more than women. Drinking is good way to make relationship.”

(a female Thai student, age 20 years)

“I think women can drink as same as men but they have to control themselves. For me, I drink wine and mixed liquor with friends on the special occasions. Who cares! My friends also drink.”

(a female international student, age 22 years)

Psychological problems were the second cause related to drinking among participants. The data analysis indicated that drinking was the impact from stress, boredom, and

depression which were triggered by loss of beloved persons, financial problems, and poor learning outcomes. It was strongly stated that most of the participants felt guilty after drinking, while a few participants demonstrated sexual desire. The information related to psychological problems and drinking is illustrated by the following sentences:

“Yes, may be sometimes I don't have anyone to consult. And I drink because it helps me to reduce stress and there are some annoying situations in my life caused by friends and learning results.”

(a male Thai student, age 21 years)

“Yes, I drink a lot when no one loves me. And I always feel guilty after drinking.”

(a female international student, age 19 years).

The third cause related to drinking among participants was also explored and the data analysis indicated that it is related to parent's drinking. The father, especially, was the indirect motivating person for participants' drinking, because fathers always were blamed while drinking and had never persuaded the participants to drink. However, there was pressure that resulted from parents' arguments. Divorce, poor family relationships, and domestic violence were direct causes of participants' drinking. The information related to parents' drinking and participants' drinking is illustrated by the following sentences:

“Yes, my father and mother say that drinking alcohol can promote blood circulation but they don't want me to drink.”

(a female Thai student, age 18 years)

“Yes, my father drinks alcohol, no one likes him when he drinks. He cannot be a good model for me. I drink not because of him, but it is the consequence of all pressures happening from my parents' quarrelling when my father drinks.”

(a male Thai student, age 22 years)

The last cause of drinking indicated by the participants in this study was peer pressure. A few participants reflected that they were forced by friends of the same gender to drink. The common reason for drinking was to maintain relationship among peers and the need to be accepted in a group. The information related to peer pressure and drinking is illustrated by the following sentences:

“I usually drink with friends to maintain a good relationship with them. I do not dare to refuse them. However, I try to use a trick to avoid friends’ persuasion.”
(*a male Thai student, age 21 years*)

“My drinking depends on the opportunity whether I have a chance to go with my friends or not.”
(*a female international student, age 20 years*)

“If I had ever asked about some women whether they love guys who drink alcohol or not, I got an answer, “yes”. Therefore, sometimes I drink in order to be a real guy among friends.”
(*a male international student, age 20 years*)

4. Discussion

The findings of this study provide an updated knowledge and understanding about patterns and causes of drinking in adolescents. Considering the quantity of drinking among participants, it varied from one to three glasses to a half to five bottles for each time of drinking. Compared with the study by Green *et al.* (2004), cited by Stranges *et al.* (2006), the participants’ quantity of drinking was associated with drinking for better physical health (2-2.9 drinks per day) up to an intoxication level that may induce both physical and mental health impairments on a gradual basis. The Ministry of Public Health, Thailand, also sets drinking indicators into two categories: self-limit or moderate drinking for a male drinker (not exceeding more than two drinks per day) and a female drinker (not exceeding more than one drink per day) that

will be safe for health, and another one is hazardous drinking (2-6 drinks for a male drinker and 2-4 drinks for a female drinker) that may cause accidents and variety of health problems (Chinkulkijniwat and Tunsrisuwan 2008). So, the amount of drinking of adolescents in this study indicated that almost all of them were in the risky situation for unhealthy consumption which may result in impairment of their intellectual development (Reynolds *et al.* 2003).

The obtained results demonstrated four main causes associated with participants’ drinking: gender, psychological problems, parents’ drinking, and peer pressure, which are similar to other reported findings. For example, a survey on drinking behaviors of Thai people of age more than and equal to 15 years revealed that 14.9 million, or 29.3%, of Thai people drank. In addition, men drank six times more than women and 21.9% of Thai adolescents drank alcohol beverage (NSO 2007).

As mentioned above, psychological problems played a major role on drinking among participants. This finding is in agreement with a systematic survey conducted by the National Statistical Office (NSO 2007), which indicated that stress and disappointed were the important factors that motivated adolescents to drink. Parents’ drinking was the indirect cause of participants’ drinking, because adolescents thought that drinking was an inappropriate behavior. But the consequences after the drinking of their parents, especially the father, were heated arguments of the father with the mother, which induced in them stress and sometimes a desire to drink to forget the situation and make them relax. A similar result was observed by Hussong *et al.* (1998) that adolescents who managed stressful environment in their houses were less likely to begin using alcohol, and it was independently confirmed by the survey of the National Statistical Office (NSO 2007) that only 0.30% of Thai adolescents drank following their parents. However, people in adolescent age spend more time with friends rather than with their family members. Thus friends’ persuasion can influence them for both good and bad conducts. Drinking can also be happening because of friends, as reflected in

this study and other research findings in the past, in order to facilitate friendship formation (Grant *et al.* 2004). The survey by the National Statistical Office (NSO 2007) indicated that 23.30% of Thai youth drank because of friends' persuasion since they wanted to be accepted as members of the group.

5. Conclusion and Recommendation

From the obtained results, the indications are that adolescents in the university age drank alcohol to promote physical functions, but some of them drank until it harmed their health. Gender, psychological problems, and peer pressure were the main causes for university students' drinking, while family problems, as a consequence of parents' drinking, were the minor cause. Among these causes, peer pressure was the dominant factor of youth drinking. In addition, the data regarding the pattern of drinking revealed that as more convenient was to buy alcohol beverage, as higher was the level of alcohol consumption among the university age group. It is appropriate to recommend that trigger causes for university age drinking need to be taken into consideration and a comprehensive prevention program should be initiated by the health care providers.

6. Acknowledgements

The author would like to thank sincerely all participants and junior nursing students who put substantial effort into making sure the study was complete.

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