

Creencias sobre el consumo de alcohol en jóvenes colombianos y chilenos

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Resumen

El desarrollo de programas de prevención del consumo de alcohol cuyo impacto sobrepase fronteras culturales representa un reto importante debido a que se hace necesario reconocer las diferencias culturales determinantes del consumo. El presente estudio comparativo transcultural tuvo como objetivo conocer las diferencias en las creencias relacionadas con el consumo de alcohol en una muestra estratificada no aleatorizada de 1602 adolescentes y jóvenes (870 chilenos y 732 colombianos), hombres y mujeres escolarizados con edades entre los 14 y los 25 años. Para esto, se hizo uso del *Cuestionario de Creencias Referidas al Consumo de Alcohol* y el test AUDIT de consumo. Para comparar las medias entre países se utilizó el estadístico ANOVA. Los resultados indicaron que los colombianos tienen más altas claves disparadoras de consumo, mayor percepción de riesgo y vulnerabilidad, y percepción más alta de beneficios percibidos con el consumo. Por su parte, los chilenos presentaron creencias significativamente mayores respecto a las barreras de consumo, con menores promedios en todos los factores. En ambas poblaciones las medias reportadas indicaron un riesgo moderado y alto para el consumo de alcohol. *Palabras clave:* creencias, consumo de alcohol, jóvenes, adolescentes.

Beliefs about alcohol consumption in Colombian and Chilean Youth

Abstract

Developing programs to prevent alcohol consumption whose impact goes beyond cultural borders represents a challenge since it is necessary to recognize cultural differences that determine consumption. This cross-cultural comparative study was aimed to find the differences in beliefs related to alcohol consumption in a non-randomized stratified sample of 1602 educated teenage men and women and youth (870 Chileans and 732 Colombians) with ages between 14 and 25 years. The instruments used were the Belief Questionnaire Regarding Alcohol Consumption and the Audit Consumption Test. The ANOVA statistic was used to compare the means between countries. Results indicated that Colombians have higher consumption triggers, higher perception of risk and vulnerability, and the highest perception of perceived benefits of consumption. On the other hand, Chileans present significantly greater beliefs regarding the consumption barriers with lower averages in all factors. However, in both populations the averages found indicate moderate and high risk.

Key words: beliefs, alcohol consumption, youth, adolescents.

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Crenças sobre o consumo de álcool em jovens colombianos e chilenos

Resumo

O desenvolvimento de programas de prevenção do consumo de álcool cujo impacto sobrepasses fronteiras culturais representa um desafio importante devido ao fato de que é preciso reconhecer as diferenças culturais determinantes do consumo. O presente estudo comparativo transcultural teve como objetivo conhecer as diferenças nas crenças relacionadas com o consumo de álcool em uma amostra estratificada não aleatorizada de 1602 adolescentes e jovens (870 chilenos e 732 colombianos), homens e mulheres escolarizados com idades entre 14 e 25 anos. Para isso, fez-se uso do *Cuestionario de Creencias Referidas al Consumo de Alcohol* e o teste AUDIT de consumo. Para comparar as médias entre países, utilizou-se o estatístico ANOVA. Os resultados indicaram que os colombianos têm mais altos gatilhos de consumo, maior percepção de risco e vulnerabilidade, e percepção mais alta de benefícios percebidos com o consumo. Por sua vez, os chilenos apresentaram crenças significativamente maiores com respeito às barreiras de consumo, com menores médias em todos os fatores. Em ambas as populações, as médias reportadas indicaram um risco moderado e alto para o consumo de álcool.

Palavras-chave: crenças, consumo de álcool, jovens, adolescentes.

Introduction

Alcohol consumption is a widespread practice throughout the world with special impact in some societies. Particularly, in South America the intake of alcoholic beverages starts at an early age, is intense and people carry it out to achieve rapid drunkenness. This occurs despite the fact that evidence shows that alcohol consumption is associated with several problems. Examples of these are risky sexual behavior (Fossos, Kaysen, Neighbors, Lindgren, & Hove, 2011, World Health Organization [WHO], 2014), domestic violence, traffic accidents, delinquency, antisocial behavior (Mulvey, Schubert, & Chassin, 2010; Díaz García & Moral Jiménez, 2018); consumption of other substances (tobacco, marijuana and inhalants) and abusive consumption in adult life when its onset is precocious (Rodríguez García, Sanchiz Ruíz & Bisquerra Alzina, 2014).

In the case of Colombia and Chile, the outlook is equally worrisome because the purpose of alcohol consumption is usually drunkenness at the lowest possible cost (Cortés, Espejo, Martín & Gómez, 2011; National Youth Institute [INJUV], 2009). Despite the similarity of the scenario, it is unknown how much alike or different the psychological characteristics of consumers in different countries and cultures can be.

Beliefs, primarily cultural, have a contextual functioning as they are activated depending on the place and environment (Turner et al., 2004), and can be focused on both the benefits of alcohol consumption and the dangers of excessive drinking (Azjen, 2012). In general, people over estimate the positive consequences and minimize the negative effects of the substance (Cortés et al., 2010; Pérez-Gómez, Lanziano, Reyes-Rodríguez, Mejía-Trujillo, & Cardozo-Macias, 2018); and it is precisely these positive

beliefs the strongest predicting factor of risky consumption in all age groups (Londoño et al., 2005; Pantoja, 2010; Pilatti et al., 2011).

These beliefs about alcohol consumption include the perception of risk and vulnerability that people have about abusing the substance, the perceived benefits or positive effects of consumption, the identification of discriminative stimuli that trigger the desire to drink, and the perceived barriers to achieve control or to abandon the consumption of the substance (Fishbein & Azjen, 2010). Normative beliefs about consumption are associated with several factors: first, with attendance to events and celebrations that involve consumption (Henslee, Buckner, & Irons, 2015; O'Grady, Cullum, Tennen, & Armeli, 2011). Second, with to the level of consumption the reference group has. Third, with the role that alcohol will have in their youth (Osberg et al., 2012) and fourth, with the frequency and acceptable amount of consumption within their reference group (Turner, Mallett & Geisner, 2004).

These beliefs work as the effect premise in the relationship: if A (I drink) then B (I have fun ... I get big ... I look interesting ...). They facilitate the decision to consume more frequently and in large quantities without greater regulation of the alcoholic intake because desirable consequences are expected (Ardila & Herrán, 2008). On the other hand, the undesirable consequences tend to be ignored because their occurrence is attributed to unexpected or strange situations or conditions such as the climate, the atmosphere of the place of consumption or the companions. It is important to note that expectations about consumption are activated differentially with respect to the context; for example, beliefs about the social benefits of consumption are activated during social situations, not at another time (Cooke & French, 2011; Peltzer, Lichtenberger, Conde & Cremona, 2017).

In particular, the health belief model classifies beliefs into the following categories: a) perception of risk and vulnerability, which refers to the person's perception of how likely it is to contract a disease or health problem (alcohol abuse). b) Barriers and benefits related to consumption, which refer to expectations about the benefits obtained from performing risk behavior (consuming alcohol) and barriers to change (moderating or abandoning consumption). c) Keys to action, which are discriminative stimuli that trigger the behavior or increase the motivation to perform it (environmental or social stimuli triggering the desire to consume) (Rosentock, Strecher, & Becker, 1994; Sheeran & Abraham, 1996). These affirmations function as mediators of impulsive personality traits that have been associated with alcohol abuse. They are acquired thanks to a certain disposition and are maintained from the creation of a belief system in favor of consumption, where a relative importance is given to the consumption of alcohol during school life (college / university) (Osberg et al., 2010; Osberg et al., 2012; Pearson & Hustad, 2014).

The study concerning beliefs about the effects of alcohol consumption has been broadening, including the analysis of the temporal and differential function of alcohol in the decisional balance characteristic of processes of change in which its action depends on the specific timing and context where the person analyzes the situation, plans the change and executes it. It has become increasingly clear that beliefs can be incongruent at each moment in time, in such a way that the gap between intention and behavior becomes larger (Azjen, 2011; Baumann et al, 2015; Fishbein & Azjen, 2010; Cooke & French, 2011).

Previous studies have shown that most beliefs are of a social nature, since they allude to the optimization of the exchange and to the empowerment of competences. However, expectations related to being relaxed, managing stress, improving mood and feeling more confident are also important, whereas those about sensuality and sexuality are less significant (Cortés et al., 2011; Valencia et al., 2009; Londoño & Valencia, 2010). Since beliefs about consumption have become predictive of alcohol abuse, it is important to know and understand them in order to develop prevention programs tailored to the populations. Therefore, carrying out descriptive and comparative studies among populations from different latitudes will not only allow to understand their role in consumption, but will also contribute to the development of selective prevention programs tailored to each group studied.

Although the role of beliefs about alcohol consumption and its effect on drinking behavior has been analyzed (Cortés et al., 2010; Londoño, García, Valencia & Vinaccia, 2005; Pantoja, 2010; Pilatti, Godoy & Brussino, 2011), it is still necessary to know if there are differences regarding the thoughts related to consumption, according to the macro context in which alcohol

intake occurs. This is especially true if there is an expectation that actions to prevent alcohol consumption are not limited to physical and cultural borders, since these are already fading away due to new technologies and the strengthening of social exchange between young people from different countries. Therefore, it is necessary to recognize the cultural differences that modulate psychological determinants of consumption among young people and adolescents belonging to two cultures, which for this particular case correspond to two countries located in South America: Chile and Colombia.

Method

The present comparative descriptive study of a cross-cultural nature, aimed to compare the beliefs held by Colombian and Chilean youth about alcohol consumption (Vergara & Nekane Balluerka, 2000).

Participants

The convenience non-randomized sample, corresponding to 15% of the population universe of youngsters from two public and private educational institutions consisted of 1603 teenagers and young adults. Of those, 870 were Chilean (380 men and 491 women) aged between 14 and 22 years ($M = 16.12$) and 732 were Colombian (356 men and 376 women) with ages between 16 and 25 years ($M = 17.9$).

The inclusion criteria were age and country of origin.

The exclusion criterion was report of illegal drug consumption.

Instruments

Questionnaire of beliefs regarding alcohol consumption (CCCA, for its Spanish acronym). This is an instrument designed by Valencia, Londoño, Amézquita, Cortés, Guerra and Ordóñez (2009), which aims to assess the expectations that young people have about the effect of alcohol. The questionnaire consists of twenty items, equitably distributed in the four components of the belief model. The distribution is as follows: a) Five items that assess the perception of risk and vulnerability (1, 2, 15, 16, 1). b) Five items that evaluate the perceived benefits of consumption (3, 4, 5, 18, 19). c) Five items that identify the keys to action (11, 12, 13, 14, 20), and d) five that evaluate the barriers perceived to stop consumption (6- 7-8-9-10). It has a Cronbach's alpha of 0.87 for the Colombian population, 0.83 for the Chilean population and a global reliability level of 0.82 for both populations. Such indices are appropriate for this type of instrument and make its use possible in the cross-cultural study. These values remain stable in other studies with Colombian population such as the one by Londoño, Forero, Laverde and Mosquera (2012).

In the CCCA the risk assessment for each factor is given by the degree to which the beliefs that make up each factor contribute to increase the probability that the person will consume in an abusive or dependent manner. A low, moderate or high risk is valued according to the elevation of the score obtained in each factor.

Alcohol use Disorders Identification test (AUDIT) is a structured self-administration questionnaire that was designed by Babor, Higgins-Biddle, Saunders and Montero in 1992, which aims to assess the level of alcohol consumption. It consists of 10 items that evaluate three dimensions, namely: recent consumption, symptoms of dependence and problems of alcohol dependence (Peltzer, Lichtenberger, Conde, & Cremona, 2017). Ospina-Díaz, Manrique and Ariza Riaño validated it for the Colombian population in 2012, having obtained a Cronbach alpha of 0.769 and a variance explained of 35.41% .

Procedure

In the test application process, the study complied with the ethical research norms in force in both Colombia and Chile. The youngsters signed the authorization after reading the informed consent, and in the case of the minors, the parents signed the consent and the adolescent participants signed the assent. There was a control for the biases inherent to cross-cultural research, since the interviewers were professionals from each country. The scale was self-administered and there were pilot application exercises to guarantee the linguistic, semantic and functional similarity of the items.

Data analysis

Descriptive analyzes were carried out and the independence of the samples was confirmed. The standardized behavior of the variables was evaluated through The Kolmogorv-Smirnov test and the compliance with the homoscedasticity principle was examined by means of the *F* test. Then the comparison of means was done using the ANOVA statistic with a level of significance of *p* less than or equal to 0.05, as well as the calculation of the effect size to ensure that the results obtained are not due to chance.

Ethical considerations

Compliance with and observance of the ethical guidelines for research with human beings was ensured, both in terms of the use of informed consent and assent, and in the referral of young people with risk consumption to health institutions or university healthcare services.

Results

This section presents, in the first place, the results of the descriptive analysis by country. Subsequently, it shows the comparative analysis and the analysis of the effect size of this comparison.

81% of Chilean and 53% of Colombian participants consumed alcohol, with an average consumption of 4 units per occasion for Chileans and 3.2 units for Colombians (See Table 1).

Table 1.

Proportion of consumers and number of units ingested per occasion by country

	Chile (n=870)		Colombia (n=732)	
	f	%	f	%
Non-consumers	165	19	336	46
Consumers	705	81	396	54
Average units per occasion				
Chile	4.04			
Colombia	3.02			

In the Colombian participants, the beliefs with the highest average reported were the key triggers for consumption ($M = 10.61$), the perception of risk and vulnerability ($M = 9.35$), followed by the beliefs about the barriers to stop consuming or moderating consumption ($M = 8.92$). In the Chilean population, the most prevalent beliefs were the barriers to stop consuming or moderating consumption ($M = 9.47$), followed by the key triggers for consumption and thirdly, the perception of risk and vulnerability ($M = 8.67$) (See Table 2).

It is important to note that in both populations the lowest average was the benefits of alcohol consumption, because

Table 2

Statistical measures of beliefs regarding alcohol consumption by country

Beliefs	Colombia (n=732)				Chile (n=870)			
	M	ST	Min	Max	M	ST	Min	Max
Perception of risk and vulnerability	9.35	2.66	4	16	8.67	2.64	4	16
Perceived benefits of consumption	7.39	2.62	4	15	6.45	2.29	4	16
Key triggers for consumption	10.61	3.61	5	49	8.94	3.16	5	20
Barriers to stop consumption	8.92	2.64	5	20	9.47	2.77	5	20

when estimating the risk indicated in the scores obtained for each factor, most Chileans present a moderate and high level of beliefs and show high risk in the four factors assessed. The same occurs in the Colombian participants (See Figure 1).

When comparing the means obtained by each group in each factor it is evident that there are significant differences with a p less than or equal to 0.05 in all the measures, and an effect size value that oscillates between $d = 0.6$ and $d = 0.7$ in the five factors of the test considered median. This indicates that Colombians, with respect to Chileans, presented significantly higher consumption triggers, greater perception of risk and vulnerability, the highest sensation of perceived benefits of consumption, and at the same time, a reduced perception of barriers to stop consuming. On the other hand, Chileans presented significantly greater levels of beliefs regarding consumption barriers with lower averages in all factors. However, in both populations the means found indicate moderate and high risk (See Table 3).

Discussion

The results of this study indicate that alcohol consumption is frequent among young people in both countries, regardless of sex, with greater consumption in Chile. In addition, the monitoring of the principles of moderation proposed by the WHO in 2011 is not evident, since in both countries respondents reported consuming more than three units of drink per occasion (Cortés et al., 2011; INJUV, 2009; OMS, 2011).

Colombian youth showed substantially lower alcohol consumption than that of Chileans, although this does not necessarily show a more favorable outlook as it had been proposed by WHO (2015). Colombians report greater exposure to situations that trigger consumption, perceive greater benefits related to the consumption of alcoholic beverages and lower risk associated with this consumption, and believe that it will be easy for them to moderate such consumption, as they do not recognize barriers to do so. This profile may show excessive confidence in the possibility of controlling consumption because they perceive their risk of

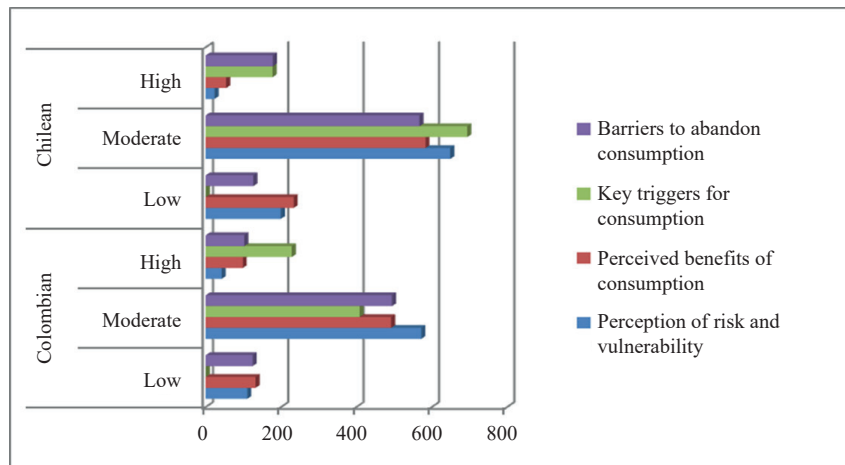


Figure 1. Risk associated with beliefs about consumption by factor assessed and by country.

Table 3

Comparison between countries of average factors of the Questionnaire of beliefs regarding alcohol consumption

	Sum of squares	gl	F	p	Effect size
Risk and vulnerability	184.12	1	26.18	.000	0.62
Benefits	348.64	1	57.94	.000	0.65
Keys for action	1028.74	1	90.98	.000	0.69
Barriers to stop or moderate consumption	122.59	1	16.63	.000	0.61

abusing the substance as low. Weinstein (1980) states that this combination forms part of the concept of non-realistic optimistic bias, in which the person not only minimizes their real risk but also overestimates their personal control capacity. This bias has already been sufficiently associated with various unhealthy behaviors among which are the abusive consumption of alcohol and other drugs.

The impact of unrealistic optimism is greater in this group, if one takes into account that Colombians report being exposed to a large number of environmental and social signals that trigger the desire to drink. This combines with the perception of high benefits or positive beliefs about the enhancing effect of intoxicating beverages on social disinhibition and the ability to interact in groups (Ajzen, 2012), together with the feeling that alcohol produces relaxation and improves mood. At the same time, they perceive strong social barriers to moderate or stop alcohol consumption (Osberg, Insana, Eggert, & Billingsley, 2011; Osberg et al., 2012).

Indeed, this combination of beliefs has been associated with both alcohol consumption and the increased risk of alcohol abuse and a low motivation to moderate consumption, as well as a poor willingness to change. Conditions that are required for the success of prevention programs based on the processes of change (Henslee et al., 2015; Londoño et al., 2005; O'Grady et al., 2011; Pantoja, 2010; Pilatti et al., 2011).

On the other hand, the Chilean youngsters, who presented more frequent and intense consumption combined with high perception of barriers to stop or moderate their drinking, are, in addition, exposed to an environment rich in key triggers for consumption, perceive as low their risk of abusing the substance, and regard as beneficial the fact that they drink. Apparently, in the case of this group, the reason for maintaining the highest consumption lies in the low perceived control that makes them maximize the personal and social obstacles to stop drinking, added to the fact that they consider their risk of abusing the substance as low.

Thus, young Colombians drink because they consider that they have no risk and if risk appears, it is easy to control. On the other hand, Chileans drink because they consider it difficult to stop doing so, and they do not deem it necessary because they perceive as low the risk of abusing the substance. Although the beliefs of young people favor consumption, there is also the fact that in both countries exposure to discriminative stimuli that invite to drink is frequent. This happens, either because there is a culture of deep-rooted consumption, because it is easy to access the substance, because the family and peer group drink alcoholic beverages, or because there is advertising that openly promotes consumption. This is a situation previously

described by other authors, who recognize in Latin American countries a marked tendency to promote alcohol intake (Guzmán, García, Rodríguez, & Alonso, 2014).

In both cases, consumption is maintained by a series of beliefs in which control is overestimated or underestimated and risk is minimized, with an unfavorable result in both cases. In the first one, because there is a belief that the control is such that one can drink alcohol in excess and regulate consumption at any time; and in the second, because one sees control as extremely difficult. Therefore, the intention of regulation does not appear and the practice of alcohol intake remains (Ajzen, 1991, 2001, 2012; Guzmán, Llamas, Rodríguez, & Alonso, 2012; Giménez Costa, 2011).

In both cases, the main reasons for consumption refer to expectations of improving social exchange and strengthening social competence, both considered crucial in this stage of development. The social motivations that generate and maintain drinking behavior in adolescents has already been described in previous studies (Ardila & Herrán, 2008; Cooke & French, 2011; Osberg et al., 2010; Osberg et al., 2012).

The results of the study allow concluding that, although there are differences in beliefs about consumption, the variations still represent risk of abuse in alcohol intake for both groups. This indicates that preventive approaches should not be the same for young people of the two countries, at least regarding the beliefs of personal control over consumption and self-efficacy for change, as had been proposed by Londoño and Vinaccia (2010) and Londoño (2007).

Perhaps the main limitation of this research is the fact of having measured consumption as a dichotomous variable since participants were questioned about whether they consumed alcohol and the number of drinks per occasion, but the study did not obtain data about the frequency with which they consumed or the problems associated with drinking. Therefore, it is important to conduct new studies that take into account these aspects and use consumer classification measures. They should also include samples from other countries, in such a way that they can offer an overview to be taken into account in the formulation of prevention policies in the Americas.

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