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Informal Social Control of Drinking
Finland in the Light of International Comparison

National Research and Development Centre
for Welfare and health

Research Report 172
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<table>
<thead>
<tr>
<th>Error</th>
<th>Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>p.32: the total annual volume of drinking in metric of <em>litres</em> of pure alcohol</td>
<td>the total annual volume of drinking in <em>kilograms</em> of pure alcohol</td>
</tr>
<tr>
<td>p.34: (litres of 100% alcohol / year / person)</td>
<td>(kilograms of 100% alcohol / year / person)</td>
</tr>
<tr>
<td>p. 43: The mean volumes of annual drinking per year in <em>litres</em></td>
<td>The mean volumes of annual drinking per year in <em>kilograms</em></td>
</tr>
<tr>
<td>p. 44: Figure 2. Mean volume of drinking in <em>litres</em> of alcohol</td>
<td>Figure 2. Mean volume of drinking in <em>kilograms</em> of alcohol</td>
</tr>
<tr>
<td>Article III, p. 7 The annual total consumption of 100% alcohol in <em>litres</em></td>
<td>The annual total consumption of 100% alcohol in <em>kilograms</em></td>
</tr>
<tr>
<td>Article III, p. 8 Table 2. Means of annual volume of drinking in <em>litres</em> of 100% alcohol</td>
<td>Table 2. Means of annual volume of drinking in <em>kilograms</em> of 100% alcohol</td>
</tr>
<tr>
<td>Article IV, p. 10 Volume / <em>l</em></td>
<td>Volume / <em>kg</em></td>
</tr>
<tr>
<td>Article IV, p. 11 ...the total annual volume of drinking in the metric of <em>litres</em> of ethanol</td>
<td>...the total annual volume of drinking in the metric of <em>kilograms</em> of ethanol</td>
</tr>
</tbody>
</table>
Abstract


This study examines the informal social control of alcohol consumption. The study attempts to discover how respondents interpret the survey questions about alcohol consumption and about the control of alcohol usage, and how control exercised by the spouse affects the drinker’s concerns about self-control and the drinking patterns. Further, the study discusses the cultural differences in drinking and social control.

The research object is viewed from the perspective of social control theories. The study proceeds from the subjective level to the general social level, and further to the informal social control of drinking in Finland as seen through international comparisons. The main focus is on control exercised by the spouse, as controlling alcohol consumption is most common in a couple relationship.

The degree of formal and informal social control depends on the norms for acceptable drinking and drinking-related problems. Furthermore, the underlying reasons that trigger control are linked with both the cultural norms as well as subjective views on when alcohol use becomes unacceptable. Informal social control of drinking is expressed only when drinking exceeds the subjective or cultural norms. It should be noted here that subjective norms are always linked with the norms of the society. Hence, the level of informal social control is always linked to the level of formal control.

Recently, EU legislation and the expanded markets have caused the traditional Finnish alcohol policy and restrictive pricing policies to lose much of their impact. Consumer prices were decreased as a result of the reduction of excise duty on alcohol and the liberation of passenger import in 2004. Consequently, alcohol consumption and alcohol-related problems have increased dramatically. In the current situation, where control has to some extent been removed from the central, governmental level to the local and individual levels, the importance of informal social control in reducing alcohol consumption and alleviating the related problems has increased.

Research data was partly taken from the international GENACIS Project (Gender, Alcohol and Culture: An International Study). Of the participating countries, the 18 countries that had asked a question on the social control of drinking were included in this analysis. As for Finland, the data from the STAKES 2000 Drinking Habits Survey was used. In addition, a qualitative study by STAKES in 2001 were used in this study to analyse in more detail how the questions in the other sections of the survey were understood.
Gender is clearly a factor in the informal social control of drinking: irrespective of the amount of drinking, the drinking patterns of men are more often controlled than the drinking patterns of women. Of the Finnish men, 23% felt they had been persuaded to drink less or less often during the last 12 months. For women, the percentage was 9. Control was most commonly expressed by the spouse. This is true across all the countries that participated in the surveys, including Finland. The amount of alcohol consumed and especially the frequency of excessive drinking, together with the drinking-related harm, increase the likelihood of becoming a subject of social control. Across the countries, there was considerable variation on how many of the respondents had felt that their drinking habits were being controlled. Compared with the industrialised countries, interference in general seems to be much more common in the developing countries. In these countries, other members of the society – not just the spouse – have also actively interfered with drinking.

The frequency and extent of the social control of drinking seems to be strongly linked with the amount of abstainers in the country. The more there are abstainers, the more drinking is controlled. For men, but not for women, the frequency and extent of control is linked with overall alcohol consumption.

The qualitative study shows that there are several ways to interpret the meaning of "controlling drinking". This draws attention to the formulation of the survey questions: they need to be explicit in order to be uniformly understood by all of the respondents.

Social informal control of drinking is always triggered by some underlying reason. When there are no problems, there is no need for control. The problems may be serious or the severity can be a subjective estimate of the situation. Before applying any form of social control, the controller perceives that the drinking is harmful on some level. The frequency of informal social control reflects the extent of drinking-related problems in the society. Being aware of these problems causes stress and anxiety to the people who are looking after the drinker. Living under such stress usually causes problems that are reflected in the physical and/or mental health, work or in other areas of life. In society, the increase in drinking-related problems will directly or indirectly give rise to problems concerning non-drinkers. These problems will burden e.g. public health care, and may have far reaching effects on primary health and even national economy.

Keywords: informal social control, drinking, alcohol
Abstract in Finnish


Tässä tutkimuksessa tarkastellaan alkoholinkäyttöön kohdistuvaa epävirallista kontrollia. Tutkimus pyrkii vastaamaan kysymyksiin, miten ihmiset ymmärtävät survey-tutkimuksissa käytettyjä alkoholinkäyttöön ja sen kontrolliin liittyviä kysymyksiä sekä miten puolison yritykset kontrolloida juomista vaikuttavat juomisen hallintaan liittyviin huoliin ja juomatapoihin. Lisäksi valotetaan juomisen sosiaaliseen kontrolliin liittyviä kulttuurisia eroja.

Tutkimuskohdetta lähestytään sosiaalisen kontrollin teorioiden näkökulmasta. Tutkimus etenee yksilötasolta yleisemmälle yhteiskunnalliselle tasolle päätyen tarkastelemaan juomisen epävirallista kontrollia Suomessa kansainvälisten vertailujen valossa. Päähuomio on puolisoiden välisissä kontrolliyrityksissä, sillä juomisen kontrollointi on yleisintä parisuhteissa.


Informal Social Control of Drinking

haastatteluaineistoa, jossa tarkasteltiin lähemmin muissa tutkimusosioissa käytettyjen kysymysten ymmärrettävyyttä.


Juomisen kontrollin yleisyyys näyttää liittyvän voimakkaasti raittiiden osuuteen maassa. Mitä enemmän raittiita on, sitä enemmän juomista myös kontrolloi- daan. Miesten, mutta ei naisten, osalta kontrollin yleisyyys on yhteydessä myös alko- holin kokonaiskulutukseen.

Kvalitatiivisen tutkimuksen perusteella voidaan todeta, että juomisen kontrolli ymmärretään hyvin monella eri tavalla. Tämä antaa aihetta laajemminkin miettia survey-tutkimuksissa käytettyjen kysymysten muotoilua niin, että vastaajat ymmärtäisivät ne mahdollisimman yhtenäisellä tavalla.


Avainsanat: sosiaalinen kontrolli, juominen, alkoholi
Abstract in Swedish


I denna undersökning studeras den informella kontroll som riktas mot bruket av alkohol. Undersökningsförsöken ger ett svar på hur människorna förstår de frågor som vid surveyundersökningar ställs om alkoholbruk och dess kontroll samt hur makens eller makans försök att kontrollera drickandet påverkar de bekymmer som är förknippade med att hantera drickandet och dryckesvanorna. Dessutom belyses kulturella skillnader i samband med den sociala kontrollen av drickandet.

Undersökningen närmare sig objektet ur de sociala kontrollteoriernas synvinkel. Undersökningen går från individnivå till en mer allmän samhällsnivå för att avslutas med en granskning av den informella kontrollen av drickande i Finland i ljuset av internationella jämförelser. Huvudfokus läggs på försök till kontroll mellan makar, eftersom kontroll av drickande är vanligast i parförhållanden.

Omfattningen av både den formella och informella kontroll som riktas mot drickande beror på de rådande normer i samhället som berör drickandet och dess problematik. Även de orsaker som leder till kontroll har samband med både de i samhället rådande normerna och individens egna tolkningar av hur det drickande som är störande. Informell kontroll av drickande börjar inträda först när drickandet bryter mot individens eller samhällets dryckesnormer. Å andra sidan står individens egna normer alltid i relation till de i samhället rådande normerna och därför står nivån på den informella kontrollen alltid i relation till nivån på den i samhället rådande formella kontrollen.

Under senare tid har EU:s lagstiftning och den utvidgade marknaden försvagat den traditionella finländska alkoholpolitiken och minskat prispolitikens verkan. Sänkningen av alkoholskatten år 2004 och avvecklingen av importbegäran Showing for alkohol sänkte konsumentpriset på alkohol. Som en följd av detta har alkoholkonsumtionen och de därmed förknippade skadeverkningarna ökat mycket kraftigt. I den nuvarande situationen där kontrolluppgiften i någon mån har flyttats över från statlig nivå till lokal nivå och individnivå, framhåvs den informella sociala kontrollens minskande effekt på drickandet och de därmed sammanhängande skadeverkningarna.

Som material för denna undersökning användes material från det internationella GENACIS-projektet (Gender, Alcohol and Culture: An International Study). Analyserna omfattade 18 länder, där man hade frågat om den sociala kontrollen av drickandet. För Finlands del användes materialet ”Dryckesvaneundersökning 2000”. Dessutom användes Stakes år 2001 insamlade kvalitativa intervjuematerial,
där man mer ingående granskade begripiheten i de frågor som användes i andra undersökningar.

Den informella kontrollen av drickandet har tydligt samband med kön: männen drickande kontrolleras mer än kvinnornas, oberoende av vilken mängd alkohol som konsumeras. Av de finländska männen hade 23 % och av kvinnorna 9 % upplevt att någon under de senaste 12 månaderna hade försökt få dem att dricka mindre eller mer sällan. Oftast utövas kontrollen av maken eller makan. Samma resultat gäller förutom Finland för alla undersökta länder. Sannolikheten att någon ska bli föremål för kontroll ökar dock med den konsumerade mängden och särskilt med frekvensen av berusningsdrickande samt de upplevda negativa följderna av drickandet. I de länder som deltog i undersökningen var variationen stor när det gällde hur stor andel av de svarande som hade upplevt att deras drickande kontrollerades. I utvecklingsländerna verkar det vara betydligt vanligare att man över huvud taget ingriper i drickandet jämfört med situationen i industriländerna. I dessa länder har även andra än maken eller makan ingripit mer aktivt i alkoholkonsumtionen.


Utgående från kvalitativa undersökningar kan man konstatera, att kontroll av drickande förstås på många olika sätt. Detta ger anledning till att mer ingående tänka på formuleringen av de frågor som används i surveyundersökningarna för att de svarande ska förstå dem på ett så enhetligt sätt som möjligt.


Nyckelord: informell social kontroll, drickande, alkohol
# Contents

Abstract  
Abstract in Finnish  
Abstract in Swedish  

List of original publications ................................................................. 13  

1 INTRODUCTION................................................................................................. 15  

2 PREVIOUS RESEARCH..................................................................................... 16  
2.1 Historical background ........................................................................... 16  
2.2 Formal and informal control of drinking ............................................. 17  
2.3 The controllers and the controlled ......................................................... 18  
2.4 Target reactions...................................................................................... 22  
2.5 Theoretical perspectives on social control of drinking ......................... 23  
2.5.1 Social control .................................................................................. 23  
2.5.2 Norms............................................................................................... 24  
2.5.3 Gender roles...................................................................................... 25  
2.5.4 Individualistic vs. collectivistic cultures ......................................... 26  
2.6 Validity of the research.......................................................................... 27  

3 AIMS OF THE STUDY...................................................................................... 28  
3.1 General aim............................................................................................. 28  
3.2 Specific objectives................................................................................... 28  

4 MATERIALS AND METHODS ........................................................................ 29  
4.1 Data and sampling.................................................................................. 29  
4.2 Measurements.......................................................................................... 31  
4.2.1 Measurement of understanding of survey questions..................... 31  
4.2.2 Measurement of informal control of drinking.................................. 31  
4.2.3 Measurement of drinking and drinking-related problems ............ 32  
4.2.4 Measurement of socioeconomic differences .................................. 33  
4.3 Analyses.................................................................................................... 33  

5 RESULTS ......................................................................................................... 35  
5.1 Defining informal control of drinking in survey research.................. 35  
5.2 The relationship of drinking and control .......................................... 37  
5.3 Cultural variation in informal control of drinking............................ 40  
5.4 Cultural variation in drinking-related harms and control.................. 43  

6 Discussion ........................................................................................................... 46
6.1 Main findings ................................................................................................. 46
6.2 Validity of the study ...................................................................................... 47
   6.2.1 Understanding of survey questions ................................................... 47
   6.2.2 Other methodological issues .............................................................. 48
6.3 Attitudes toward control of drinking ........................................................... 49
6.4 Consequences of drinking control to the controller .................................... 50
6.5 Challenges for future research .................................................................... 51
6.6 Conclusions .................................................................................................. 52

References ........................................................................................................... 53

Original publications
List of original publications


1 Introduction

The importance of others in shaping and changing a person’s drinking habits has been shown in several studies (Collins & Marlatt, 1981). With certain reservations it can be stated that in Finland, formal alcohol control has decreased or at least its forms have changed from the 1990s onwards (Tigerstedt et al., 2006, 111–127). It is thus interesting to ponder whether the responsibility of drinking control has simultaneously moved from formal alcohol control policy actors towards drinkers themselves and to their intimates, and what are the consequences of this shift of responsibility to individual drinkers. In this situation, it is important to understand how the informal control of drinking works. This information can be useful for example in planning treatment and in helping those living with a problem drinker.

It is impossible to estimate how many Finns are suffering from a family member’s excessive drinking. Some estimates can, however, be made based on research on drinking habits. According to the results of the Drinking Habit Survey 2000 (Metso et al., 2002; Raitasalo, 2004) about one in ten Finns aged 15–69 (6% of men, 16% of women) thought that one of their family members had problems due to their drinking. When generalised to the whole population, this would mean about 530 000 people. It can be argued that the real number is even greater as it has been found in research that people tend to underestimate sensitive issues like this in surveys (Sudman & Bradburn, 1974, 37).

Thus, drinking problems are not only the problems of the drinker. Other people close to the person who is drinking excessively are affected by the drinking: spouses, parents, children, siblings, friends etc. It is common that these people do their best to get the drinker to realize the seriousness of the problem or to help in overcoming it. The results of these efforts are often not very successful, which in turn leads to negative feelings such as disappointment, anger, anxiety and guilt for these intimate others. These relatives or friends can also try to ease their distress in ways that make their situation even worse, or then hide the problem, worry alone and feel even worse.

Research on the informal control of drinking in Finland is scarce. This research aims at increasing understanding in this area. This thesis is constructed around four articles published between 2003 and 2008.

The research subject is approached from the perspective of social control theories. The starting point is the individual level, that is, individual definitions about informal drinking control. The scope is then widened towards the frequency of experiences of control. The research culminates in describing the social control of drinking in Finland in the light of international comparisons. The focus is on control between spouses, as informal control of drinking, is most frequent in couple relationships.
2 Previous research

2.1 Historical background

The impulse to control alcohol drinking is probably as old as the discovery of the mood-altering properties of alcohol. As long as there has been alcohol drinking among humans, it has been regulated by some kind of norms and rules. The history of alcohol use has been a struggle between the polarities of indulgence and abstention. The earliest surviving legal document on this is the Code of Hammurabi from about 1780 BC which includes three articles (2000: §§108–110) that govern the behaviour in taverns and of tavern keepers (Room et al., 2002).

Divergent attitudes towards drinking were institutionalised in the competing city-states of Athens and Sparta. Athens was characterized by the symposium, a banquet with drinking and conversation, that was reserved for aristocratic males and in which drinking was carried out by following certain rules. For instance, the proportions of wine and water used when mixing a drink and the amount of drinking was strictly regulated. The Spartans in contrast had established a set of severe laws in the seventh century BC, which included a prohibition on drinking for any reason other than thirst. Even Plato praised the Spartans for their temperance in contrast with the Athenian eagerness to drink. These two remarkable cities symbolise the divergent approaches to alcohol in society: one attitude looks for the best way to make alcohol available and to regulate only its excesses, and another seeks to reduce consumption to a minimum, that is, to control it (McKinlay, 1949, 1951; Musto, 1996). These two polarities can also be found in today’s societies.

The control of alcohol use has been related to several religious movements. Different forms of Christian movement have had diverse attitudes towards drinking, varying from total abstention by, for example Mormons, to the Roman Catholic church which has not considered alcohol to be intrinsically evil. Alcohol is also involved in some Christian rituals such as the Eucharist. Religious movements have had an important role in the development of Prohibition in the USA where the Methodist Church was strongly involved. Also in other world religions there are elements or segments in which drinking is forbidden or discouraged. Examples of these are Brahmins in the Hindu religion and faithful Moslems.

Research has explored how alcohol was used and how it was controlled in the peasant society of the 19th century in Finland (Apo, 2001). It is known, for example, that women were responsible for producing home-made alcoholic beverages. This can be interpreted as a means of drinking control as women had the possibility to control the strength and dosage of alcoholic beverages.
At times even family members have been utilized for the purposes of state control. For example, in Sweden during the ration book period of 1919–1955, state control was not only aimed at quantities of alcohol purchased by individuals, but it also enabled the wife to monitor her husband’s drinking. It was a common habit in the Sweden of the 1920s and 1930s that married women were given special kinds of “curative ration books”, with which they were supposed to regulate their husband’s drinking (Bruun, 1985; Knobblock, 1995).

Social development and alcohol policy issues have been strongly tied together in the Nordic countries. The temperance movement had its heyday at the turn of the 19th and 20th centuries, which resulted in Prohibition between 1919 and 1932. Women had an important position both in the working and middle class temperance movement. One of the most important arguments against drinking was, in fact, the misery for children and the family caused by alcohol. Even nowadays, it seems that it is more natural for women to be sober than it is for men.

2.2 Formal and informal control of drinking

Social control can be either formal or informal. When talking about the social control of alcohol use, formal alcohol control corresponds to control that is practiced by official and public actors, such as by state or health care professionals. These forms of control are for example alcohol tax, laws controlling the sales of alcohol and opening hours, and the alcohol monopoly system in Finland, as well as the arresting of drunks by the police.

The most important source of informal alcohol control is the family, but friends or workmates can also act as controllers. Informal control of drinking can be practiced in many different ways. The means of control can be verbal or based on some kind of action, such as trying to prevent another from buying or otherwise obtaining alcohol. Some of these means can be conscious and intentional; others may be habitual and less conscious. They can be direct, such as talking about the issue with the drinker, or indirect, such as efforts to turn the drinker’s attention to some other action. Further, the intensity of these means can likewise vary. For example, they can be subtle cues in parties that it is time to go home or stronger punishments or threats like the threat of violence or divorce (Raitasalo, 2003). Informal control can take place in drinking situations between drinking people but also outside of actual drinking occasions, for example when family members try to influence each other’s drinking by talking on a more general level about the other person’s drinking or problems related to it. Different kinds of means are aimed at the same target: changing another’s behaviour to a certain direction. The informal control of drinking is aimed not only at problem drinkers but also at moderate drinkers, even if to a lesser degree (Holmila, 1988; Suonpää, 2005).
seems, however, that there is a strong connection between regular binge drinking and being an object of informal drinking control (Raitasalo & Holmila, 2005).

The informal social control of drinking is always connected with formal social control. During recent decades, the state alcohol control in Finland has gradually weakened. The prohibition was repealed in 1932, the sale of medium strength beer was liberalized in 1968, and the ration book system was abolished in 1970. Recently, EU legislation and expanding markets have weakened traditional Finnish alcohol policy and reduced the influence of pricing policy. Changes in the Finnish alcohol policy in 2004 have led to decreased taxes and prices for alcohol. As a consequence, the levels of alcohol consumption and related harms have increased (Mäkelä & Österberg, 2006). In this situation the status of interpersonal informal control has become more important. Consequently, public opinion should be steered in a direction where getting involved in other people’s drinking would be more acceptable. The transition of alcohol policy action from state to local level has emphasized the importance of informal and internal control of drinking. This can be seen in local prevention projects that emphasise the idea of communality, such as the idea that ‘it takes a whole village to bring up a child’ (Karlsson & Törrönen, 2004).

The volume of drinking and especially intoxication and drinking-related harms are strongly related to informal control efforts. Most often spouses act as controllers but others can attempt to control drinking, too. The more there is use of alcohol and related problems, the more there are also controllers around the drinker (Room, Matzger & Weisner, 2004). Women’s drinking is in general less controlled than that of men, even if it is problematic, and so they often are left alone with their problems. This is especially the case in couple relationships where the spouse also drinks a lot.

2.3 The controllers and the controlled

Research on informal control of drinking has been focused mainly on issues such as who is the controller and who is the controlled, on the forms of control and on the factors that are related to control efforts. Also the impact of informal control on the controlled one’s drinking habits and recovery has been studied.

Family members are usually the first to attempt to limit excessive use of alcohol (Room, Greenfield & Weisner, 1991; Wiseman, 1991). Attempts to control the partner’s drinking have been found to be related to the partner’s drinking habits and to the problematic nature of his or her drinking (Holmila, 1988). Informal control of drinking is not limited to cases of problem drinking, but is carried out among light drinkers as well, even if less often (Holmila, 1988; Suonpää, 2005). Heavy drinkers are most likely to be the targets of pressure to drink less, in Finland at least.
Previous research

Studies on drinking control within the family have indicated that men are the objects of the spouses’ drinking control more often than women (Holmila, 1988; Holmila, Mustonen & Rannik, 1990; Järvinen, 1991; Room, Greenfield & Weisner, 1991; Wiseman, 1991; Asher, 1992; Room, Bondy & Ferris, 1996; Orford, 1998a; Velleman, Copello & Maslin, 1998; Hemström, 2002b; Suonpää, 2005). The role of warden or moderator of their partner’s drinking is frequently a feminine role; conversely, men take more often the role of inciter in relation to their wives’ drinking. The predominant direction of efforts to control drinking within the family is from women to men and from older generations to younger (Holmila 1987; Holmila, Mustonen & Rannik, 1990; Järvinen 1991; Room, Greenfield & Weisner, 1991; Room, Bondy & Ferris, 1996). Parents’ influence on their adolescent children has been studied from the perspective of parental style (Miller & Plant, 2003; Adalbjarnardottir & Hafsteinsson, 2001). Children’s role in parents’ recovery process has been found to be positive for outcome after treatment but otherwise the role of children in controlling their parents drinking has received little attention (Koski-Jännes, 1991).

Couple relationships are characterized by continuity and complexity (Selin, 2004). The intensity of attempts to control other people’s drinking can vary from simply giving advice to drink less, or making a mild comment on improper behaviour, to quarrels or threats to leave the spouse (Suonpää, 2005). In most studies on informal drinking control, the efforts of spouses to influence each other usually refer to wives. Most drinkers are men and men’s proportion of total alcohol consumption has been found to vary from 70 to 80% in Western countries but it is even greater in developing countries (Babor et al., 2003). Consequently, women more often become victims of men’s excessive drinking than men of women’s excessive drinking, although problematic drinking causes difficulties for both men and women. Accordingly, men experience more social drinking control than women. In studies on social pressure, women’s control of their husbands’ drinking has been reported to be an integrated part of family life (Holmila, 1987; 1988; Holmila, Mustonen & Rannik, 1990; Room, Greenfield & Weisner, 1991). It can develop to such a norm in the relationship that when it stops, the husband may think that his wife no longer loves him.

The social harms of drinking are not only troublesome for the family but may also worry friends. Friendship involving both criticism and support has been found to be of importance in addiction-related self-help groups (Humphreys, 2004). Criticism of a friend’s drinking can cause the loss of a friend but may also strengthen the friendship when interference and social support are appreciated and interpreted as caring mechanisms (Polcin & Greenfield, 2006). The motives lying behind a friend’s attempts to control drinking are different perhaps than those of for example an employer attempting to intervene in his/her employee’s drinking. Workplace control can either be incorporated in general health programmes, or organized in specific substance abuse programs. In many developed countries,
specific employee assistance programmes have been developed and their advocates recommend an individual approach rather than relying on drug testing (Bennett & Lehman, 2003). Research on the scope and efficacy of such programmes has been limited to particular groups, but few general population studies have included data on how workmates try to influence their co-workers’ drinking. In the Scandinavian Drinking Survey the proportion of drinkers that had been criticized for their drinking by someone at work varied from zero to four per cent in the four countries that were surveyed. Workplace criticism was found to be as equally rare as having been arrested for public drinking by the police (Hauge & Irgens-Jensen, 1987). In the Finnish Drinking Habit Survey 2000, the figures were 1.3% for men and 0.1% for women. With advances in technology and the requirements of increased productivity, workplace surveillance has increased, which has created new possibilities for control.

Some studies have shown that significant others play an important role in assisting treatment entry (Hasin, 1994; Polcin & Weisner, 1999). There are also programs for significant others where they are taught more effective ways to communicate with their partners and thereby aid even treatment-resistant substance abusers to enter treatment (Liepman, Nirenberg & Bergin, 1989; Meyers et al., 1999; Smith, Meyers & Miller, 2004). Good informal networks can also be seen as an important resource for natural recovery (Granfield & Cloud, 2001; Walters, 2000). Group influence or pressure to drink more has also been studied, showing that there is a strong association between spouses’ drinking patterns and the ways spouses adjust their drinking to each other (Price & Vandenberg, 1980; Caetano, 1987; Corbett, Mora, & Ames, 1991; Hammer & Vaglum, 1989; Gleiberman et al., 1992; Demers, Bisson & Palluy, 1999).

Results from many studies have indicated that social pressure can influence drinkers to drink less, quit drinking, or to consider seeking help (Polcin, Galloway & Greenfield, 2006). Attempts have been made to study how various types of social pressure are related to each other and to such outcomes but studies of social control and help-seeking have mainly been carried out in industrialized countries (Holmila, 1987; 1988; Holmila, Mustonen & Rannik, 1990; Room, Greenfield & Weisner, 1991). Family and friendship networks may be expected to be an even more important resource in developing countries than in more developed countries, where the capacity of the individual drinker to fulfil family responsibilities is relatively more important (Room et al., 2002).

Societal coercion to treatment is not unknown today, though often restricted to such agents as probation officers via the criminal justice system (Polcin & Greenfield, 2003). However, those receiving treatment have reported that all kinds of people have confronted them about their drinking (Polcin & Greenfield, 2006; Polcin, Galloway & Greenfield, 2006).

According to the 2000 Drinking Habit Survey (Metso et al., 2002) collected by STAKES (the National Research and Development Centre for Welfare and Health),
Previous research

Research Report 172
STAKES 2008

Informal Social Control of Drinking

it seems that men are most often the ones whose drinking is controlled by other people, whereas women act as controllers (unpublished). Men had substantially more often experienced someone influencing their drinking such that they would drink smaller amounts or less often. It can be seen in Table 1 that as many as 23% of men who used alcohol thought that someone had attempted to control their drinking, whereas only 9% of women had had this experience. The controller of men's drinking was most often the spouse (13%). For women, the one who had controlled their drinking was most often a female family member or a relative (3%).

When asked whether the respondent had controlled someone else's drinking during the previous 12 months, the results were parallel. Women reported more often than men that they had attempted to control their spouse's drinking whereas the target of men’s control attempts was most often a male friend. More than one in three women and about one in four men acknowledged that they had attempted to control somebody else's drinking.

These differences can largely be explained by differences in men's and women's drinking habits. Men's drinking is more controlled simply because they drink more and more often to intoxication than women do. However, women are more active controllers than men (female family members and friends) irrespective of the level of drinking. The differences in controlling a friend’s drinking can be partly explained by assuming that men have more male friends and women have more female friends. Men have experienced control attempts both from male and female friends whereas women mainly from female friends. However, the biggest part of women's control attempts are targeted at their male partners and friends.

TABLE 1. The proportion of respondents (only current drinkers) who had experienced someone attempting to control their drinking during the last 12 months

<table>
<thead>
<tr>
<th>“During the last 12 months, have any of the following persons attempted to influence your drinking so that you would drink less or less often?”</th>
<th>Women %</th>
<th>Men %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse or partner</td>
<td>2.5</td>
<td>13.4</td>
</tr>
<tr>
<td>Child / children</td>
<td>1.9</td>
<td>2.1</td>
</tr>
<tr>
<td>Female family member or relative</td>
<td>3.3</td>
<td>8.7</td>
</tr>
<tr>
<td>Male family member or relative</td>
<td>1.0</td>
<td>3.5</td>
</tr>
<tr>
<td>Female friend</td>
<td>1.3</td>
<td>2.2</td>
</tr>
<tr>
<td>Male friend</td>
<td>0.2</td>
<td>1.9</td>
</tr>
<tr>
<td>Fellow worker or student</td>
<td>0.1</td>
<td>1.3</td>
</tr>
<tr>
<td>Any of these</td>
<td>8.5</td>
<td>23.3</td>
</tr>
</tbody>
</table>

2.4 Target reactions

From the point of view of those who are controlled, the control attempts can be interpreted in negative terms, such as limiting one's freedom, thus causing resistance in the controlled although the controller thinks it is well-intentioned caring. The social psychologist Jack Brehm (1966; 2000) has proposed a concept of psychological reactance to explain some of our reactions to a loss of control or of freedom of choice. According to Brehm, reactance is a motivational state that is aroused whenever a person feels that his or her freedom has been abridged or threatened. Threats to freedom create a psychological state that leads the person to take actions that will help him or her retain control and personal freedom. Social control can thus also have an effect in the opposite direction, that is, elicit problem behaviour. Problem behaviour thus invites social control and sometimes vice versa. An important question is what kind of social control is effective and what kind of control is counterproductive.

Even though informal control of drinking was thought of in negative terms, it can be argued that it is helpful when it leads to help-seeking or even natural recovery. The different interpretations between the controllers and the controlled can, however, cause conflicts. In these cases the control is probably not effective. When both parties have the same interpretation, that is, they see controlling as caring, it can lead to intended results (Stets & Hammons, 2002; Suonpää, 2005). Stets and Hammons (2002) have investigated the effect of drinking control attempts on marital commitment. They suggest that the meaning of control may differ by gender given the different self-orientations of men and women. Because men are inclined towards an independent self-construal that fosters inner abilities whereas women tend towards an interdependent self-construal that emphasizes relationships, men avoid controlling others but women are more likely to control others (Gilligan, 1982). For men, it is said that being controlled by their partners would signify a self that is connected to another and they may be less inclined to forge this spouse connection than women. To avoid such signification, men would avoid controlling their partners in marriage, and if they are controlled, it would negatively influence their marriages by reducing their commitment. For women, the self works at developing harmonious relationships that may involve encouraging or discouraging the expression of some behaviour over others. This may be achieved by controlling others. Thus, women would be more likely than men to control their partners and this control would positively affect their marriages by increasing commitment (Stets & Hammons, 2002). This may lead to control efforts from wives toward men's drinking being less effective than those of men's toward their wives, because of the men's greater negative attitude towards control than women's.
2.5 Theoretical perspectives on social control of drinking

There are four theoretical points of view from which social control of drinking is discussed here. First, there is a large control policy system around alcohol use which necessarily is also reflected in informal control attempts. Second, alcohol use that is interpreted to require control is deviant from the norms of the controlling individual or society. The amount of control is related to the level of acceptance of drinking in the society, both at macro and micro level, but also at the individual level. Third, there are clear differences between genders regarding the frequency of being the object of control and also of being the controller of other people’s drinking. Women are most often in the role of the controller and men in the role of the object of control. So, gender roles are also important in discussing the social control of drinking. Fourth, there are interesting differences in drinking control between different cultures that might at least partly be explained in terms of individualism and collectivism.

2.5.1 Social control

In social sciences, the concept of social control is used in various ways. In sociology, social control is discussed primarily within the context of deviance and social order (Meier, 1982, 266; Horwitz, 1990, 1-5). Social control is seen as the aspect of society that protects the moral order of the group. The classical view of social control emphasizes how legislation and other forms of state-centred social control emerge as the central guarantors of social order over the course of social evolution. Accounts as divergent as those found in Marx (1890), Durkheim (1893), Weber (1925) and Parsons (1966) view the rise of the state and legal processes as the key development in the evolution of social control. In these accounts social control was transformed from an undifferentiated group process to a specialised application of rules and sanctions by state agents. The central dynamic of social control is seen as the transformation from diffuse mechanisms of informal social control to the dominance of law and other formal institutions of control. Studies on social control have, however, tended to ignore the power of informal social control in modern life (Horwitz, 1990, 2-5).

In social psychology, the word “stigmatization” is often used when talking about social control. Based on a strongly felt need to protect and care for vulnerable individuals, people in Western societies show a tendency to see many deviant features and behaviours as needing care, medical treatment and protection (Dijker & Koomen, 2006). This holds not only for people with obvious illnesses and disabilities, but also for the more threatening deviant conditions such as alcoholism,
drug dependence or criminality, which may easily evoke pity and nurturance. From this perspective the concept of social control refers to interaction processes between people that are aimed at intervening in other people’s behaviour.

Social control theories that are often used for example in the field of criminology (e.g. Hirschi) point out that the mere existence of social control prevents crimes or delinquency. Hirschi (1969, 2004) divides the concept of social control into four dimensions: attachment, commitment, involvement and belief. In the context of research on the informal control of alcohol use, the dimension of attachment is important: it refers to the emotional bond between the individual and other people or institutions. Hirschi states that the more one is attached to such entities, the less likely one is to engage in criminal or delinquent acts, because such acts threaten social and physical ties to the objects in questions. It has been demonstrated in research (Cohen & Lemay, 2007) that the lack of social ties and attachments exposes one also to problems with alcohol. However, the existence of such ties does not automatically prevent these problems. The case would be simpler if the existence of these ties was sufficient to contextualise social control. However, alone, these ties are not enough, as the concept of social control must also include some reference to action. When acts that are aimed at changing certain behaviours are included in this concept, it seems that the more problematic the behaviour is (e.g. alcohol drinking in this case), then the more there are also attempts at social control. Thus, it can be stated that the connection between social control and problem behaviour is two-way: on the one hand, social control prevents problem behaviour but on the other, problem behaviour produces acts of social control.

In alcohol research, the concept of social control has mainly been used in the context of alcohol policy (Gusfield, 1996, 77–78). It is often used to contrast preventive measures with treatment approaches.

### 2.5.2 Norms

There has been wide variation with regard to norms related to drinking and its control in different times and different societies. Expectations about behaviour while drinking or intoxicated vary across different cultures. Cultures also vary in the extent to which there are differentiations by gender, age, social status etc. and in whether and how much intoxication is permitted. Drinking groups may be central to the society, with membership being a prerogative or expression of power in the culture, or they may be peripheral with membership being an indicator of marginality. Drinking occasions may be integrated into daily life, for example at mealtimes, or they may be separated off in time, space and cultural definition. Norms are also related to the social control of drinking and definitions of drinking-related problems and the means for handling them. Cultures vary in the stringency of expression and enforcement of expectations about drinking behaviour and
Previous research

in the extent to which the family, the drinking group, other informal groups, or formal social agencies are involved in controlling access to drinking and behaviour while drinking. Cultures also differ as to whether and when an event is defined as a problem and as drinking related, and as to who should respond and what the response should be. (Room & Mäkelä, 2001.) An individual’s norms are shaped by those of the whole society and so the amount of informal control is related to the level of formal control in society.

One commonly used method to describe norms related to drinking and its control is the division of cultures into ‘dry’ and ‘wet’. Dry cultures are characterized – in contrast to ‘wet’ ones – as having a long temperance tradition, a high proportion of abstainers, infrequent and very heavy drinking as the dominant pattern, more deaths from alcohol poisoning and less deaths from cirrhosis and higher violence and social disruption associated with drinking (Room & Mitchell, 1972). Finland has often been characterized as an example of a ‘dry’ culture whereas Mediterranean countries such as Italy or Spain as examples ‘wet’ cultures. There are, however, a lot of countries that are situated somewhere in between these two extremes that have the characteristics of both. There is increasing recognition that the wet / dry dichotomy is somewhat problematic. In part, this reflects ongoing changes in drinking cultures. Consumption levels have been converging in Europe, with per capita consumption falling in wine cultures and rising in northern Europe. The labels ‘dry’ and ‘wet’ make less sense as the per capita levels converge (Room & Mäkelä, 2001).

2.5.3 Gender roles

There are big differences in roles related to men’s and women’s drinking patterns but also to gender roles related to the control of drinking (Holmila & Raitasalo, 2005). On the one hand, the association of heavy drinking with displays of masculinity may encourage male drinkers to deny or minimize problems or risks resulting from their drinking, or to regard drunken behaviour as normal or permissible even when it leads to violence (Tomsen, 1997; Graham & Wells, 2003). On the other hand, assumptions that women do not drink heavily may lead to women’s drinking problems being minimized or ignored for example by medical practitioners (Brienza & Stein, 2002; Svikis & Reid-Quinones, 2003). However, when women’s alcohol abuse or dependence becomes conspicuous, the social reaction may shift from indifference to outrage and efforts to punish women who drink in socially disapproved ways (Beckman & Amaro, 1986; McLaughlin, 1991; Wilsnack, 1991; Abel & Kruger, 2002).

It has been suggested that men’s drinking control is more externalised than women’s, making men more prone to bingeing in situations in which external control is not effective, or when a situation is defined as ‘time out’ and thus outside
normal controls. Women, on the other hand, are thought to have a more internalised mechanism of drinking control, and they are less likely to be able to indulge in binge drinking. A study on working class men who were interviewed in a treatment centre brought out that the men found self-control of drinking to contradict with men's inner 'nature' and to constitute a limit to their freedom. Consequently, these male heavy drinkers often defined their life history as an oscillation between settling down with a 'good woman' and 'breaking out' into freedom in a drunken binge (Alasuutari, 1990). On the other hand, in those cultures where women have started to use alcohol more often and similarly to men, gender differences in informal control patterns may also be levelling off.

2.5.4 Individualistic and collectivistic cultures

People in collectivistic cultures, compared to people in individualistic cultures, are among other things likely to define themselves as aspects of groups, to give priority to in-group goals, to focus on context more than the content in making attributions and in communicating and to make more situational attributions (Triandis, 2001).

In some collectivistic African countries as well as in some other developing countries – such as for example Sri Lanka, where the biggest part of the population is non-drinkers – there is much more drinking control. This may be due to a different kind of drinking culture in these countries than those found in Europe and to the fact that in less individualistic cultures it is more acceptable to interfere with people's lives in general. It could also be that in countries where the state alcohol control system is weaker, informal control is stronger. Religion can also have an effect on the degree of drinking control at the country level (Room et al., 2002, 23).

When compared with other countries, the informal control of drinking outside the family circle is quite uncommon in Finland (Holmila et al., forthcoming). This may be due to a typical feature of the Finnish culture that drinking for the purpose of intoxication is widely accepted and tolerated. Another reason may be that in individualistic cultures like in Finland, it is not acceptable to interfere in other people's business as it is in collectivistic cultures. The alcohol control policy in Finland has traditionally been quite strict, which has probably had an effect on people's opinion that control of drinking is thought to be the responsibility of formal authorities and not for example the responsibility of family or friends, or in some cases the individual him- / herself. In a situation where state control has decreased, the role of informal control becomes more important in preventing harms related to drinking.
2.6 Validity of the research

The validity of self-reports on alcohol consumption has been heavily discussed among alcohol researchers due to the inconsistencies between recorded and unrecorded consumption of alcohol. It has been estimated that the alcohol consumption reported in surveys accounts for about 40% to 60% of overall recorded consumption (Kühlhorn et al., 1999). There is, however, little research on the validity of non-self-reported consumption of alcohol and the consequences of drinking such as its informal social control (Sudman & Bradburn, 1982, 147–151). The validity of proxy-reports (respondent’s report of other people’s behaviour) has been studied at least among health researchers (Todorov & Kirchner, 2000) and market researchers (Menon et al., 1995). However, the question is more complicated when more sensitive matters, such as alcohol consumption and its control, are concerned (Sudman & Bradburn, 1974, 37), and this is discussed in article I.
3 AIMS OF THE STUDY

3.1 General aim

The general aim of this study was to investigate how social control of drinking emerges in Finland and how Finland compares with other countries in regard to this subject.

3.2 Specific objectives

The specific objectives in this thesis were
1. to study how participants in survey research define the concept of drinking control. (I)
2. to analyze how control of drinking from the spouse is related to one's own concern about drinking and how these two emerge according to the level of drinking and harms related to it. (II)
3. to compare the frequency of informal drinking control from different sources and the special cultural features related to this variation in 18 countries. (III)
4. to further discuss how drinking control is related to the level of drinking and harms related to it and also on ideas about help-seeking on a cultural level. (IV)
4 Materials and methods

4.1 Data and sampling

The data for article I on definitions of drinking control were collected in 2001. Thirty voluntary respondents participated in a taped interview that lasted on average 1–1.5 hours. The respondents were recruited by advertisements placed on bulletin boards of public agencies and sent to a randomly selected sample from the Helsinki region telephone directory. Two researchers from the Alcohol and Drug Research Group at STAKES (the National Research and Development Centre for Welfare and Health) conducted the interviews. The sample comprised 11 men and 19 women who ranged in age from 20 to 64 years, with an average age of 40 years. Seventeen of the respondents were married, nine were cohabiting and four were dating regularly. The alcohol use of respondents and their partners varied from abstention to alcoholic. Most consumed alcohol moderately according to their own report.

The data for article II were gathered as part of the 2000 Finnish Drinking Habit Survey (Mustonen et al., 2001). The target group was the Finnish population aged 15 to 69 years of age. A random sample of 2,477 persons was selected from the Finnish Population Register. A face-to-face interview was carried out by interviewers from Statistics Finland. The response rate was 79% and thus, all in all, 1,932 subjects were interviewed. Half of the respondents were female and half were male; 9% of the respondents were aged 15 to 19 old, 17% aged 20 to 29, 42% aged 30 to 49 and 32% aged 50 to 69 years. A self-administered questionnaire was added to ask AUDIT and some other questions. The same data was used in articles III and IV for the Finnish part.

The data for articles III and IV are part of the project, Gender, Alcohol and Culture: An International Study (GENACIS). These data have been gathered under the leadership of Sharon Wilsnack in work growing out of a Kettil Bruun Society Work Group with support from the U.S. National Institute on Alcohol Abuse and Alcoholism (Vogeltanz-Holm et al., 2004), the EU (Ahlström, Bloomfield, Knibbe et al., 2001), WHO (Obot & Room, 2005), PAHO and other institutions. The data

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1 These data are part of the Gender, Alcohol and Culture: An International Study (GENACIS) project. GENACIS is a collaborative international project affiliated with the Kettil Bruun Society for Social and Epidemiological Research on Alcohol and co-ordinated by GENACIS partners from the University of North Dakota, the University of Southern Denmark, the Free University of Berlin, the World Health Organization, the Pan American Health Organization, and the Swiss Institute for the Prevention of Alcohol and Drug Problems. Support for aspects of the project comes from the U.S. National Institute on Alcohol Abuse and Alcoholism/National Institutes of Health (Grant Numbers R01AA04610 and R21AA12941, Sharon C. Wilsnack, principal investigator), the European Union’s Fifth Framework Research Programme (contract QLG4-CT-2000-01496, Kim Bloomfield, co-ordinator), the World Health Organization (Isidore Obot, co-ordinator), the Pan American Health Organizaton (Maristela Monteiro, co-ordinator), the German Federal Ministry of Health and Social Security, and Swiss national funds. Support for individual country surveys was provided by government agencies and other national sources. Data co-ordinator for the GENACIS project is Gerhard Gmel, Swiss Institute for the Prevention of Alcohol and Drug Problems, Lausanne, Switzerland.
from 18 countries included a question on informal control of drinking. These countries were: Finland, Sweden, Denmark, Iceland, Germany, Czech Republic, Hungary, Spain, the United Kingdom, Argentina, Uruguay, Costa Rica, India, Japan, Sri Lanka, Uganda, and Nigeria. For article III, the data were built by using single countries, not persons, as the unit of observations. In article IV persons were used as the units of observations. In article III Norway was also included and in article IV the USA was included. In article III the total sample size was 44,115 whereas in article IV the total sample size was 49,575, with 35,608 defined as drinkers (only drinkers were included in the analysis). The information of the samples in the GENACIS data, used in articles III and IV, are presented in Table 2.

**TABLE 2. Survey characteristics of the GENACIS data**

<table>
<thead>
<tr>
<th>Sampling frame</th>
<th>Survey mode</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finland</td>
<td>face-to-face</td>
<td>79</td>
</tr>
<tr>
<td>Sweden</td>
<td>telephone</td>
<td>68</td>
</tr>
<tr>
<td>Denmark</td>
<td>telephone survey</td>
<td>not available</td>
</tr>
<tr>
<td>Norway</td>
<td>face-to-face (with self-administration)</td>
<td>quota *</td>
</tr>
<tr>
<td>Iceland</td>
<td>mixed (half/half postal and telephone survey)</td>
<td>70/57</td>
</tr>
<tr>
<td>Germany</td>
<td>postal</td>
<td>51</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>face-to-face</td>
<td>74</td>
</tr>
<tr>
<td>Hungary</td>
<td>face-to-face</td>
<td>94</td>
</tr>
<tr>
<td>Spain</td>
<td>face-to-face</td>
<td>quota</td>
</tr>
<tr>
<td>UK</td>
<td>face-to-face and CAPI</td>
<td>quota</td>
</tr>
<tr>
<td>USA 1</td>
<td>mixed mode (face-to-face and telephone)</td>
<td>80</td>
</tr>
<tr>
<td>USA 2</td>
<td>face-to-face</td>
<td>not available</td>
</tr>
<tr>
<td>Argentina</td>
<td>face-to-face</td>
<td>16</td>
</tr>
<tr>
<td>Uruguay</td>
<td>face-to-face</td>
<td>not available</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>face-to-face</td>
<td>58</td>
</tr>
<tr>
<td>India</td>
<td>face-to-face</td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>postal</td>
<td>75</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>face-to-face</td>
<td>not available</td>
</tr>
<tr>
<td>Nigeria</td>
<td>face-to-face</td>
<td>not available</td>
</tr>
<tr>
<td>Uganda</td>
<td>face-to-face</td>
<td>84</td>
</tr>
</tbody>
</table>

* Quota means that the sample is collected until the requested sample size is full.
4.2 Measurements

4.2.1 Measurement of understanding of survey questions

The survey questions studied in this research were:
1. a) During the last 12 months, how often did your partner (cohabiting partner / boyfriend or girlfriend) drink alcohol? b) How much (how many drinks) did your partner usually drink on days when drinking? This was an open-ended question, and the interviewer explained what was meant by one drink (e.g. a bottle of beer, a glass of wine etc.).
2. During the last 12 months, have you attempted to influence the drinking of your spouse or partner so that he / she would drink less or less often?
3. Have you felt that your partner has problems due to his / her use of alcohol? The response alternatives were presented on cards, where the respondent was told to select the alternative which best described his / her view of the situation.

After each question the respondents were asked:
1. Why did you answer like this?
2. How did you come to your response?
3. What do you think was meant by the question?
4. What do you think was meant by (keywords meaningful to the question)?

These questions were not necessarily presented word-for-word like this, but the objective was to lead the respondents to describe the reasons for their responses, that is, what they thought when answering and how they understood the questions, in their own words.

4.2.2 Measurement of informal control of drinking

The Drinking Habit Survey and the GENACIS questionnaire included one question about the respondents’ experiences of their spouse exerting pressure on them to drink less. The question was: ‘During the last 12 months, have any of the following persons attempted to influence your drinking so that you would drink less or less often?’. The question served as the dependent variable. The response alternatives were spouse or partner, child(ren), female or male family member, female or male friend and someone at work or school. The female and male family members were combined to a single category ‘family members’ because the genders were not asked separately in all of the study countries. The same was the case for female and male
friends. This same question from different perspectives was the focus of interest in articles II, III and IV.

4.2.3 Measurement of drinking and drinking-related problems

The Drinking Habit Survey covered several areas of drinking behaviour, including drinking habits, problems related to drinking and socio-demographic characteristics. In article II, drinking habits were measured in two different ways: by total annual alcohol intake in litres and by the frequency of drinking to intoxication. The questions on frequency of drinking were: ‘How often during the last 12 months have you drunk beer/ cider/ wine/ spirits?’ The questions on quantity were: ‘When you drink beer/ cider/ wine/ spirits, approximately how many bottles/ glasses etc. do you drink?’ The answers were then used to calculate the respondent’s annual alcohol consumption in terms of litres of pure alcohol.

The questions on the frequency of drinking to intoxication was: ‘How often during the last 12 months have you drunk at least six drinks at one occasion?’

In articles III and IV the volume of drinking was measured by beverage-specific quantity-frequency questions. The frequency and quantity of drinking beer, wine, spirits or other alcoholic beverages were asked in each country and from these the total annual volume of drinking in metric litres of pure alcohol was calculated.

A typical drink was defined as one bottle of beer or cider (33 cl), one glass of wine (12 cl), one glass of fortified wine (8 cl) or one drink of spirits (4 cl). Furthermore, the spouse’s drinking level was measured by asking the respondent’s to estimate the spouse’s frequency of drinking and the quantities consumed on a typical drinking occasion.

Three items focused on the respondent’s own concern about his or her drinking (article II). These items were: Do you ever feel that you drink alcohol more often than you would like to; Do you ever feel that you drink greater quantities of alcohol than you would like to; Do you ever happen to drink more than you had originally planned to. Respondents indicated whether they had ever had these experiences and if so, how frequently.

In article IV, drinking-related harms were measured by a score constructed from the AUDIT questions (Saunders et al., 1993) with the drinking-related questions omitted (quantity and frequency of drinking and frequency of drinking to intoxication). This was because the volume of drinking was used separately in the analyses (See also Knibbe et al., 2006). The problem-focused AUDIT is referred to here as AUDIT-5. The questions included were: How often during the last year have you found that you were not able to stop drinking once you had started?; How often during the last year have you failed to do what was normally expected of you because of drinking?; How often during the last year have you needed a first
drink in the morning to get yourself going after a heavy drinking session?; How often during the last year have you had a feeling of guilt or remorse after drinking?; How often during the last year have you been unable to remember what happened the night before because you had been drinking?; Have you or someone else been injured as a result of your drinking?; Has a relative or friend or doctor or other health worker been concerned about your drinking or suggested you cut down?

Help seeking was assessed by the question ‘Did you ever consider seeking help for your own drinking or for alcohol-related problems?’ The response options were ‘yes’ or ‘no’ (article IV).

4.2.4 Measurement of socioeconomic differences

In article II, age was used as a continuous variable. Dichotomous variables used included living alone or with someone and having children or not. In article III, several indicators for the country’s socio-economic conditions were used: the gross domestic product, urbanisation rate, ratio of females and males in higher education and the number of persons in a household. The Gross Domestic Product (GDP per capita in US$) is one of the three indices on which the human development index is built and measures the country’s economic development (UN Human development report, 2004). Urban population (% of total) means the midyear population of areas classified as urban according to the criteria used by each country, as reported to the United Nations (UN Human development report, 2004). Ratio of females to males in higher education (tertiary gross enrolment ratio, female rate as % of male rate) is the number of students enrolled in a level of education, regardless of age, as a percentage of the population of the official school age for that level. The gross enrolment ratio can be greater than 100% as a result of grade repetition and entry at ages younger or older than the typical age at that grade level (UN Human development report, 2004). In the GENACIS questionnaire there was also a question about the number of persons living in the same household with the respondent. The mean number of persons living in the same household was calculated for each country.

4.3 Analyses

Article I analysed how survey questions on the control of drinking were defined. The answer to a question about a person’s efforts to influence his or her partner’s drinking in the past 12 months is much dependent on the respondent’s understanding of the concept ‘influencing.’ The method used in this research was originally developed by Belson (1981). After the actual survey questions the respondents were asked questions that aimed to elicit information about their
understanding and interpretation of the question. By analysing the responses, one can assess how well the respondents’ interpretations of the questions correspond to the intended meanings.

In articles II, III and IV the statistical analyses were executed using SAS software for Windows.

In article II, the non-parametric Kruskal-Wallis test was used to measure the statistical differences in means between groups (in Figure 1 in page 38) because of the skew in distributions of both the level of drinking and the frequency of heavy drinking. In the same way, one-way ANOVA was used when measuring differences in means of age. In article III the percentage of those who had experienced pressure to drink less from any family member (spouse / partner, child(ren), other family member) in each country were correlated (Pearson’s r) against the ratio of drinkers / abstainers, the country’s mean volume of drinking (litres of 100% alcohol / year / person) as well as against the societal indicators (GDP in US $, percentage of urban population, ratio of men and women in higher education and number of persons per room). In order to see if the drinking culture had any independent effect on the experiences of having been pressured, partial correlation analysis standardising the social indicators was carried out. The analyses were done separately for men and for women. In article IV, the correlations of drinking control and help-seeking questions with the volume of drinking and the harm score were calculated by using the Spearman’s ρ as the control and help-seeking variables were not continuous. The correlation coefficients were not compared across countries or genders. Instead, to be conservative, they were compared within countries and within genders because the level of the coefficient’s significance depends on the sample size.

By design, the countries included in the study represent very diverse societies regarding economic development, social structure, and status of gender, family structures, traditions for mutual help, and social and health systems. There are also substantial variations between these societies in the per capita consumption of alcohol, drinking patterns and the level of alcohol-related problems. The Finnish part of the data in the GENACIS study was the 2000 Finnish Drinking Habit Survey described earlier. In this summary article I focus mainly on the Finnish results and reflect them against the whole data.
5 Results

5.1 Defining informal control of drinking in survey research

Article I was a qualitative study that analyzed and discussed how respondents understood and interpreted survey questions about partners’ alcohol use, attempts to control it, and its problematic nature, as used in the 2000 Finnish Drinking Habits Survey. The underlying research question is thus the validity of these questions; that is, how well they measure the phenomenon under scrutiny. Validity is here assessed by a qualitative study of the interpretations of the questions.

There was a wide variation in the interpretations of attempts to control partners’ drinking, and especially in interpretations of drinking-related problems. The means to control partner drinking were divided into groups according to whether they had actually been used or only mentioned as a possible means. The other dimension was the type of control attempt, which was divided into verbal means, means related to non-verbal communication, and concrete acts. The numbers of mentions of these means are shown in Table 3.

Almost half of the respondents reported that they had tried to control their partners’ drinking in general. Most of them had used verbal means in different forms when doing so. In addition, those who had not done so said that most often they would use verbal means if needed. All respondents mentioned some verbal means irrespective of whether they had actually used them or not. The seriousness of these verbal means varied from friendly discussion to threats.

Other mentioned means were related to interpersonal behaviour and non-verbal communication; for example, turning up one’s nose, refusal to kiss, sulking, facial expressions and sighing. Only a few mentioned this kind of behaviour as potential means, but almost one third of the respondents had actually acted in such

<table>
<thead>
<tr>
<th></th>
<th>Real means</th>
<th>Potential means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>Non-verbal communication</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Concrete acts</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Sum</td>
<td>30</td>
<td>29</td>
</tr>
</tbody>
</table>

TABLE 3. Number of references to different kinds of real and potential means to limit the partner’s drinking
ways. The described means were very similar regardless of whether the respondents thought their partners had a drinking problem or not. Especially men seemed to consider this kind of behaviour as a good means to influence the drinking of another.

More concrete and explicit means were used, too. These included setting a rule that the partner is not allowed to come home when drunk, separating, trying to suggest things to do other than drinking, drinking some of the alcohol oneself so that the other would drink less, refusing to give money for alcohol, returning the engagement ring or participation in an Al-Anon group. Means that were mentioned as ‘potential if needed’ were for example bringing alcohol-related brochures or literature home, cutting down on one’s own drinking, and a demand that the drinker choose between the spouse or the bottle. In general terms, the means mentioned by these respondents, real or potential, were quite similar to those experienced by people interviewed by Holmila (1988), whose partner had tried to limit their drinking. Concrete acts were not reported to be used very often, but they were almost as often mentioned as verbal means as potential means to control a partner’s drinking.

When thinking about how to get the most valid information about problem drinking in families and in intimate relationships, it is necessary to pay attention to the data-gathering method in addition to the formulation of questions. The mode and context of the interview may have an effect in itself (e.g. Sudman & Bradburn, 1982, 4–6). There are several studies about the effect of the interview mode on survey results (Greenfield et al., 2000; Tourangeau and Smith, 1996). More informal and unstructured interviews, where it is likely that the interaction between the respondent and the interviewer has an effect on the results, can prove better than structured survey-interviews in gathering data about threatening or sensitive topics. In more informal contexts where only one topic is the focus, the respondent has to think about the issue more carefully and may end up giving different responses – maybe led by the interviewer – compared to more structured contexts (Heiskanen, 2001, 133). However, there is a danger in unstructured qualitative interviews that the researcher encourages respondents to think about problems that they otherwise would not reflect upon. In all modes of interview it should be kept in mind that the responses are dependent on what is asked, and are sensitive to the context and circumstances in which the questions are asked (Davies, 1987).

Irrespective of the data collection method, the respondents’ reports cannot be viewed as descriptions of an objective truth, especially when topics that cannot be objectively measured are in question. Rather, they are respondents’ cognitive and social constructions about those issues. A ‘problem’, as in ‘problem-drinking’, requires a value judgement, which by its nature is a subjective evaluation compared

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2 The Al-Anon groups are a fellowship of relatives and friends of alcoholics who share their experience, strength and hope in order to solve their common problems. The only requirement for membership is that there be a problem of alcoholism in a relative or friend.
to simply reporting behaviour. Thus it would be better to study those judgements and to stop aiming at an objective reality when it does not exist. This is the case in studying attempts to control a partner’s drinking and the problematic nature of the other’s drinking, which is the topic of this thesis.

In this data, verbal means and non-verbal communication are actually used more often than concrete acts in order to control the partners’ drinking, whereas it is assumed that concrete means would be used if needed. This may indicate that the means of control are more subtle than people presume. Thus, in formulating questions related to this issue it would be useful to focus in these subtle means that people might not come to think of or do not perceive as means of control.

Different interpretations of drinking control indicate the importance of defining the intended meaning of the questions in the interview situation. Identifying different kinds of possible interpretations is useful in formulating survey questions related to these issues and also in planning research designs in general. By asking questions about different manifestations of control we can get closer to the ‘truth’ than by asking only about their existence, because the concept of control is constructed in different ways in different respondents. This can also be generalized to all kinds of research on human interaction. The different ways of influencing other people and what is problematic in other people’s behaviour are defined according to people’s own interpretations of these phenomena. They cannot be seen as dichotomies, that is, as something which either exists or not, but as continuums, with different phases interpreted in different ways depending on the definer’s personality and social and cultural background.

5.2 The relationship of drinking and control

Article II examines the relationship between experiences of informal control from spouses and partners to influence one’s drinking and one’s own concern over drinking. The research asked whether the spouse’s control attempts and concern over one’s own drinking are in congruence and how the level of drinking, the frequency of drinking to intoxication and the estimate of the spouse’s level of drinking are related, and whether there were differences between the genders.

According to this research, there seems to be a strong relationship between drinking habits and being a target of informal drinking control. Especially frequent binge drinking is related to more efforts of drinking control from family members and friends. The typology used in article II is presented in Figure 1.

There seems to be a strong link between frequent binge drinking and having worries over one’s own drinking on the one hand, and being pressured by others on the other hand. Efforts from the spouse to control the respondent’s drinking were well in congruence with the reported level of annual alcohol consumption and with the frequency of drinking to intoxication. One’s own concern about drinking
was clearly an indication of problems with one’s own drinking since the overall consumption level and number of intoxication days a year were much higher than for those who were not concerned about their own drinking. This was true especially for women. For men, control efforts from the spouse were more strongly related to the consumption level and the frequency of intoxication. The means of alcohol consumption a year in litres and intoxication days a year in different groups are presented in Table 4.

Gender seemed to be independently related to experiences of spouse’s pressuring to drink less. More men than women had experienced control from the spouse, even when the drinking level was taken into account. It seems that in the Finnish culture women more often than men are not pressured by their spouses to drink less, even when they drink heavily and are themselves concerned about their drinking.

Most of the respondents were in the group where no control attempts from the spouse or concern over own drinking was experienced. In this group both men and women consumed less alcohol and had less intoxication days a year than respondents in the other groups. Their spouses did not drink much either. It seems that drinking habits are related to experiences of drinking control from the spouse and to concerns over own drinking in this group.

Men more often than women had experienced that their spouse had tried to influence the drinker to drink less and at the same time were also concerned about their own drinking habits. Men who had felt that only their spouse had controlled their drinking but who were personally not concerned about it drank a lot but not very often to intoxication. Their spouses typically drank very little. This
might indicate that men do not consider frequent alcohol use in small amounts (‘South-European drinking habits’) as very harmful and are not concerned about it. However, their wives are concerned and try to control the husband’s drinking, maybe by appealing to health effects. Only when the drinking gets so heavy that there are also a lot of intoxication days in addition to a high overall volume of drinking do men get concerned over their own drinking, and so agree with their wives.

There were a lot more women who had experienced concern about their own drinking but whose spouse had not attempted to control it than there were women who had experienced both control and own concerns. However, women in both of these groups used alcohol in the same way; that is, drinking a lot and quite often to intoxication. Also the spouses of these women drank quite heavily. This indicates that a large proportion of women who drink heavily and are concerned about it do not get any support in drinking control from their spouse. A high frequency of intoxication days, but also high overall volume of drinking is related to women’s concerns over their own drinking. Women who feel that their drinking is controlled by their spouse but who are not concerned about it, drink relatively little, as do their spouses. Here, a spouse’s control attempts are maybe related to something else, such as moral concerns, than to the wife’s drinking per se.

<table>
<thead>
<tr>
<th>Informal control and own concern</th>
<th>Only informal control</th>
<th>Only concern about own drinking</th>
<th>No informal control, no concern about own drinking</th>
<th>Statistical significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>men</td>
<td>14 (97)</td>
<td>25 (172)</td>
<td>57 (389)</td>
<td>86.2 (3) p &lt; .00011</td>
</tr>
<tr>
<td>women</td>
<td>2 (12)</td>
<td>1 (8)</td>
<td>75 (497)</td>
<td>133.4 (3) p &lt; .00012</td>
</tr>
</tbody>
</table>

**Alcohol consumption a year in litres (mean)**

<table>
<thead>
<tr>
<th></th>
<th>men</th>
<th>women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only informal control</td>
<td>10.1</td>
<td>4.9</td>
</tr>
<tr>
<td>Only concern about own drinking</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>No informal control, no concern about own drinking</td>
<td>7.3</td>
<td>2.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>men</th>
<th>women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol consumption a year in litres (mean)</td>
<td>139.0 (3) p &lt; .00012</td>
<td>186.6 (3) p &lt; .00012</td>
</tr>
</tbody>
</table>

**Intoxication days a year (mean)**

<table>
<thead>
<tr>
<th></th>
<th>men</th>
<th>women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only informal control</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Only concern about own drinking</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>No informal control, no concern about own drinking</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

**Age (mean)**

<table>
<thead>
<tr>
<th></th>
<th>men</th>
<th>women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only informal control</td>
<td>41</td>
<td>39</td>
</tr>
<tr>
<td>Only concern about own drinking</td>
<td>37</td>
<td>30</td>
</tr>
<tr>
<td>No informal control, no concern about own drinking</td>
<td>41</td>
<td>38</td>
</tr>
</tbody>
</table>

**Age (mean)**

<table>
<thead>
<tr>
<th></th>
<th>men</th>
<th>women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol consumption a year in litres (mean)</td>
<td>12.4 (3) p = .00623</td>
<td>31.8 (3) p &lt; .00013</td>
</tr>
</tbody>
</table>

1 Chi-square test.
2 Kruskal-Wallis’s test.
3 One-way ANOVA.
The respondents in the group who reported only pressuring from the spouse but no concern for themselves were younger than in the other groups. The highest mean age was found in the group where no concern or control was experienced (Table 4). This is probably related to different drinking habits in different age groups. Young people drink more and maybe others pay attention to it even though they are not yet concerned themselves. On the other hand, older people drink less and thus there is no reason for concern or control.

When treatment or prevention is aimed at including the individual’s family and social networks, the gender-specificity of these phenomena should perhaps be recognized. Better understanding of the role of the spouse in how people regulate their own drinking can be useful when designing help or information for heavy or risky drinkers and their families. The informal control of drinking can also be interpreted as social support as it aims at limiting the other one’s drinking and at the same time harms related to it. In this research it seemed that women do not get social support from their spouses if they drink heavily as much as drinking men do from their wives.

5.3 Cultural variation in informal control of drinking

Article III considers the country variation in how family members attempt to influence each other to drink less.

In each study country, the percentages of people who had experienced family members pressuring them to drink less were compared to the abstinence rate of the country in question, to the mean drinking volume per drinker, and to some societal level factors.

Family members’ attempts to control drinking varied a lot in the studied countries. In some countries more than half of the drinking men had had such experiences (for example in Uganda and Sri Lanka), in others less than 5% (for example in Spain). In all countries women reported less informal control than men. Overall, it seems that drinking is more controlled in developing countries such as Uganda or Sri Lanka than in Western, developed societies regardless of the level of drinking or harms related to it (Table 5).

In Table 5 it can be seen that Finland is situated somewhere in the middle of the category of industrialized Western countries. The least control of drinking was reported in Sweden, Denmark and Spain and the most in Sri Lanka, India and Uganda.

So there seems to be something else than only the drinking habits in these GENACIS countries that explains the difference in the frequency of drinking control. However, between countries the variance in the proportion of women
Results

Reasons for this great variance were considered in article III by analysing the connections with some characteristics of the drinking culture, as well as some characteristics of the country’s socioeconomic conditions.

Informal pressuring was correlated with the rate of abstinence in the country (men: \( r = .668^{***} \), women: \( r = .649^{***} \)). The more there are abstainers in the country, the more there is informal control targeted at drinking. This result was the same for men and women. When drinking is not a part of a “normal” pattern of behaviour, practised by most people, drinkers are more likely to be criticised by their family, maybe even if drinking does not cause severe problems.

Among men, though not among women, informal pressuring also correlated with the mean annual volume of drinking among the drinking population. The highest volumes of drinking among the men were in Uganda, India, Nigeria, Sri Lanka and Czech Republic. In these same countries, men also reported drinking control from other people more than in other countries. This result could be interpreted so that really heavy drinkers experience more informal control than lighter drinkers in any country.

<table>
<thead>
<tr>
<th>Source of control</th>
<th>Spouse / partner</th>
<th>Child(ren)</th>
<th>Other family member</th>
<th>Any family member</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men (%)</td>
<td>Women (%)</td>
<td>Men (%)</td>
<td>Women (%)</td>
</tr>
<tr>
<td>Finland</td>
<td>15</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sweden</td>
<td>6</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Denmark</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Norway</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Iceland</td>
<td>11</td>
<td>2</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Germany</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Czech R.</td>
<td>24</td>
<td>6</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Hungary</td>
<td>17</td>
<td>3</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Spain</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>UK</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Argentina</td>
<td>14</td>
<td>3</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Uruguay</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>27</td>
<td>9</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>India</td>
<td>38</td>
<td>14</td>
<td>26</td>
<td>14</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>47</td>
<td>11</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Japan</td>
<td>22</td>
<td>6</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Nigeria</td>
<td>23</td>
<td>12</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Uganda</td>
<td>47</td>
<td>23</td>
<td>11</td>
<td>7</td>
</tr>
</tbody>
</table>

TABLE 5. Percentages of current drinkers who have reported drinking control from partner, children, family member, friend or someone at work or school by gender and country (” – ” indicates item not included in survey)
In spite of the great cultural variance, the gender difference was the same in all of the countries: drinking women in all countries reported less informal control than men. The level of informal control among the drinking women, however, followed the men’s pattern. The reason for this seems to be less related to heavy drinking among the drinking women and more to the deviance of women’s drinking per se. Drinking women’s experience of being controlled was related to the abstinence rate of the women in the particular country but not to the level of drinking among women. In all of the studied countries the informal pressure comes most often from one’s spouse or partner, but also from other family members.

Informal control was also highly correlated with the country’s socioeconomic conditions. Family members are more likely to intervene with the others’ drinking especially in non-urbanised societies with gender inequality, crowded housing conditions and low levels of income. Examples of such countries are Nigeria, India, Uganda and Sri Lanka. However, in the countries studied here, the inter-correlations between on the one hand the rate of abstinence and volume of drinking and on the other hand the social indicators are too high to draw conclusions about independent effects of either set of variables. Nevertheless, it can be concluded that high rates of informal control are an indicator of the families’ social misery caused by heavy drinking of men in poverty stricken conditions. Given that in these countries women are often, if not typically, non-drinkers, the conflict between a heavy drinking man and an abstinent woman around alcohol use is common. These results confirm the observation made in the study on alcohol in developing countries. The families are split in two camps, those (female) members, who don’t drink at all, and those (male) members, who drink a lot (Room et al., 2002, 32).

In developing countries the service systems specialized for alcohol problems are scarce if there are any. Even if there is some, it is very difficult to get treatment. In contrast, in Finland like in other European and industrialized countries, the service system is diverse and everyone has the possibility to receive treatment if they want it. This difference between developed and developing countries might also have an effect on the frequency of informal social control of drinking. If there is not an extensive formal treatment system, the role of informal networks becomes more important in helping the drinker and trying to limit his / her drinking. Even where services are available, in developing countries there are cultural obstacles that prevent people for seeking help. For example, in African countries there is often an extended family system that harbours several cultural beliefs and practices—e.g. bewitchment, sorcery, demonic possession, and ritual cleansing—which have implications for people with alcohol problems and for people’s perceptions of alcoholism. Unfortunately, these practices delay people from seeking help and interfere with the modern treatment, which can contribute to some patients becoming chronically ill. Subsequently, families tend to suffer the burden of care with the search for treatment consuming meagre resources. This burden of care
becomes frustrating, leading to hostility towards people with alcoholism and promoting abandonment (Katontoka, 2007).

Even if people were willing to seek treatment, they may not be aware of where to get it. For example in Namibia, only 41% of respondents of a study surveying Namibians’ drinking were aware of any treatment possibilities (Nationwide KAP baseline Survey on Alcohol and Drug Use and Abuse in Namibia, 2002). In Nigeria, and probably in many other African countries, most treatment for alcohol use disorders takes place in the psychiatric wards of tertiary health institutions, which are often affiliated with universities. A few specialized residential treatment facilities have been set up by church groups and NGOs, but the number is grossly inadequate in the face of growing demand (Obot, 2007). In Islamic countries, where alcohol use is forbidden, it might be difficult to find one’s way to treatment as it would be the same as to admit that one has broken the Islamic laws.

5.4 Cultural variation in drinking-related harms and control

Article IV has as its research question whether drinking control and help-seeking would be more common the more one drinks and the more there are drinking-related harms in different countries.

In most countries, the controller was most often reported to be the spouse or partner, both among men and women. Overall in all studied countries, men’s drinking was frequently more controlled by others than was women’s. Drinking control from any source, both among men and women seemed to be most common in low and middle income countries. Drinking control and help-seeking was more common the more one drinks and the more there were drinking-related harms. There appeared to be a relationship between a given country’s level of drinking and the extent to which social control efforts are reported.

The mean volumes of annual drinking per year in litres\(^3\) and drinking-related harms (measured by AUDIT-5) per country are presented in Figures 2 and 3.

The Spearman correlation coefficients between volumes and the AUDIT-5 score and sources of control, and help-seeking and sources of control are given in Table 6. The coefficients can be interpreted as indicators of the extent to which the efforts to control are associated with drinking and problem (Figure 3) levels. In general, it is natural that the higher the coefficient is, the more probable it is that others are reacting not only to drinking per se, but to the amount of drinking or the problems associated with heavy drinking (Table 6).

\(3\) The figures of annual volume of drinking are much smaller than the official sales figures of alcohol, because the survey results are based on self-reported consumption and the sales figures are based on sales statistics plus estimates of unrecorded consumption.
FIGURE 2. Mean volume of drinking in litres of alcohol per year in the study countries for men and women

FIGURE 3. Means of drinking-related harms measured by Audit-5 in the study countries for men and women
TABLE 6. Correlations between level of drinking (Volume) and Audit-5 score with various sources of drinking control in the Finnish data

<table>
<thead>
<tr>
<th></th>
<th>Partner</th>
<th>Child</th>
<th>Family member</th>
<th>Friend</th>
<th>Someone at work / school</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>Alcohol volume</td>
<td>.26***</td>
<td>.13**</td>
<td>.11**</td>
<td>.08*</td>
<td>.10**</td>
</tr>
<tr>
<td>Audit-5</td>
<td>.28***</td>
<td>.20***</td>
<td>.15***</td>
<td>.16***</td>
<td>.23***</td>
</tr>
</tbody>
</table>

The correlation coefficients with both the level of drinking and the measure of harms (AUDIT-5 score) are highest with control from the spouse, implying that the most likely person to attempt to control men’s drinking is the spouse. This is true especially for men, probably because their drinking is heavier on average than that of women’s. The harms experienced by the drinker incite more control attempts than the mere volume of drinking.

There are fewer significant correlations among women than among men over the level of drinking and drinking control from other people. In correlations with the AUDIT-5 score, there is not such a difference between men and women. This can be interpreted so that women’s drinking is controlled independent of their drinking level but men are more prone to being controlled when they drink greater amounts. If tangible drinking-related harms occur (higher AUDIT score), both genders’ drinking tends to be controlled even more than when only the amount of drinking is concerned.

Thoughts of seeking help also appear to be highest for both men and women in the African countries (Uganda and Nigeria) and are at intermediate levels for men in other low and middle income countries (India, Sri Lanka and Costa Rica). Help-seeking is also not uncommon, especially for men, in the USA. Help-seeking is rare in Argentina and Uruguay, who are somewhat more like European countries and Japan. Help-seeking was not asked about in the Finnish questionnaire so this can not be compared to the other study countries. The differences between countries may be partly explained by the fact that help-seeking can be defined in different ways in different countries. In modern Western societies it is probably related to official health-care systems whereas in developing African countries it can refer to witch-doctors, for example.
6 Discussion

6.1 Main findings

The general aim of this study was to investigate how social control of drinking emerges in Finland and how Finland compares with other countries with regard to this subject. In particular, there were four specific objectives that were covered by four separate studies.

The first objective was to study how participants in survey research define the concept of drinking control. In the analysis of the survey question about control of drinking (article I) it seemed that the respondents understood the informal control of drinking in quite negative terms. No responses that would have described it as some kind of support were found. In general, at least in Finland, drinking control is often thought to limit individual freedom. There are ongoing discussions around the justification of formal alcohol control policy: whether wines should be sold in grocery stores, whether the monopoly system should be reduced or whether alcohol taxes should be increased or decreased. In recent years, the attitudes of Finns to the alcohol political restrictions have somewhat tightened (Österberg, 2007). Also, likewise, the opinion that alcohol use is people’s own business where no one should interfere has become less common in the population in recent years (Holmila et al., forthcoming).

The second objective was to analyze how control of drinking from the spouse is related to one’s own concern about drinking and how these two emerge according to the level of drinking and harms related to it. In article II, a strong relationship between drinking habits and being a target of informal drinking control was found. Especially frequent binge drinking was related to more efforts of drinking control from spouses. One’s own concern about drinking was clearly an indication of problems with own drinking since the overall consumption level and number of intoxication days a year were much higher than for those who were not concerned about their own drinking. This was true especially for women. For men, control efforts from the spouse were more strongly related to the consumption level and the frequency of intoxication.

The third objective was to compare the frequency of informal drinking control from different sources and the special cultural features related to this variation in 18 countries. In article III it turned out that there was a lot variation between countries in how much family members attempt to control each others’ drinking. In all countries women had experienced less informal control of drinking than men. Overall, it seems that drinking is more controlled in developing countries than in Western, developed societies regardless of the level of drinking or harms
related to it. In all of the studied countries the informal pressure comes most often from one’s spouse or partner, but also from other family members. The frequency of informal control of drinking was also related to the country’s socioeconomic conditions. Family members are more likely to intervene with each others’ drinking especially in non-urbanised societies with low levels of income, gender inequality and crowded housing conditions.

The fourth objective was to further discuss how drinking control is related to the level of drinking and harms related to it and also on ideas of help-seeking on a cultural level. The relationships between both the level of drinking and the measure of harms (AUDIT-5 score) were strongest with control from the spouse, implying that the most likely person to attempt to control drinking is the spouse. The harms experienced by the drinker incite more control attempts than the mere volume of drinking. Thoughts of seeking help appear to be most common for both men and women in the African countries and are at intermediate levels for men in other low and middle income countries. Ideas of help-seeking are rare in European countries as also in Southern American countries and Japan, which are somewhat more like European countries. However, it must be noted that help-seeking might have very different meanings in different societies.

In terms of the frequency of the social control of drinking, the profile of the European countries is quite different compared to that of the developing countries. There is on average more formal control of drinking in Finland than in other Western European countries. In Finland the level of drinking and especially harms related to it are quite high compared to other Western European countries (Knibbe et al., 2006). However, the frequency of informal control of drinking is lower in Finland than in most other study countries even though it is situated in this respect in the middle of European countries.

6.2 Validity of the study

6.2.1 Understanding of survey questions

As the first article of this research showed, there is much variation in understanding what is meant by the social control of drinking. This may have an effect on both the internal and the external validity of the three other articles which are built upon this question. It has to be especially born in mind in relation to articles III and IV, which deal with international comparisons about the social control of drinking. If the meaning of social control of drinking is understood in various ways among Finnish respondents, it is very probable that there is even more variation when different cultures are compared (Raitasalo, Knibbe & Kraus, 2005).
6.2.2 Other methodological issues

An important question when comparing the amount of drinking between countries is the coverage rate, which refers to the measure of the proportion of all alcohol actually consumed that is reported in surveys. Mäkelä et al. (2006) have calculated the coverage rates in the European GENACIS countries and found that the coverage rates vary between 19% (Hungary) and 68% (Norway). It can be estimated that the coverage rate (if it can even be calculated) is even lower in developing countries, as the proportion of unrecorded consumption is higher there than in Western industrialized countries. The differences in coverage rates warn us against comparing the levels of consumption over countries on the basis of survey estimates and also against uncritical comparison of other measures that are closely dependent on the volume of drinking (Mäkelä et al., 2006).

Another question that has to be taken into account when discussing the validity of the research is the response rate. The response rate in the Finnish Drinking Habits 2000 was 79%. To correct the differences in response activity in different subgroups, expansion weights were used. However, in articles dealing with international comparisons (III and IV) there are differences between countries in response rates which vary from 16% (Argentina) to 82% (Iceland) the mean being around 70%. The sampling methods also vary between countries. The Finnish data was collected by using face-to-face interview, but there were also countries where postal or telephone interviewing was used. The method of data collection may also have an effect on the responses so that people may answer in different ways in different kinds of interviewing. For example, Midanik, Greenfield and Rogers (2001) found that significantly more alcohol-related harms were reported in telephone interviews than in face-to-face interviews. In the same way, it can be expected in this research that reporting having experienced informal social control of drinking is easier in telephone interviews or postal surveys than in face-to-face interviews.

One more difference in the datasets of this research was that some of them were collected on regional basis (Argentina, India, Nigeria, Spain, Sri Lanka). The rest were national. It is difficult to estimate the effect of the sampling method on responses to question on the informal social control of drinking. It can, however, be expected that in developing countries such as Nigeria, Uganda, India or Sri Lanka the data are not available in the poorest regions and thus it can be somewhat biased.
6.3 Attitudes toward control of drinking

In Finnish culture, people do not readily interfere in other people's behaviour unless it has become clearly disturbing (Piirainen, 1993, 151-164). For example, in a survey related to a local alcohol prevention project conducted in 1997–2000 (Holmila, 2002), 62% of respondents thought that individuals have the biggest responsibility for preventing drinking problems whereas only 27% were of the opinion that the responsibility belonged mostly to the social network, such as the family and relatives, friends and workmates. The rest of the respondents thought that it was the formal actors, such as the state, who had the biggest prevention responsibility. A study by Hemström (2002a) which explored differences between Sweden, Finland, the United Kingdom, Germany, France and Italy regarding public attitudes toward alcohol control policy (measured by a statement that the government has a responsibility to keep down how much people drink) also gave similar results. A large majority of people in Italy and Sweden (about 75%) supported governmental responsibility for alcohol control. This was the case for 60% of people in France and for 48% of people in the UK, whereas in Finland and Germany those who were supportive constituted a minority (38% and 29% respectively). This result reflects an individualistic view of the Finns, according to which people are responsible for their own drinking and it is not anyone else's business to interfere.

When assessing the development of the alcohol situation, the general economic and social development can also be seen to affect the amount of alcohol consumed and the degree of seriousness with which alcohol problems are viewed. Growing socio-economic differences and the fact that residential areas are becoming more polarized have increased the indifference to other people's problems and consequently attempts to limit other people's drinking (Flint & Nixon, 2006).

Renko (2007) has analysed press writings about the Finnish alcohol policy and Alcohol Programme 2004–2007 (www.alkoholiohjelma.fi). According to her results, there are certain groups – such as adolescents, women and the elderly – who are seen to be in need of drinking control. There was no special concern about men even though working age men drink the greatest proportion of all alcohol and also have the most alcohol-related problems (Mäkelä, 1998; Nuorvala et al., 2004). Before the Finnish EU membership, when the state alcohol control was stronger, the control policy, especially pricing policy, was equally aimed at the whole population. After 1995, the control policy moved toward local action where numerous projects were aimed at diverse population groups.

Informal social control seems to be mainly targeted at the observed problems, at those who already have some kind of reason to be controlled. Formal control is mainly preventive and targeted at those who are supposed to be potentially at risk. Heavy drinking men, who would be in need of both formal and informal control, seem to have the most negative attitude toward drinking control (Holmila
According to the articles of this research, informal control of drinking is, however, mostly targeted at this particular group. The negative attitude of heavy drinking men may be due to the fact that they have experience of being controlled and this experience is mainly negative because the aim of control is to limit the drinkers’ freedom to decide about their own alcohol use. Those who have a more positive attitude toward control have not been objects of direct control of drinking and thus have no personal experience of it. They don’t drink as much as those who have been objects of control and think that others should behave as they do themselves, that is, not drink a lot. Maybe they have their own past experience of negative consequences of drinking or their opinion has been shaped as a result of the surrounding society’s attitude toward drinking.

6.4 Consequences of drinking control to the controller

Drinkers can experience informal attempts at control either positively or negatively depending on their own definition of the situation and on the relationship to the controller. However, whether those controlled like it or not, it can be good for their health and maybe also for other parts of their life if someone limits their drinking. From the perspective of the controller, the responsibility to take care of the other’s drinking or at least to be concerned about it, is probably stressful and thus a negative experience. Attempts to control the other one’s drinking can be seen as one way of coping in this stressful situation. One popular way to categorize the ways of coping is to divide them to problem-focused, perception-focused and emotion-focused ways of coping (Pearlin & Schooler, 1978). Informal control of family members drinking is an example of problem-focused coping, when it aims to change or deal with the stressful events or circumstances. This coping strategy includes in this context taking care of the drinker, setting rules for drinking in order to control it, talking frankly about drinking and getting information about treatment possibilities in contrast to other types of coping such as withdrawal from or tolerating the situation (Orford et al., 1992; Holmila, 1997, Orford et al., 1998a, Orford et al., 2005, 130–134). Wiseman (1991, 164–176) as well as Orford et al. (2005) describe in detail what kind of problems living with a problem drinker can cause to the wife or other family members. These include almost anything from high blood pressure to serious mental problems, withdrawal from social relationships to complete isolation.

However, literature on coping with alcohol and drug problems suggest that ways of coping that are hostile, confrontational, coercive, critical or emotionally negative in some way are not effective, either for family members themselves or for those about whom they may be concerned. (Folkman et al., 1986; McCrae &
Thus, in the context of controlling family member’s drinking, it would be more effective to use supportive means which are expressed in positive ways in order to attain some results and also to cope with the situation. This may, however, not be an easy task in a highly stressful situation.

Where society is concerned, informal control of drinking can be either good or bad. It is good when it leads to less drinking-related problems that entail costs to society. On the other hand, it is bad when it causes too much of a burden to those who act as controllers and lead to problems that in turn need to be relieved through help from society.

Informal drinking control has always some kind of reason behind it. There is no control without problems. The severity of problems can be real but it can also be in people’s minds. Before taking action to control another person’s drinking one must have the idea that it is somehow problematic. The frequency of informal drinking control in a society reflects the frequency of problems around controlling persons. The awareness of problems causes stress or strain on persons living in conditions where they have to act as controllers of other’s drinking. Living in stressful conditions always causes some kind of harm. It can be related to health - either mental or physical - or it can be reflected in one’s job and other activities. When harms related to drinking increase in society, the harms caused to other people, not only to drinkers themselves also increase. These problems can have far-reaching effects on public health and even on the economy. This is one reason why understanding the mechanisms and reasons of drinking control is important.

6.5 Challenges for future research

The biggest future challenge is the measurement of the informal social control of drinking. According to the results of several research studies, it is better to ask separately about different incidents than to refer to abstract phenomena such as the control of other peoples’ drinking in general. It seems to be easier for the respondent to understand questions in which separate events can be recognised, and in that way also to admit that those events have happened, compared to an abstract question. It has been found that when sensitive questions are asked, the respondents answer more truthfully to detailed and concrete questions than to abstract questions (deLamater, 1982, 14–18). To get more valid data about controlling family member’s drinking in survey research it would be better to ask separately about different kinds of problems and to give more response options than only ‘yes’ or ‘no’, because the strict dichotomy of those options may cause the ‘yes’ option to be rejected even if there was reason to pick the ‘yes’ option.

Another challenge is the analysis. Especially when comparing different countries, a multi-level analysis could be a more accurate way to test the hypotheses and research questions.
6 Discussion

A more practical issue is how to help people who drink too much but also their family members. Especially interesting is the situation of women, both in the role of a controller and also in the role of a drinker. These results may give valuable information for professionals who deal with these questions. An important question is also the situation of children who act as controllers of their parents’ drinking. Children can be of importance in the recovery process of a parent who drinks too much. On the other hand, it is extremely burdensome for children to take the responsibility to take care of their drinking parents. The interaction between parents and children would be useful to take into account when planning recovery programs for drinkers.

6.6 Conclusions

In Finland, alcohol consumption and also harms related to it have increased as a consequence of the lowering of alcohol tax and reductions in import restrictions from EU. At the same time, there has been a shift in recent years from formal alcohol control policies to both internal and informal control of drinking. This means that when the state control has decreased, people have to take more responsibility of their own drinking and also for other people’s drinking. The relatively tight alcohol control policy in Finland has established roots and people’s attitudes have over the years been formed such that state control is accepted to a great extent and the responsibility for controlling is thought to belong to the state authorities and not to private persons. Changes in behaviour are nonetheless much slower than changes in attitudes. Even if people’s attitudes had changed towards a greater acceptance of controlling other people’s drinking, it would still take time before those changes can be seen in people’s behaviour.
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Interpretations of survey questions on one’s partner’s alcohol consumption

BY KIRSIMARIA RAITASALO

This article analyzes and discusses how survey questions about partners’ alcohol use, about attempts to control it, and about its problematic nature, used in the 2000 Finnish Drinking Habits Survey, are understood and interpreted. The majority of the 30 respondents interviewed for this research understood the concepts of alcohol and drinking as intended, but some respondents did not define alcohol use in the way alcohol researchers do. Drinking that was for purposes other than drunkenness was not considered alcohol drinking. This confusion has important implications for alcohol survey research. Also, there was wide variation in the interpretations of attempts to control partners’ drinking, and especially in interpretations of drinking-related problems. The different interpretations of drinking and problems related to it indicate the importance of defining the intended meaning of the questions in the interview situation. Identifying possible interpretations is useful in formulating survey questions related to these issues and also in planning research designs in general.

KEY WORDS: Alcohol, drinking problems, proxy reporting, protocol analysis, survey research, cognitive.
It is important to understand the experiences of drinkers' intimate others when the social harms of drinking and its consequences for the family, work and social relations are of interest. The differentiating of drinking from other factors then becomes crucial, and for this, intimate others' estimates of drinking are needed.

The validity of self-reports on alcohol consumption has been heavily discussed among alcohol researchers because of the inconsistencies between recorded and unrecorded consumption of alcohol. It has been estimated that the alcohol consumption reported in surveys accounts for about 40%–60% of overall recorded consumption (Kühlhorn et al., 1999). There is, however, not much research on the validity of non-self-reported consumption of alcohol and consequences of alcohol consumption (Sudman & Bradburn, 1982, 147–151). The validity of proxy reports (respondents' reports of other people's behavior) has been studied at least among health researchers (Todorov & Kirchner, 2000) and market researchers (Menon et al., 1995). However, the question is more complicated when more sensitive matters, such as alcohol consumption, are concerned (Sudman et al., 1974, 37).

According to the results of the few studies in the alcohol research field where self-reports and proxy reports of drinking have been compared (Cahalan et al., 1969, 80–81; Midanik, 1982; Room, 1989; Bongers et al., 1999), people underreport their partners' drinking even more than their own. This is especially true for women. Partly it may be that partners don't pay so much attention to each other's drinking that they can give accurate estimates; they report only what they have noticed. It may also be that a wife might know less about her husband's drinking than her husband knows about hers, since men spend more time away from home, and women, who generally drink less, do relatively more of their drinking in their husbands' company (Cahalan et al., 1969, 81). On the other hand, partners may want to minimize each other's drinking habits to outsiders ("spousal courtesy"), especially if the partner is a heavy drinker (Room, 1989).
The literature on the validity of self-reports separates sources of error into two major kinds: forgetting, and lying or concealing (Mäkelä, 1971; Pernanen, 1974). These sources of error are possible in partner reports, too. Examples of factors that can cause these errors are the salience of the target behavior to the respondent (Sudman & Bradburn, 1974, 39; Sudman & Bradburn, 1982, 42–43), the subjective importance of the person in question to the respondent and the level of intimacy with him/her (Sudman et al., 1996, 227–231), and the frequency of the behavior and the respondent’s level of participation in it (Menon et al., 1995). Thus responses concerning the partner’s drinking can be affected by the subjective importance of alcohol use to the respondent, the level of intimacy in the relationship, and the frequency of the partner’s drinking and how much the respondent and the partner drink together.

One thing that may also influence the results is related to the interviewer. Questions that are difficult or sensitive for the respondent can be a problem for the interviewer, too. In this case, if the interviewer has the impression that the respondent suffers due to his/her partner’s alcohol use and the partner for some reason is present at the interview, the interviewer may fail to ask the questions. So information is potentially missed, thus paving the way for biased results. Also poorly written questions and the context of the interview may have an effect on the responses.

In addition to the sources of error listed above is the problem of question interpretation. Earlier research on understanding of survey questions has shown that only some respondents understand the questions as the researcher has intended. For example, in research conducted by Belson (1981) only 29% of the respondents interpreted commonly used survey questions (not related to alcohol) in an acceptable way. There were several questions that only 16% of respondents understood as intended. Surprisingly, the rest of the respondents, who did not understand the intended meaning,
did not on the basis of their initial responses seem to have any comprehension problems. Nuckols made similar observations as early as 1953 (Nuckols, 1953).

In the 2000 Finnish Drinking Habits Survey (Mustonen et al., 2001) all the questions, including those studied in this article, were pretested in pilot interviews, and the respondents seemed to understand them. However, it is not clear in what way they understood and interpreted the questions. The data from this survey indicated that the respondents, especially women, underreported their partners’ consumption, problems related to it, and how much they tried to limit this consumption. The married or cohabiting women in this survey estimated the frequency of their partners’ consumption to be smaller (41 drinking days per year) than did the married or cohabiting men themselves (80 drinking days per year). In contrast, men’s estimates of the frequencies of their women partners’ consumption were larger (65 drinking days per year) than women’s estimates of their own consumption rate in general (43 drinking days per year)—but the differences were smaller than when men’s consumption rates were concerned. Both differences in means were significant at the .05 level. The figures are not fully comparable, because the men and women interviewed in this survey were not couples. Nevertheless, it can be inferred from the mean frequencies of drinking days per year that especially women apparently underreport their partners' heavy consumption.

The proportion of those who had tried to control their partner’s drinking was considerably smaller than, for example, that found in research conducted by Holmila (1988, 50). According to her results, young people living in permanent relationships had experienced their partners’ attempts to control their drinking much more often than had the respondents in the drinking habits survey data. The differences in these results may be at least partially a consequence of the discrepancies in the data-collection methods.
The respondents’ conceptions of the problematic nature of their partners’ alcohol consumption seemed also to be on the low side. This inference can be made by comparing the results of the Finnish Drinking Habits Survey with those reported in other population studies. For example, 22% of all men and 5% of women in Finland were estimated to be risky drinkers, as measured by AUDIT (Saunders & Aasland, 1987; Saunders et al., 1993; Holmila, 1995). The alcohol score of 11 was used as the cutoff point. Risky drinking was clearly related to marital status: 33% of unmarried men, 20% of divorced or widowed men, and 18% of married men, and 10% of unmarried women, 5% of divorced or widowed women, and 4% of married women were defined as risky drinkers in 1992 as measured by AUDIT. In the 2000 Drinking Habits Survey data (n=1,932) 0.5% of married or cohabiting men and 6% of women thought their partners might have problems due to their alcohol use. The differences in these results raise a question about what people understand the meaning of these questions to be. The risk level of alcohol use defined by the AUDIT measure might not correspond to what the respondents define as problems due to the use of alcohol.

Because it seems that respondents are prone to underreport their partners’ alcohol use, the prevalence of problems cannot be estimated only by the level of alcohol consumption. Therefore it is justifiable to assess how the respondents estimate the quantity and frequency of their partners’ alcohol use. Attempts to control the partner’s drinking have been found to be related to the partner’s drinking habits and to the problematic nature of his or her drinking (Holmila, 1988, 111–115). Thus it is well grounded to study how people report their attempts to influence partners’ drinking.

The topic of this research is the problem of the understanding and interpretation of questions about a partner’s alcohol use and its consequences: for example, the answer to a question about a person’s efforts to influence his or her partner’s drinking in the
past 12 months is much dependent on the respondent’s understanding of “influencing.” Does it refer to nagging, to emptying the liquor down the sink, or to some indirect action such as suggesting something other to do than drink (Holmila, 1988, 50)? The underlying research question is thus the validity of these questions—that is, how well they measure the phenomenon in focus. Here validity is assessed by qualitative study of the interpretations of the questions. Understanding the different ways by which people interpret and understand these questions may help to develop questions that the researcher and the respondents understand in the same way.

Method

The method used in this research was originally developed by Belson (1981). After the actual survey questions, the respondents were asked questions that aimed at getting information about their understanding and interpretation of the questions. By analyzing the responses, one can assess how well the respondents’ interpretations of the questions correspond to the intended meanings.

Sample

In spring and summer 2001, 30 voluntary respondents participated in a taped interview that lasted on average one to one and a half hours. The respondents were recruited from advertisements placed on bulletin boards of public agencies and sent to a randomly selected sample from the Helsinki region telephone directory. As compensation for participation, respondents received a department store gift certificate worth 50 Finnish marks (8.5 €). Two researchers of the STAKES Alcohol and Drug Research Group conducted the interviews. The sample was comprised of 11 men and 19 women who ranged in age from 20 to 64 years, with an average age of 40 years. Seventeen of the respondents were married, nine were cohabiting, and four were dating regularly. Sixteen respondents had children. Sixteen had a university-level education or were studying in university, twelve had a college-
level education, and two had no formal education after elementary school. The alcohol use of both the respondents and their partners varied from none to alcoholic. Most of them consumed alcohol moderately, according to their own reports.

The sample was selective in some aspects. Persons interested in participating in the research may have been more worried about their partners’ alcohol use than are people on average, or they may have been interested in alcohol-related issues in general. For example, as many as two-thirds of the married or cohabiting women and a third of the men in the sample had tried to control their partners’ alcohol consumption, which is clearly more than among the respondents of the 2000 Finnish Drinking Habits Survey, where the percentages were 17% and 3%, respectively. These results cannot be compared in any way because of the differences in research methods and because of the unrepresentativeness of qualitative data.

Questions

The questions about family and alcohol, which are the focus of this research, were included in the questionnaire of the most recent Finnish Drinking Habits Survey (Mustonen et al., 2001). The questions are part of a multinational study of gender, culture and alcohol, known by the acronym GENACIS (Gender, Alcohol, and Culture: An International Study), led by Sharon Wilsnack. The questions chosen as the focus of the current project were related to the alcohol consumption of intimate others and the respondents’ attempts to control it, the respondents’ experience of external control of their own consumption of alcohol, and the consequences for the respondents of intimate others’ consumption.

The survey questions studied in this research were:

1.a) During the last 12 months, how often did your partner (cohabiting partner/boyfriend or girlfriend) drink alcohol? The response alternatives presented to the respondent on a card were: daily, 4–5 days a week, 2–3 days a week, once a week, 2–3 days a month, once a month, once in two months, 3–4 days a year, 1–2 days a year, less than once a year, never.
b) How much (how many drinks) did your partner usually drink on days when drinking? This was an open-ended question, and the interviewer explained what was meant by one drink (e.g., a bottle of beer, a glass of wine etc.).

2. During the last 12 months, have you attempted to influence the drinking of your spouse or partner so that he/she would drink less or less often?

3. Have you felt that your partner has problems due to his/her use of alcohol? The response options to questions 2 and 3 were only “yes” or “no.” The response alternatives were presented on cards, and the respondent was told to select the alternative that best described his/her view of the situation.

After each question the respondent was asked:

1. Why did you answer (the response)?
2. How did you come to your response?
3. What do you think was meant by the question?
4. What do you think was meant by (key words meaningful to the question)?

These questions were not necessarily presented word-for-word like this, but the objective was to lead the respondents to describe the reasons for their responses—that is, what they thought when answering and how they understood the questions, in their own words.

Analysis

Computer-assisted coding was used in analyzing the interview data by applying ATLAS/ti software (www.atlasti.de). Two separate coding schemes were used: The first one included the content of the answer, for example: My husband normally drinks about three drinks at one occasion, and the second, what the respondent believed to be the meaning of the question and of specific words used in the question, for example: Drinking alcohol means that one drinks at least one bottle of beer. Also the descriptions of how the respondents arrived at their answers were included in this latter coding scheme because the responses related to the response process and the understanding of the questions were intertwined in
most of the cases. The coding scheme is presented in the appendix.

Results

There was some variation in the respondents' definitions of alcohol and drinking. The majority of respondents defined even the smallest sip of alcohol as drinking both when their partners or themselves were concerned.

Beverages stronger than mild beer (<2.25% alcohol by volume) were usually defined as alcoholic beverages. However, six respondents (five men and one woman) thought that drinking means consumption of bigger quantities and the aim of intoxication, and that only spirits are considered to be alcoholic beverages. The purpose of the consumption can also be the basis for definition.

R: Well, an alcoholic beverage is everything that exceeds ten percent by volume. I'd say that if I'm somewhere, and getting up to something, and drink a bottle of beer for my thirst, no matter strong or light beer, I think it's not drinking. It is thirst quenching.

I: So you mean that, for example, beer, medium strength or strong, is not an alcoholic beverage?

R: It is, of course, if it's drunk as a habit. Then it becomes alcohol. But, let's say, if you go to the sauna and have a bottle of beer after that, I don't see it as drinking. And then it's not alcoholic, whether it was light or strong. It's all the same to me because it's only for thirst quenching.

I: So it becomes an alcoholic beverage when you want to get drunk by drinking it?

R: Yes, that's it. Then it becomes alcohol. (man, 55 years)

The frequency of drinking of the respondents who defined drinking and alcohol like this varied from a couple of times a month to daily. Thus it seems that in these interview data these kinds of definitions of drinking and alcohol are not related to one's own drinking habits.
When the quantity of alcohol usually consumed by the partner at one occasion was asked about, the majority of respondents reported having taken even the smallest quantity of mild beverages into account. Nevertheless, husbands who did not consider their own consumption of small quantities and mild beverages as alcohol consumption defined them as such when their wives were in question. These wives were almost or totally abstainers—that is, they drank very seldom if ever (less than once a month) and very small quantities (not over two drinks) at one occasion. The differences in definitions of one’s own and one’s partner’s drinking may be related to the salience effect mentioned earlier (Sudman et al., 1974, 39; Sudman & Bradburn, 1982, 42–43). When the partner’s behavior, in this case the wife’s drinking, is highly exceptional, it is noted and defined differently than if it were more frequent and habitual.

If it is assumed that the variation in definitions of drinking and alcohol seen in this sample is not coincidental but a universal phenomenon, at least in Finland, it can be concluded that the reports of one’s own consumption rates as well as those of one’s partner’s consumption are underestimates. Thus one source of error in estimating the volume of alcohol consumption, in addition to lying and forgetting, can be the respondents’ different definitions of drinking and alcohol. Also the different interpretations of one’s own and one’s partner’s alcohol consumption indicate how important it is to define the concepts in the interview situation.

Defining attempts to influence the partner’s drinking

The question about influencing a partner’s drinking was quite unambiguously understood. Only one respondent who denied having attempted to change her partner’s drinking changed her answer because of having misunderstood the question.

The means to limit the partners’ drinking were divided in groups according to whether they had been actually used or only mentioned as a possible means. The other dimension was the type of control attempt, which was divided into
verbal means, means related to nonverbal communication, and concrete acts. The numbers of mentions of these means are shown in the following table.

<table>
<thead>
<tr>
<th>Number of references to different kinds of real and potential means to limit the partner's drinking</th>
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<td>Real means</td>
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<tr>
<td>Verbal</td>
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<tr>
<td>Non-verbal communication</td>
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<td>Concrete acts</td>
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</table>

Almost half of the respondents reported that they had tried to influence their partners' drinking in general. Most of them had used verbal means in different forms when doing so. In addition, those who had not done so most often said that they would use verbal means if needed. All respondents mentioned some verbal means irrespective of whether they had actually used them or not. The seriousness of these verbal means varied from friendly discussion to threats.

We were driving by car and then he said that he'll go to Alko (liquor store) and I said, "Oh, I thought you wouldn't drink this time and that it would be nice if you didn't drink." I try to shuffle by these quite stupid manipulations and... but he will do what he likes to, anyway. (woman, 37 years, actual efforts to influence, not sure about the problem)

Other mentioned means were related to interpersonal behavior and nonverbal communication—for example, turning up one's nose, refusing to kiss, sulking, facial expressions and sighing. Only few mentioned this kind of behavior as potential means, but almost one-third of the respondents had actually acted in such ways. The described means were very similar regardless of whether the respondents thought their partners had a drinking problem or not. Especially men seemed to consider this kind of behavior a good means to influence the other one's drinking.
I've said, half-joking, that I won't kiss you. Because you are drunk and I don't want to kiss. (man, 22 years, actual efforts to influence, no problems)

More concrete and explicit means were used, too. These included setting a rule that the partner is not allowed to come home when drunk, separating, trying to suggest things to do other than drinking, drinking some of the alcohol oneself so that the other would drink less, refusing to give money for alcohol, returning the engagement ring, or participating in an Al-Anon group. Means mentioned as potential if needed were, for example, bringing alcohol-related brochures or literature home, cutting down on one's own drinking, and a demand that the drinker choose between the spouse and the bottle. In general terms, the means mentioned by these respondents, real or potential, were quite similar to those experienced by people interviewed by Holmila (1988) whose partners had tried to limit their drinking. Concrete acts were not reported to be used very often, but they were almost as often mentioned as verbal means as potential means to influence a partner's drinking.

Of course you can try to suggest something else to do; for example, there are lots of situations when we drink together so you can try to find some other ways to spend an evening together, other than opening a bottle of wine. So you would probably try to manipulate the other one's drinking habits. But if the other one has a strong will to drink, it's hard to do anything. (woman, 26 years, potential efforts to influence, no problems)

It seems that verbal means and nonverbal communication are actually used more often than concrete acts in order to influence a partner's drinking, whereas it is assumed that concrete means would be used if needed. This may indicate that the means of influencing are more subtle than people assume. Thus in formulating questions related to this issue it would be useful to focus on these subtle means that people might not come to think about or do not perceive as means of influencing.
Defining problems due to partner's alcohol use

When the respondents were asked how they understood the question “Have you felt that your spouse or partner has problems due to his or her use of alcohol?” and how they defined an alcohol-related problem, almost all understood the question to be related to negative consequences of excessive drinking. Other interpretations were that the question refers to existing problems that get worse as a result of drinking, and to the partner having a problem because the respondent has such a negative attitude to drinking herself that the partner feels miserable. Even though this question was understood as intended in general, the definitions of problems due to alcohol use were quite varied. The respondents reported altogether almost 50 different problems related to alcohol use when asked to explain what they understood by it. The problems mentioned most often were health troubles, detriments to work, social problems, and neglecting daily routines in general. Marital problems, financial troubles, and alcohol dependence as such were also referred to relatively often. Other types of problems mentioned were the frequency of drinking and big quantities consumed at one occasion, behavior problems, self-inflicted harm, drowning one's sorrows in alcohol, troubles in traffic, psychological effects, and the respondent’s own negative attitude to drinking. By the definition of the majority of respondents in this research, an alcohol-related problem emerged when drinking had a negative influence on health, work, family life or finances.

The problems that actually had occurred varied from the drawbacks from the high calorie level of alcohol and weight gain to more severe health problems such as pancreatitis, and from neglecting friends to divorce. Those who were not sure about the problematic nature of their partners’ alcohol use were partners of quite heavy drinkers—that is, according to the respondents the partners normally drank more than six drinks on one occasion when they were drinking. These respondents still did not fully admit that it was a problem, although there had been some troubles. The majority of
respondents who thought their partners did not have any problems related to drinking reported their partners’ alcohol consumption to be moderate.

None of the respondents interviewed in this research mentioned problems in communication or sex life as real or potential problems, although these have been considered to be notable alcohol-related problems in intimate relationships (Wiseman, 1991, 117–157). The current results differ also from those reported by Holmila (1997, 159): In her study, partners of alcoholics most often mentioned financial problems, while in this research financial problems were in fourth place. The difference may be because only few respondents in this study were partners of people who were clearly alcoholics, whereas Holmila’s subjects consisted only of such respondents. Most of the respondents here had no experience of living with an alcoholic, and their answers reflected their own ideas about alcoholics. The point in time when the data were collected may have had an effect, too—Holmila’s data were collected after an economic recession in 1994, while the data for this research were collected in a period of economic growth in 2001.

It is also interesting to note that only some respondents who had noticed symptoms of alcohol dependence in their partners, and whose descriptions of them were quite detailed, thought their partners had problems due to their drinking. Normally dependence is seen as a clear sign of alcohol-related problems.

In short, the respondents’ definitions of alcohol-related problems were varied. Some thought that even low consumption is problematic if their own attitude to alcohol was very negative; others did not consider even objectively heavy consumption as problematic.

In addition to their content, the descriptions of alcohol-related problems differed also in precision: Those who
thought their partners had problems due to their drinking, or who were uncertain about it, described the problems in more concrete terms and referred more often to actual incidents than did those who did not see any problems in their partners’ alcohol use. This is understandable, because respondents whose partners had alcohol-related problems had concrete examples from their own lives. Also, those who first denied problems but later in the interview brought out problems—that is, those who were uncertain about problems—talked more concretely than those without problems.

**Summary and conclusions**

It appears that there are several different ways to interpret questions related to a partner’s drinking. The variation in interpretations of questions about drinking and alcohol is a very serious problem when the validity of questions is concerned, because from the point of view of a researcher, there is only one correct way to define these concepts.

There were also several different ways to define attempts to influence a partner’s drinking. Because there is not only one correct way to define influencing drinking, the question about interpretation is more complicated than the one related to drinking and alcohol. One cannot say if something really is influential or not. The same kinds of behavior can be interpreted as influential in one situation but not in another, or by one person but not by another.

The same is true for questions on defining drinking-related problems. In this research there were some respondents whose partners clearly consumed alcohol excessively and problematically but who still claimed that there were no problems or who were not certain about it. This reflects the well-known difficulty with admitting alcohol problems in intimate others.
It is impossible to estimate to what extent the respondents in this interview gave accurate responses to the questions about their partners' volume of drinking. Some research results indicate that the greatest difference between self-reporting and proxy reporting may occur when answering a question that requires the retrieval of a rate rather than a question about specific events. Research in social cognition has shown that recall of descriptive information such as rate is facilitated when it pertains to the self. This is thought to be attributable to better organization of this information in memory. Therefore rate-based estimates should be more accurate when made about oneself (Klein & Kihlstrom, 1986). In this research it was not assumed that the respondents' reports about their partners' consumption level would be accurate. Rather, the results are viewed as indicative of the approximate level of consumption as background to the respondents' perceptions of alcohol-related problems.

According to the results of several research studies, it is better to ask separately about different incidents than to refer to abstract phenomena such as a partner's problematic alcohol use in general. It seems to be easier for the respondent to understand questions in which separate events can be recognized, and in that way also to admit that those events have happened, compared with the abstract "problems" question. It has been found that when sensitive questions are asked, respondents answer more truthfully to detailed and concrete questions than to abstract questions (deLamater, 1982, 14–18).

To get more valid data about intimate others' alcohol problems in survey research, it would be better to ask separately about different kinds of problems and to give more response options than only yes or no, because the strict dichotomy of those options may cause the yes option to be rejected even if there was reason to pick the yes option.
There should be... That "yes or no" sounds so crude. If I say "yes" it sounds like he has lots of problems. Something like "no problems," "some problems," "yes, there are problems." You know, some kind of multiple-choice would be better. Maybe it would be easier to answer "yes." I could have said "yes" if there was something more positive... (woman, 25 years, not sure about the problem)

Research has also found that if, in addition to yes or no options, the respondents have an explicit possibility to choose something between those extremes, most respondents are more likely to choose an intermediate option. This has been found to happen especially when the respondent would choose no without the intermediate option (Molenaar, 1982, 64). Thus, if the respondents of the drinking habits survey had been allowed to say I am not sure in addition to yes or no to the question concerning the problematic nature of their partners' drinking, some of them probably would have chosen this option. This issue of how the question is put is interesting, because this research indicates that even if the respondents are not sure about the problematic nature of their partners' drinking, they might suspect some problems but are not yet sure enough about it that they would answer yes without hesitation. Nevertheless the actual research question should be kept in mind—that is, whether the topic is the experience of the respondent or the "objective" existence of problems. When different problem types are asked about separately, respondents may well admit that their partners have failed to do something promised because of drinking. However, if the same respondents are asked whether they think the alcohol use of their partners is problematic, they easily, and completely justifiably, think there are no problems. It is more difficult to tease out respondents' perceptions of the problematic nature of partners' alcohol use than to find out about harms and problems that have occurred in reality. People often have difficulties in admitting to themselves as well as to others that they are concerned about their partners' drinking, even if obvious problems have occurred.
As noted earlier, the question about the problematic nature of a partner's alcohol use is open to interpretation. In addition to not wanting to admit the problem, one might not even be able to recognize it. One's own ideas about alcohol problems may not apply to one's partner, even though according to other definitions he or she is a problem drinker.

When thinking about how to get the most valid information about problem drinking in families and in intimate relationships, it is necessary to pay attention to the data-gathering method in addition to the formulation of questions. The mode and context of the interview may have an effect in itself (e.g., Sudman & Bradburn, 1982, 4–6). There are several studies about the effect of the interview mode on survey results (Greenfield et al., 2000; Tourangeau & Smith, 1996). More informal and unstructured interviews, where it is likely that the interaction between the respondent and the interviewer has an effect on the results, can prove better than structured survey-interviews in gathering data about threatening or sensitive topics. In more informal contexts where only one topic is the focus, the respondent has to think about the issue more closely and may end up giving different responses—maybe led by the interviewer—compared with responses in more structured contexts (Heiskanen, 2001, 133). However, there is a danger in unstructured qualitative interviews that the researcher encourages respondents to think about problems that they otherwise would not reflect upon. In all modes of interview it should be kept in mind that the responses are dependent on what is asked and are sensitive to the context and circumstances in which the questions are asked (Davies, 1987).

Irrespective of the data-collection method, respondents' reports cannot be viewed as descriptions of an objective truth, especially when topics that cannot be objectively measured are in question. Rather, they are respondents' cognitive and social constructions about those issues. "Problem" requires a value judgment, which by its nature is a subjective evaluation
compared with simply reporting a behavior. Thus it would be
better to study those judgments and to stop aiming at an
objective reality when it does not exist. This is the case in
studying the topic of this article, attempts to control a
partner’s drinking and the problematic nature of the other’s
drinking. By asking questions about different manifesta-
tions of control and problems we can get closer to the “truth”
than by asking only about their existence, because problems are
constructed in different ways in different respondents’ minds.
This can also be generalized to all kinds of research on human
interaction. The different ways of influencing other people and
what is problematic in other people’s behavior are defined
according to people’s own interpretations of these phenomena.
They cannot be seen as dichotomies—that is, as something
that either exists or does not—but as continuaums, with
different phases interpreted in different ways depending on the
definer’s personality and social and cultural background.

Notes

1. The term “partner” is used to refer to the respondent’s significant
   other, whether married, cohabiting or dating.

2. Questions 2 and 3 differed from the originals in that only partners
   were concerned. In the original questions, “any of the people men-
   tioned in the following list” appeared in place of “spouse or partner,”
   and the respondent had to give an answer related to all of the men-
   tioned people.

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Appendix

Coding scheme

Respondent's background
1. Age
2. Gender
   2.1. Male
   2.2. Female
3. Marital status
   3.1. Married
   3.2. Cohabiting
   3.3. Regularly dating
4. Children
   4.1. Yes
   4.2. No
5. Education
   5.1. No formal education after elementary school
   5.2. College-level education
   5.3. University-level education

Research questions

1. Own drinking
   1.1. Response (how much / how often)
   1.2. Interpretation
      1.2.1. What did the respondent understand by the question?
      1.2.2. What did the respondent understand by drinking / alcohol?

2. Attempts to influence the partner’s drinking
   2.1. Response (yes / no / cannot say)
   2.2. Interpretation
      2.2.1. What did the respondent understand by the question?
      2.2.2. What did the respondent understand by influencing?
         2.2.2.1. Verbal means
         2.2.2.2. Non-verbal communication
         2.2.2.3. Concrete acts

3. Partner’s drinking
   3.1. Response (how much / how often)
   3.2. Interpretation
      3.2.1. What did the respondent understand by the question?
      3.2.2. What did the respondent understand by drinking / alcohol?
4. Partner's drinking problems
   4.1. Response (yes / no / cannot say)
   4.2. Interpretation
       4.2.1. What did the respondent understand by the question?
       4.2.2. What did the respondent understand by problems?
           4.2.2.1. Health problems
           4.2.2.2. Social problems
           4.2.2.3. Interferes with work
           4.2.2.4. Neglect of daily routines
           4.2.2.5. Financial problems
           4.2.2.6. Dependence
           4.2.2.7. Marital problems
           4.2.2.8. Frequency / quantity
           4.2.2.9. Behavior problems
           4.2.2.10. Self-inflicted harm
           4.2.2.11. Drowning one's sorrows
           4.2.2.12. Problems in traffic
           4.2.2.13. Psychological effects
           4.2.2.14. Partner's negative attitude
           4.2.2.15. Vague
The role of the spouse in regulating one’s drinking

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Abstract
This article examines the relationship between experiences of external influence from spouses and partners to influence one’s drinking and one’s own concern over drinking; whether spouse’s control attempts and concern over one’s own drinking are in congruence; how the level of drinking and the frequency of drinking to intoxication and the estimate of the spouse’s level of drinking are related, for women and men belonging to different sociodemographic groups. Using data from the 2000 Finnish Drinking Habit Survey (n=1337), our results show that (1) drinking habits – especially drinking large quantities on a single occasion – are strongly related to both external control from the spouse and one’s own concern about drinking and (2) there are significant differences between genders in the level of control from the spouse and concern over one’s own drinking habit. These results are important when planning treatment and prevention for drinkers and their families.

Keywords: Gender, drinking, informal control, spouse, regulation of drinking

Introduction
The norms and habits of one’s friends and family have an important effect on one’s use of alcohol. Members of a family are usually the first to attempt to limit excessive use of alcohol (Room, Greenfield & Weisner, 1991; Wiseman, 1991). Good informal networks can also be seen as an important resource for natural recovery (Granfield & Cloud, 2003; Walters, 2001). Pressure from others can push the drinker towards recognising that drinking is a problem, or it can act as a factor supporting the individual’s own concerns.

The informal influence on drinking exerted by others takes the form of various verbal, non-verbal and contextual messages and acts, which are mediated within
small groups. Some of these acts are conscious; others are unconscious and habitual. Informal influence can take place during drinking situations between people who drink together, but it can also occur outside actual drinking situations, for instance when family members talk about someone’s drinking and the problems it involves.

Several earlier studies have described the methods used by family members trying to control drinking within the family. These studies have indicated that men are the objects of their spouses’ drinking control more often than women (Asher, 1992; Hemström, 2002; Holmila, 1988; Holmila, Mustonen & Rannik, 1990; Järvinen, 1991; Orford, 1998; Room, Bondy & Ferris, 1996; Room, Greenfield & Weisner, 1991; Wiseman, 1991). Some studies have shown that significant others play an important role in assisting treatment entry (Hasin, 1994; Polcin & Weisner, 1999). Group influence or pressure to drink more has also been studied. These studies show that there is a strong association between spouses’ drinking patterns and the ways spouses adjust their drinking (Caetano, 1986/1987; Corbett, Mora & Ames, 1991; Demers, Bisson & Palluy, 1999; Gleiberman, Harburg, DeFrancisco & Schork, 1992; Hammer & Vaglum, 1989; Price & Vandenberg, 1980). The transition into marriage among young couples has been shown to be associated with a reduction in alcohol involvement (Leonard & Mudar, 2003; Mudar, Kearns & Leonard, 2002).

Drinking norms are situation-specific (Klein & Pittman, 1990) and the similarity between drinking partners is contingent upon the drinking setting. Spouses’ influence on each other’s drinking is thus also dependent on what type of drinking setting they share. For instance, if the couple drinks together at home over meals, they are likely to drink in a more homogenous way than when the drinking takes place in a bar (Joosten & Knibbe, 2001).

Most of the earlier studies have not looked into how the spouse’s influence corresponds with the person’s own feelings of his or her drinking: does he/she agree or disagree with the worry expressed by the spouse? In this article, we use survey data to analyse the relationship between the informal influence from the spouse and the respondents’ reports of concern about their own drinking.

The links between the person’s own concerns and the spouse’s pressuring can be presented in a typology with four categories (Figure 1).

One can presume that if the drinking never seems to exceed any sensible limits, spouses are not activated into trying to influence the other’s drinking (Figure 1, square 4). On the other hand, heavy drinkers themselves often share the worry expressed by others (Figure 1, square 1). In both of these cases, there is no conflict between the spouses as to how the situation is interpreted. Sometimes, however, the person’s own interpretation of how harmful or harmless his or her drinking is will not be supported by the spouse. A person may think that his or her drinking is in no way problematic, but the spouse thinks differently and tries to influence his or her behaviour in various ways (Figure 1, square 2). Also, a drinker may be worried about his or her own behaviour, but the spouse pays no attention (Figure 1, square 3). In these two latter cases, the individual’s own interpretation is not supported by the significant other.

The squares where the definitions differ (2 and 3) are particularly interesting. It is possible that the spouse is the first one to become aware of any problems,

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1 The term “spouse” was used to refer to the respondent’s partner, whether married, cohabiting or dating.
before the drinker him/herself has any worries. In that case the pressure from others is likely to push the drinker towards recognising the harms related to drinking (square 2). When the drinker him/herself is concerned and aware of some problems, but his or her spouse does not make any attempts to reduce the other's drinking habit, the drinker is left to manage the situation alone (square 3).

Method

Data

The data were gathered as part of the 2000 Finnish Drinking Habit Survey (Mustonen et al., 2001). The target group was the Finnish population, aged 15 to 69 years. A random sample of 2477 persons was selected from the Finnish Population Register. The response rate was 78% and thus, all in all, 1932 subjects were interviewed face-to-face. Half of the respondents were female and the other half, male; 9% of the respondents were aged 15–19, 17% aged 20–29, 42% aged 30–49 and 32% aged 50–69 years. The majority (93%) of the respondents were employed, 73% had children and 20% lived alone.

Abstainers as well as respondents who did not have a spouse were excluded from the analysis. People under 20 years of age were also excluded, because it can be assumed that this age group differs considerably from adults with respect to their control of drinking. Thus, the final number of study subjects was 1337. The data were weighted according to gender, age and area in order to correct for the effects caused by differences in the response rates for different groups.

Variables

The questionnaire covered several areas of drinking behaviour, including drinking habits, problems related to drinking and sociodemographic characteristics.
It included three items asking about the respondent’s own concern about his or her drinking. Respondents indicated whether they had ever had these experiences and if so, how frequently (never 0, seldom 1, every now and then 2, and often 3). If the respondents answered, “every now and then” or “often” to any of these questions, it was interpreted that he/she had some concerns about his/her own drinking. The Cronbach’s alpha of these questions was .83. The frequencies of responses to each question are presented in Table I.

Experiences of the spouse exerting pressure to drink less were covered by one question. This question had only two response options, 'yes' or 'no'. Some 15 % of men and 3 % women had had experience of their spouse attempting to influence them to drink less.

The drinking habits were measured in two different ways, by the total annual alcohol intake in litres and by the frequency of drinking to intoxication. A typical drink was defined as one bottle of beer or cider (33 cl), one glass of wine (12 cl), one glass of fortified wine (8 cl) or one drink of spirits (4 cl). Furthermore, the spouse’s drinking level was measured by asking the respondent’s estimate about the spouse’s frequency of drinking and quantities used on a typical drinking occasion.

Age was used as a continuous variable. Dichotomous variables used included, living alone or with someone and having children or not.

**Statistical analysis**

The analyses were carried out using SAS 8.2 for Windows. The non-parametric Kruskal–Wallis test was used to measure the statistical differences in means between groups (in Figure 1) because of the skewness of both, the level of drinking and the frequency of heavy drinking distributions. In the same way, a one-way ANOVA was used when measuring differences in means of age. Chi-square-tests were

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2 Items were: ever feel that you drink alcohol more often than you would like to; ever feel that you drink greater quantities of alcohol than you would like to; happen to drink more than you had originally planned to.

3 The questions on frequency of drinking were: “How often during the last 12 months have you drunk beer/cider/wine/spirits?” The response alternatives were: daily; 4–5 days a week; 2–3 days a week; once a week; 2–3 times a month; once a month; once or a few times a year; never; and don’t know. The questions on quantity were: “When you drink beer/cider/wine/spirits, approximately how many bottles/ glasses etc. do you drink?” The answers were then used to calculate the respondent’s annual alcohol consumption in terms of litres of pure alcohol.

4 The question on the frequency of drinking to intoxication was: ‘How often during the last 12 months have you drunk at least six drinks at one occasion?’ The response alternatives were: never, less than once a month, once a month, once a week, and daily or almost daily.
used when comparing groups according to the existence of children and living together with the spouse.

Results

In Table II, the respondents’ and their spouses’ alcohol consumption are presented according to the four categories (see Figure 1) of the links between spousal pressuring and the concerns about their own drinking.

Most of the respondents were in the group where no control attempts from the spouse or concern over his or her own drinking was experienced. In this group, both men and women consumed less alcohol and had less intoxication days a year than respondents in the other groups. Their spouses did not drink much either. It seems that drinking habits are logically related to experiences of drinking control from the spouse and to concerns over his or her own drinking. Differences in means of all variables related to own and spouse’s drinking were significant between the four categories for both men and women.

Men more often than women, belonged to category 1 (see Figure 1), where the spouse had tried to influence the drinker to drink less and he himself was also concerned about his own drinking habits. Men who had felt that only their spouse had controlled their drinking but who were not concerned about it drank a lot, but not very often to intoxication. Their spouses typically drank very little. This might indicate that men do not consider frequent alcohol use in small amounts (“Southern-European drinking habits”) as very harmful and are not concerned about it. However, their wives are concerned and try to control the husband’s drinking, maybe by appealing to health effects. Only when the drinking gets very heavy and there are also many intoxication days in addition to a high overall

Table II. The respondent’s and his/her spouse’s estimated alcohol consumption and age according to categories of pressure to drink less and own concern about drinking.

<table>
<thead>
<tr>
<th>Pressuring and own concern</th>
<th>Only pressuring</th>
<th>Only concern about own drinking</th>
<th>No pressuring, no concern about own drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>14</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Women</td>
<td>2</td>
<td>1</td>
<td>22</td>
</tr>
<tr>
<td>Alcohol consumption a year in litres (mean)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>10.1</td>
<td>9.0</td>
<td>7.3</td>
</tr>
<tr>
<td>Women</td>
<td>4.9</td>
<td>2.4</td>
<td>4.0</td>
</tr>
<tr>
<td>Intoxication days a year (mean)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>21</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Women</td>
<td>9</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Spouse’s alcohol consumption a year in litres (mean)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>2.1</td>
<td>1.5</td>
<td>3.8</td>
</tr>
<tr>
<td>Women</td>
<td>15.2</td>
<td>2.2</td>
<td>9.9</td>
</tr>
<tr>
<td>Age (mean)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>41</td>
<td>37</td>
<td>41</td>
</tr>
<tr>
<td>Women</td>
<td>39</td>
<td>30</td>
<td>38</td>
</tr>
</tbody>
</table>

<sup>1</sup> Chi-square test.
<sup>2</sup> Kruskal–Wallis’s test.
<sup>3</sup> One-way ANOVA.
volume of drinking do men get concerned over their own drinking, and so agree with
their wives.

There were a lot more women who had experienced concern about their own
drinking, but whose spouse had not attempted to control it (Figure 1, square 3) than there were women who had experienced both pressuring and own concerns (Figure 1, square 1). However, women in both of these groups used alcohol in the
same way, that is, a lot and often to intoxication. Also, the spouses of these women drank quite heavily. This indicates that a large proportion of women who drink heavily and are concerned about it do not get any support in drinking control from
their spouses. A high frequency of intoxication days, but also high overall volume of
drinking is related to women’s concerns over their own drinking. Women who feel
that their drinking is controlled by their spouses, but who are not also concerned
drink relatively little, as do their spouses. Here spouse’s control attempts are maybe
related to something else than to the wife’s drinking per se.

The differences between the categories in Figure 1 as regards age were significant
for both men and women (Table II). The respondents in the group who reported
only pressuring from the spouse, but no concern for themselves, were younger in
age, than in the other groups. The highest mean age was found in the group where
no concern or control was experienced. This is probably related to different drinking
habits in different age groups. Young people drink more and maybe others pay atten-
tion to it even though they are not yet concerned themselves. On the other hand, older
people drink less and thus there is no reason for any concern or control.

Having children or living with someone was not related to experiences of either
concern over one’s own drinking or a spouse’s control attempts for drinking.

Conclusions

Several studies have indicated how important significant others—particularly
spouses—are in shaping an individual’s drinking habits. We wanted to see how
people’s concern for their own drinking was related to the influence exerted by his
or her spouse, and how men and women differed in this respect in the light of
a population-based survey.

The interpretation of these results depends greatly on the social construction of
the concepts of informal influence and the concern over own drinking. This study
was done in a Finnish population. Comparative studies at the international level
are needed in order to see whether these gender differences are present in other
cultures too.

According to our results, the reactions from the spouse as well as the person’s own
reports of concern about drinking were well in congruence with the reported level
of annual alcohol consumption and with the frequency of drinking to intoxication.

Gender seemed to be independently related to experiences of the spouse’s pressur-
ing to drink less. More men than women had experienced pressuring from the spouse,
even when the drinking level was taken into account. It seems that in the Finnish
culture, women more often than men are not pressured by their spouses to drink
less, even when they drink heavily and are themselves concerned about their drinking.
On the other hand, men who drink heavily—especially young men—more often have
spouses who try to influence them to drink less, as well as when the men themselves
are not concerned about their drinking.
Our results show that there are considerable gender differences in how independent (or alone) the individuals are in regulating their drinking. Spouses can be an important resource for the individual in the process of becoming more aware of his or her alcohol-related problems, at least when the person is already feeling that his or her drinking is starting to get out of control. Longitudinal studies are necessary in order to determine the extent to which drinkers are able to make positive use of this resource. When treatment or prevention is aimed at including the individual’s family and social networks, the gender-specificity of these phenomena should perhaps be recognised. Better understanding of the role of the spouse in how people regulate their own drinking can be useful when designing help or information for heavy or risky drinkers and their families.

References


Marja Holmila and Kirsimarja Raitasalo, Ronald Knibbe and Klara Selin:

COUNTRY VARIATIONS IN FAMILY MEMBERS’ INFORMAL PRESSURE TO DRINK LESS

Abstract

Data come from the GENACIS (Gender, Alcohol and Culture: an International Study) dataset. Countries included were Argentina, Costa Rica, Czech Republic, Denmark, Finland, Germany, Hungary, Iceland, India, Japan, Nigeria, Norway, Spain, Sri Lanka, Sweden, Uganda, UK and Uruguay (overall sample 44,115, drinkers 33,148). Aim To examine between-country variation in how family members attempt to influence each other to drink less. Method In each country, the percentage of people who had experienced family member pressure to drink less were compared to country abstinence rate, mean drinking volume per drinker and other societal-level factors. Results while countries differed greatly on proportion of drinkers having experienced family members’ pressure to drink less, in all countries drinking women reported less pressure than drinking men in their own society. In all studied countries, informal pressure was exerted most often by the spouse or sexual partner. However, other family members were also involved. Informal pressure was found to be highly correlated with the country’s socioeconomic conditions. Conclusions Informal pressure to drink less by family members is on one hand an expression of social and family problems, caused by heavy drinking, especially in the economically less developed countries, suggesting alcohol-related deprivation. On the other hand, similar gender differences were seen in all the societies, men reporting receiving more informal pressure than women. Thus, informal pressure to drink less tended to reflect the gender conflict caused by heavy use of alcohol by men.

Indexing key words: Informal control, alcohol, gender, country variation
Acknowledgement

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Introduction

Intimate social networks are important in shaping the individual’s drinking habits. They can also play a role when an individual wants to change his or her habits. Close networks can be seen as important resources for prevention of harms from drinking and also for natural recovery (Granfield & Cloud, 2001). The informal pressure goes in two directions: others can induce the individual to drink more, or they can try to make him or her drink less. In this article we examine only the informal influence that aims at reducing the other’s drinking.

Spouses’ drinking patterns tend to be influenced by each other (Price & Vandeberg, 1980; Caetano, 1987; Corbett, Mora & Ames, 1991; Hammer & Vaglum, 1989; Gleiberman et al., 1992; Demers, Bisson & Palluy, 1999). Spouses’ influence on each other’s drinking is dependent on what type of drinking settings they share, partly because drinking norms are situation specific (Klein & Pittman, 1990; Greenfield & Room, 1997). For instance, if the couple drinks together at home over meals, they are likely to drink in a more homogenous way than when the drinking takes place in a bar and is not a part of a meal (Joosten & Knibbe, 2001).

Several studies have described the methods that family members use in trying to influence each others’ drinking (Holmila, 1988; Holmila, Mustonen & Rannik, 1990; Asher, 1992; Järvinen, 1991; Room, Greenfield & Weisner, 1991; Wiseman, 1991; Room, Bondy & Ferris, 1996; Orford, 1998; Velleman, Copello & Maslin, 1998, Suonpää, 2005). The role of warden or moderator of their partner’s drinking is frequently a feminine role; conversely, men take more often the role of inciter in relation to their wives’ drinking. The predominant direction of efforts to control drinking within the family is from women to men and from older generations to younger (Holmila, 1987; Holmila, Mustonen & Rannik, 1990; Järvinen, 1991; Room, Greenfield & Weisner, 1991; Room, Bondy & Ferris, 1996).

It has also been suggested that men’s drinking control is more externalised than women’s, making men more prone to binging in situations in which external control is not effective, or when a situation is defined as “time out” and thus outside normal controls. Women, on the other hand, are thought to have a more internalised mechanism of drinking control, and they are less likely to indulge in binge drinking. A study on Finnish working class men, who were interviewed in a treatment centre brought out that the men found self-control of drinking to be antithetical to men’s inner “nature” and to constitute a limit to their freedom. Consequently, these male heavy drinkers often defined their life history as an oscillation between settling down with a “good woman” and “breaking out” into freedom in a drunken binge (Alasuutari, 1990). On the other hand, in those cultures, where women have started to use alcohol more often and more similarly as men, gender differences in informal control patterns can also be levelling off.
The informal pressuring to drink less can be done by various verbal, non-verbal and contextual messages and acts. Some of these are conscious; some are unconscious and habitual. Informal influence can take place during drinking situations between people who drink together, but also outside actual drinking situations, for instance when family members try to influence a drinker by talking about his or her drinking and the problems related to it. Strategies can be verbal or they can be based on some action (for instance trying to stop the drinker from being able to buy or otherwise obtain alcohol). They can also be either direct, e.g. talking frankly and directly with the other, or indirect (e.g. trying to advert the other's interest to something else). The strategies also differ in their strength: they can be gentle and passing (e.g. small signs at a party indicating that it is time to go home) or they can take the form of strong sanctions and persistent demand for the other to stop using alcohol (for instance threat of divorce, physical aggression).

Informal pressure is not limited to cases of problem drinking, but is carried out among light drinkers as well, even if less often (Holmila, 1988; Raitasalo, 2003; Suonpää, 2005). Heavy drinkers are most likely to be the objects of pressures to drink less, in Finland at least. Analyses of the Finnish GENACIS-data showed that there seems to be a strong link between frequent binge drinking and having one's own worries over drinking on one hand, and being the one pressured by the others on the other (Holmila & Raitasalo, 2004).

This study is an international comparison between many countries, looking at the informal pressure that drinkers in each country had experienced coming from their family members. The study aims to answer the following questions:

1. What kinds of characteristics of drinking culture are connected with frequent reports of informal pressure among the drinking population? We hypothesize that there is a connection between country level indicators of alcohol use (the rate of abstinence and the mean volume of total consumption of alcohol among the drinkers) and prevalence of informal pressure within the family.

2. Family problems caused by drinking are likely to be more severe if the family lives in poverty and in social insecurity. It is thus likely that characteristics of family structure, women's position in the society, rate of urbanization and economic welfare have some influence in how often people in the informal networks react to others' drinking.

3. We expect to find clear gender differences in the prevalence of informal control in all of the countries studied so that women report less informal pressure than men.
Data and analyses

The data for this study are part of the project, Gender, Alcohol and Culture: An International Study (GENACIS). The data from 18 countries included the question on informal control of drinking. These countries were: Argentina, Costa Rica, Czech Republic, Denmark, Finland, Germany, Hungary, Iceland, India, Japan, Nigeria, Norway, Spain, Sri Lanka, Sweden, Uganda, United Kingdom and Uruguay. In some analyses, only 15 or 13 countries are included. The numbers of respondents in each country are presented in Table 1. For this article, the data was built by using single countries, not persons, as observations.

### Table 1. The study countries and the sample sizes per country

<table>
<thead>
<tr>
<th>Country</th>
<th>N men</th>
<th>N women</th>
<th>N total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>402</td>
<td>598</td>
<td>1 000</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>416</td>
<td>857</td>
<td>1 273</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>1 244</td>
<td>1 282</td>
<td>2 526</td>
</tr>
<tr>
<td>Denmark</td>
<td>897</td>
<td>1 133</td>
<td>2 030</td>
</tr>
<tr>
<td>Finland</td>
<td>945</td>
<td>987</td>
<td>1 932</td>
</tr>
<tr>
<td>Germany</td>
<td>3 688</td>
<td>4 459</td>
<td>8 147</td>
</tr>
<tr>
<td>Hungary</td>
<td>1 094</td>
<td>1 198</td>
<td>2 292</td>
</tr>
<tr>
<td>Iceland</td>
<td>1 168</td>
<td>1 271</td>
<td>2 439</td>
</tr>
<tr>
<td>India</td>
<td>1 508</td>
<td>1 471</td>
<td>2 979</td>
</tr>
<tr>
<td>Japan</td>
<td>1 116</td>
<td>1 138</td>
<td>2 254</td>
</tr>
<tr>
<td>Nigeria</td>
<td>1 114</td>
<td>956</td>
<td>2 070</td>
</tr>
<tr>
<td>Norway</td>
<td>1 034</td>
<td>1 136</td>
<td>2 170</td>
</tr>
<tr>
<td>Spain</td>
<td>894</td>
<td>956</td>
<td>1 850</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>608</td>
<td>593</td>
<td>1 201</td>
</tr>
<tr>
<td>Sweden</td>
<td>2 656</td>
<td>2 816</td>
<td>5 472</td>
</tr>
<tr>
<td>Uganda</td>
<td>721</td>
<td>758</td>
<td>1 479</td>
</tr>
<tr>
<td>UK</td>
<td>963</td>
<td>1 038</td>
<td>2 001</td>
</tr>
<tr>
<td>Uruguay</td>
<td>624</td>
<td>376</td>
<td>1 000</td>
</tr>
</tbody>
</table>

The percentage of (male / female) drinkers in each country describes the amount of respondents over 18 years of age who have drunk some alcohol during the last 12 months. The annual total consumption of 100 % alcohol in litres is the mean drinking volume per person (male / female), calculated from the beverage specific quantity-frequency measure of drinking among drinkers over 18 years of age in each country. The abstinence rates as well as means of volume of consumption in each country are presented in Table 2.
We assumed that the general socio-economic well-being as well as equality between men and women would have importance in how often people in the informal networks react to each others’ drinking. To look at these issues, several indicators for the country’s socio-economic conditions were used: the gross domestic product, urbanisation rate, ratio of females and males in higher education and number of persons in household (see Table 2). The Gross Domestic Product (GDP per capita in US$) is one of the three indices on which the human development index is built and measures the country’s economic development (UN Human development report, 2004). Urban population (% of total) means the midyear population of areas classified as urban according to the criteria used by each country, as reported to the United Nations (UN Human development report, 2004). Ratio females / males in higher education (tertiary gross enrolment ratio, female rate as % of male rate) is the number of students enrolled in a level of education, regardless of age, as a percentage of the population of official school age for that level. The gross enrolment ratio can be greater than 100% as a result of grade repetition and entry at ages younger or older than the typical age at that grade level (UN Human development report, 2004). In the GENACIS questionnaire there was also a question about the number of persons living in the same household with the respondent. The mean number of persons living in the same household is calculated for each country. The distributions of these variables are presented in Table 2.

### Table 2. Means of annual volume of drinking in litres of 100 % alcohol, percentage of drinkers and social indicators per country by gender

<table>
<thead>
<tr>
<th>Country</th>
<th>Volume of drinking</th>
<th>% drinkers</th>
<th>GDP</th>
<th>Urbanisation %</th>
<th>Ratio females / males in higher education</th>
<th>Number of persons in household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>5.6 1.1</td>
<td>92.8</td>
<td>77.6</td>
<td>10 880</td>
<td>89.9</td>
<td>1.5 4.4</td>
</tr>
<tr>
<td>Costa R.</td>
<td>3.9 1.2</td>
<td>67.3</td>
<td>42.4</td>
<td>8 840</td>
<td>60.1</td>
<td>1.2 4.5</td>
</tr>
<tr>
<td>Czech R.</td>
<td>10.6 3.2</td>
<td>90.4</td>
<td>79.9</td>
<td>15 780</td>
<td>74.2</td>
<td>1.1 4</td>
</tr>
<tr>
<td>Denmark</td>
<td>6.3 2.8</td>
<td>96.9</td>
<td>92.0</td>
<td>30 940</td>
<td>85.2</td>
<td>1.4 2.6</td>
</tr>
<tr>
<td>Finland</td>
<td>4.7 1.6</td>
<td>92.2</td>
<td>90.2</td>
<td>26 190</td>
<td>61.0</td>
<td>1.2 2.7</td>
</tr>
<tr>
<td>Germany</td>
<td>6.8 3.2</td>
<td>95.5</td>
<td>94.1</td>
<td>27 100</td>
<td>87.9</td>
<td>1.0 4.1</td>
</tr>
<tr>
<td>Hungary</td>
<td>3.4 0.6</td>
<td>90.6</td>
<td>74.9</td>
<td>13 400</td>
<td>64.7</td>
<td>1.3 3.5</td>
</tr>
<tr>
<td>Iceland</td>
<td>3.4 1.7</td>
<td>87.0</td>
<td>84.7</td>
<td>29 750</td>
<td>92.7</td>
<td>1.7 -</td>
</tr>
<tr>
<td>India</td>
<td>12.6 6.4</td>
<td>33.3</td>
<td>5.9</td>
<td>2 670</td>
<td>28.1</td>
<td>0.68 5.7</td>
</tr>
<tr>
<td>Japan</td>
<td>6.7 1.9</td>
<td>91.1</td>
<td>77.0</td>
<td>26 940</td>
<td>65.3</td>
<td>0.9 2.7</td>
</tr>
<tr>
<td>Nigeria</td>
<td>11.6 9.8</td>
<td>42.1</td>
<td>22.3</td>
<td>860</td>
<td>45.9</td>
<td>- 5.8</td>
</tr>
<tr>
<td>Norway</td>
<td>4.3 1.7</td>
<td>91.5</td>
<td>88.6</td>
<td>36 600</td>
<td>77.6</td>
<td>1.5 2.6</td>
</tr>
<tr>
<td>Spain</td>
<td>7.1 3.0</td>
<td>67.1</td>
<td>43.8</td>
<td>21 460</td>
<td>76.4</td>
<td>1.2 2.9</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>8.0 0.4</td>
<td>53.6</td>
<td>6.4</td>
<td>3 570</td>
<td>21.1</td>
<td>- 4.6</td>
</tr>
<tr>
<td>Sweden</td>
<td>2.4 1.2</td>
<td>88.4</td>
<td>79.1</td>
<td>26 050</td>
<td>83.3</td>
<td>1.5 2.7</td>
</tr>
<tr>
<td>Uganda</td>
<td>15.8 4.8</td>
<td>51.2</td>
<td>39.5</td>
<td>1 390</td>
<td>12.2</td>
<td>0.5 5.4</td>
</tr>
<tr>
<td>UK</td>
<td>6.4 2.7</td>
<td>89.6</td>
<td>81.9</td>
<td>26 150</td>
<td>89.0</td>
<td>1.2 2.7</td>
</tr>
<tr>
<td>Uruguay</td>
<td>6.7 1.9</td>
<td>81.1</td>
<td>60.3</td>
<td>7 830</td>
<td>92.4</td>
<td>1.82 3.7</td>
</tr>
</tbody>
</table>
The experience of pressure to drink less coming from family members (spouse / partner, child(ren), other family members) was asked in the GENACIS questionnaire by a question. “During the last 12 months, has any of the following persons attempted to influence your drinking so that you would drink less or less often?” This question was asked only from drinkers. Male and female family members were combined in the analysis because the response alternatives were not asked gender-specifically in each country. Percentages of the drinkers over 18 years of age, who had experienced pressure to drink less from spouse, partner, child(ren), other members of any of them were calculated in each country.

Only the respondents, who had used alcohol during the last 12 months, were included in the analyses. The percentage of those, who had experienced pressure to drink less from any family member (spouse / partner, child(ren), other family member) in each country were correlated (Pearson’s r) against the ratio of drinkers / abstainers, the country’s mean volume of drinking (litres of 100 % alcohol / year / person) as well as against the societal indicators (GDP in US $, percentage of urban population, ratio of men and women in higher education and number of persons per room). The analyses were done separately for men and for women.

Results

The studied countries differed quite a lot as to what proportion of drinkers had reported of having experienced pressurising to drink less coming from their family members (Figure 1). In Sri Lanka and Uganda more than half of the male drinkers had had such experiences. Pressure was common also among the drinkers in India, Costa Rica, Czech Republic, Nigeria and Japan. In Denmark and Spain, on the other hand, only 7% and 5% the drinking men reported having been pressurised by their family to drink less. In Argentina, Finland, Germany, UK and Uruguay the percentage of men reporting pressure from someone in the family varied between 9 % and 18 %. Western European men and women reported generally less informal control than men and women from other parts of the world, with the exception of Uruguay, where the percentages were also rather low.
Figure 1. Percentages of men and women who have experienced pressure to drink less from any family member per country by gender

Female drinkers in all countries reported less informal pressure coming from the family than men did. However, the order of the countries as to how frequent it was to be pressured to drink less, was quite similar for men and women. Thus a considerable part of female drinkers in Uganda (37%), India (20%), Nigeria (20%), Costa Rica (19%) and Sri Lanka (18%) reported that their drinking had been criticised by someone in the family, whilst only a small part of drinking women in Denmark (2%), Spain (1%), Germany (4%) or Uruguay (3%) did so.

In most of the countries studied, the informal pressure comes most often from one’s spouse or other sexual partner, less so from other family members such as children, parents, sisters or brothers. Especially for the men, the spouse is the most important source of informal control: in 13 of the 18 countries the spouse was most often mentioned as the source of informal control. In Argentina, Costa Rica, Norway, Uganda and Uruguay men mentioned other family members more often, or almost as often as they mentioned spouses. Other family members were more important in this respect for the women. In Czech Republic, Denmark, Hungary, Nigeria, Sri Lanka, Uganda and Uruguay women mentioned other family members more often, or almost as often as the spouses. In all of the countries, children (who could be either adults or young) were also mentioned as a source for pressurising, but less often than spouses or other family members.
TABLE 3. Percentage of respondents who have experienced pressure to drink less per country by gender

<table>
<thead>
<tr>
<th>Source of control</th>
<th>Spouse / partner</th>
<th>Child(ren)</th>
<th>Other family member</th>
<th>Any family member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Argentina</td>
<td>14</td>
<td>3</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>27</td>
<td>9</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>Czech R.</td>
<td>24</td>
<td>6</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Denmark</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Finland</td>
<td>15</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Germany</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Hungary</td>
<td>17</td>
<td>3</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Iceland</td>
<td>11</td>
<td>2</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>India</td>
<td>38</td>
<td>14</td>
<td>26</td>
<td>14</td>
</tr>
<tr>
<td>Japan</td>
<td>22</td>
<td>6</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Nigeria</td>
<td>23</td>
<td>12</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Norway</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Spain</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>47</td>
<td>11</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Sweden</td>
<td>6</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Uganda</td>
<td>47</td>
<td>23</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>UK</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Uruguay</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

In order to understand the differences between the countries, we looked at the correlations between informal pressure and two indicators of the countries’ drinking cultures. These indicators were the percentage of drinkers in the country and the mean volume of annual drinking per person. The correlation analysis shows that the more abstainers there are in the country, the more there is informal pressure to drink less (Table 4). This is true for both men and women. Similar result was found when the rate of informal control was compared with the level of drinking among the men, but not for women. The higher the mean consumption among the drinking men in the country, the more often family members have been trying to pressure the drinkers to drink less. Female drinkers’ experience of being pressurized was related to the rate of abstinence in the country, but not to the level of alcohol use among the female drinkers in the country.
TABLE 4. Correlation of experience of control from the family with drinking and social indicators

<table>
<thead>
<tr>
<th></th>
<th>Control from any family member</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>% abstainers in the country</td>
<td>.668** n = 15</td>
</tr>
<tr>
<td>Annual total consumption of 100% alcohol in litres</td>
<td>.585* n = 15</td>
</tr>
<tr>
<td>Gross Domestic Product in US $</td>
<td>-.696** n = 15</td>
</tr>
<tr>
<td>Urbanisation rate (%)</td>
<td>-.898*** n = 15</td>
</tr>
<tr>
<td>Ratio females / males in higher education</td>
<td>-.740** n = 13</td>
</tr>
<tr>
<td>Number of persons per household</td>
<td>.685** n = 15</td>
</tr>
</tbody>
</table>

*** p < .001, ** p < .01, * p < .05.

There is also a correlation between informal pressure and indicators describing the countries’ economic welfare, rate of urbanisation and housing conditions as well as gender equality. The bigger the country’s gross domestic product (GDP) the less informal control is reported. The urbanisation has the same effect: in urbanised countries family members try less often to pressure the respondent to drink less than in more rural societies. The ratio of females in higher education has similar connection with the rate of pressure, indicating that in societies with more gender equality women are less likely to control their family members’ drinking. In countries, where the average number of people living in the same household is high, informal control of drinking is also more common.

The socioeconomic variables and the drinking variables are highly correlated (Rahav et al. 2005, 176). The country variance in pressure to drink less is thus connected to both conditions at the same time. In order to see if the drinking culture had any independent effect on the experiences of having been pressured, we carried out partial correlations standardizing the social indicators (Table 5).
### Table 5. Correlations between proportion of abstainers and the mean volume of drinking in the country and drinking control from family standardised by social indicators one at a time

<table>
<thead>
<tr>
<th></th>
<th>Proportion of abstainers</th>
<th>Mean volume of drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Control from any family member</td>
<td>.668**</td>
<td>.694**</td>
</tr>
<tr>
<td>GDP in US $ stand.</td>
<td>.265 ns</td>
<td>.190 ns</td>
</tr>
<tr>
<td>Urbanisation rate (%) stand.</td>
<td>.189 ns</td>
<td>.026 ns</td>
</tr>
<tr>
<td>Ratio females/males in higher education stand.</td>
<td>.460 ns</td>
<td>.479 ns</td>
</tr>
<tr>
<td>Number of persons per household stand.</td>
<td>.285 ns</td>
<td>.241 ns</td>
</tr>
</tbody>
</table>

When the correlations between the abstinence rate of the country and the experiences of having been pressured to drink less are looked at so that the societal indicators are standardized one at time (partial correlation), the correlation coefficients become much smaller and insignificant. Abstinence, volume of drinking among the drinkers and social indicators used in this study are so much interconnected that no conclusions about the independent effects of either drinking culture or societal indicators can be made.

### Conclusions

Family members’ informal pressure to drink less varied a lot in the countries studied. In some countries more than half of the drinking men had had such experiences, in others less than 5%. In all countries women reported less informal pressure than men. However, between countries the variance in proportion of women reporting informal control was as large as the variance for men. We looked for reasons for this great variance by analysing the connections with some characteristics of the drinking culture, as well as some characteristics of the country’s socioeconomic conditions.

Informal pressure was correlated with the rate of abstinence in the country. The more there are abstainers in the country, the more there is informal pressure to drink less. This result was same for men and women. When drinking is not a part of a “normal” pattern of behaviour, practised by most people, drinkers are more likely to be criticised by their family, maybe even if drinking does not cause severe problems.

Among the men, but not among the women, informal pressure was also correlated with the mean annual volume of drinking among the drinking population. The highest volumes of drinking among the men were in Uganda,
India, Nigeria, Czech Republic and Sri Lanka. A possible interpretation is that the
degree of informal pressure is directly related to a country's pattern of drinking large
amounts when drinking at all.

Informal pressure was highly correlated with the country's socioeconomic
conditions. Family members are more likely to intervene with the others' drinking
especially in non-urbanised societies with low level of income, gender inequality
and crowded housing conditions. Examples of such countries in our data are
Nigeria, India, Uganda and Sri Lanka. As the socioeconomic variables and the
drinking variables used here are highly correlated, we tried to see if the drinking
culture had any independent effect on the rate of informal pressure. However, in
the countries studied here the inter-correlations between on one hand the rate of
abstinence and volume of drinking and on the other hand the social indicators are
too high to draw conclusions about independent effects of either set of variables.
Nevertheless, it can be concluded that high rates of informal control are an
indicator of the families' social misery caused by heavy drinking of men in poverty
stricken conditions. Given that in these countries women are often, if not typically,
non-drinkers, the conflict between heavy drinking man and the abstinent woman
around alcohol use is common. These results confirm the observation made in the
study on alcohol in developing countries (Room et al., 2002, 32). The authors of
that study noted that gender conflicts concerning drinking seem to remain strong
in the developing societies, and are often exacerbated by changing circumstances,
urbanization, cultural change and alcoholic drinks becoming easily available. The
families are split in two camps, those (female) members, who don't drink at all, and
those (male) members, who drink a lot.

In spite of the great cultural variance, the gender difference was the same in all
of the countries: drinking women in all countries reported less informal pressure
than men. The level of informal control among the drinking women, however,
followed the men's pattern. The reason for this seems to be less related to heavy
drinking among the drinking women and more to the deviance of women's
drinking per se. Drinking women's experience of being pressurized was related to
the rate of abstinence but not to the level of alcohol use among them.

In all of the countries studied the informal pressure comes most often from
one's spouse or sexual partner, but also from other family members. Women are
more often than men pressured by other members of the family, whilst in most of
the countries, men are mostly pressured by their spouses. In many of the countries
the respondents were also asked about the pressure coming from friends and work
colleagues.

Informal pressure to drink less can thus be seen from two angles. It is on
one hand an expression of social deprivation, where heavy drinking causes great
problems for the family. Family members do what they can to watch their family
members' drinking in order to prevent the harms it causes to the family. Women
are more often the actors, and men the recipients of these efforts.
On the other hand, informal pressure is a result of a change in the drinking culture. Alcohol becomes an object of a lot of disagreement and opposition, when large groups in the communities are abstainers, but drinking is becoming more common and is often consumed in an un-controlled fashion, causing severe family problems and harms to the drinker and those living with him or her.

Informal pressure is, however, not only carried out in families of the developing countries. This article looks only at the drinking population, and their share of the total population is low in many of the developing countries. In these countries alcohol is not a part of life of great number of the families. The traditional pattern of a drinking husband and pressurising wife exists among the heavy drinkers in the richer countries, too, and as drinking is such a wide-spread activity there, the conflict between drinking and family touches a considerable part of the total population in these countries.

Literature


Hildigunnur Ólafsdóttir, Kirsimarja Raitasalo, Tom K. Greenfield, Allaman Allamani

Concern about family members’ drinking and cultural consistency: A Multi-Country GENACIS Study

Abstract

Data analysed come from the GENACIS project (Gender, Alcohol and Culture: an International Study) and involve population surveys for 18 countries (total \( N = 34,916 \)) from five WHO Regions: African (Nigeria and Uganda); Americas (Argentina, Costa Rica, Uruguay and United States); European (Czech Republic, Denmark, Finland, Germany, Hungary, Iceland, Spain, Sweden, and UK); South-East Asian (India, Sri Lanka); and Western Pacific (India, Sri Lanka). Aim to study gender and country differences in the relationship between social pressure to drink less experienced by individuals, considering seeking help for alcohol problems, and alcohol consumption and problem levels (AUDIT). Results In most countries for both men and women, informal control was applied most often by the spouse or partner, while reporting such controls from any source seemed more common in low- and middle-income countries. In all countries studied, men reported substantially more social control efforts than women. The hypothesis was not maintained that drinking control and help seeking was more common for heavier drinkers and those with more drinking-related harms. However, there appeared to be a relationship between a country’s aggregate level of drinking and the extent to which social control efforts were reported. Conclusion Higher correlations between drinking and problem levels on the one hand, and collaterals’ concerns on the other, may be suggestive of a cultural consistency in societal responses to drinking and alcohol-related problems.

Key words: Social pressure, informal controls, alcohol consumption, alcohol problems, help-seeking
Author Note

These data are part of the project, Gender, Alcohol and Culture: An International Study (GENACIS). GENACIS is a collaborative international project affiliated with the Ketttil Bruun Society for Social and Epidemiological Research on Alcohol and coordinated by GENACIS partners from the University of North Dakota, the University of Southern Denmark, the Free University of Berlin, the World Health Organization, and the Swiss Institute for the Prevention of Alcohol and Drug Problems. Support for aspects of the project comes from the U.S. National Institute on Alcohol Abuse and Alcoholism/National Institutes of Health (Grant Numbers R01AA04610 and R21AA12941, Sharon C. Wilsnack, principal investigator), the Quality of Life and Management of Living Resources Programme of the European Commission (Concerted Action QLG4-CT-2001-0196, Kim Bloomfield, coordinator), the World Health Organization (Isidore Obot, coordinator), the Pan American Health Organization (Maristela Monteiro, coordinator), the German Federal Ministry of Health, and Swiss national funds. Support for individual country surveys was provided by government agencies and other national sources. Data coordinator for the GENACIS project is Gerhard Gmel, Swiss Institute for the Prevention of Alcohol and Drug Problems, Lausanne, Switzerland.
Introduction

Results from many studies have indicated that social pressure can influence drinkers to drink less, quit drinking, or to consider seeking help. Attempts have been made to study how various types of social pressure are related to each other and to such outcomes but studies of social pressure and help-seeking have mainly been carried out in industrialized countries (Holmila, 1987; 1988; Holmila, Mustonen & Rannik, 1990; Room, Greenfield & Weisner, 1991). These studies have shown that the family is an important locus of control, and a central factor in preventing harms from alcohol consumption or inducing help seeking. Family and friendship networks may be expected to be an even more important influence in resource-poor and middle-income countries than in richer countries, since where societal resources are scarce, the capacity of the individual drinker to fulfil family responsibility is relatively more crucial for its wellbeing (Room et al., 2002). In such countries, if the close network fails, there may be few other options for help and support such as access to organized mutual-help groups and professionals, given that in general, treatment options are less developed in poor than in richer countries.

In an analysis of 1984 U.S. National Alcohol Survey (NAS) data, Room (1989) found that comments and suggestions from family members and friends about drinking less or acting differently when drinking were quite common. This study showed that the control was mainly from women to men and from the older to the younger generation. A U.S. trend study covering the decade of the 1980s found that by 1990 over one-third of all current drinkers had been pressured sometime in their life by at least one relative; 17.5 percent experienced such pressure from relatives (18.5% from anyone) in the last 12 months (Room et al., 1991). Similarly, another study carried out among Ontario adults showed that about 35 percent had within the last year said something to a friend or relative about their drinking or suggested they cut down (Room, Bondy & Ferris, 1996). Parents’ influence on their adolescent children has been studied from the perspective of parental style (Miller & Plant, 2003; Adalbjarnardottir & Hafsteinsson, 2001). Children’s role in parents’ recovery process has been found to be positive for outcome after treatment but otherwise the role of children in trying to control their parents’ drinking has received little attention (Koski-Jännès, 1991).

Spouses’ attempts to control each other’s drinking have been suggested as an important area for further study because couple relationships are characterized by continuity and complexity (Selin, 2004). The intensity of attempts to control other people’s drinking can vary from simply giving advice to drink less, or making a mild comment on improper behaviour, to quarrels or threats to leave the spouse (Raitasalo, 2003). In most studies on social drinking control, spouses’ efforts to influence each other usually refer to wives. The majority of drinkers are men and men’s proportion of total alcohol consumption is large, varying from about 70 to
80% in the Western countries and being even greater in poor and middle income countries (Babor et al., 2003; Mäkelä, et al., 2006). Consequently, women more often become victims of men’s excessive drinking than men of women's drinking, although problematic drinking causes difficulties for both men and women. Accordingly, men have been found to experience more social drinking pressure than women. In studies on social pressure, women’s control of their husbands’ drinking has been reported to be an integrated part of family life (Holmila, 1987; 1988; Holmila, Mustonen & Rannik 1990; Room et al., 1991). Historically, in the individually oriented Swedish Bratt-System this kind of female control was institutionalized, and the authorities sometimes collaborated with married women in administering the “ration-books” in order to control their husbands’ drinking (Järvinen, 1991; Bruun, 1985).

Societal coercion to treatment is not unknown today though often restricted to such particular societal agents such as, for example, probation officers via the criminal justice system in the U.S. (Polcin & Greenfield, 2003). However, those receiving treatment report that all kinds of people in a range of relationship have confronted them about their drinking (Polcin & Greenfield, 2006; Polcin, Galloway & Greenfield, 2006). Polcin et al. (2006) have developed an instrument called the “Alcohol and Drug Confrontation Scale (ACDS) which is designed to measure the quantity and frequency of such confrontations from various sources as well as perceptions of respondents about their relationship with confronters. Interestingly, spouses/significant others (56% of those with such relationship) and friends (60%) play a dominant role. Those in treatment who were more often confronted reported having more positive relationships with confronters than those receiving less confrontation. Therefore, although some widely used alcoholism screeners such as the CAGE (Ewing, 1998) include defining items with a negative valence like: “Have people ever annoyed you by criticizing your drinking?” the evidence suggests that concerted social pressure is not necessarily negatively received, at least by those actually induced to seek help.

Social harms associated with drinking are not only troublesome for the family but may also worry friends. Friendship involving both criticism and support has been found to be of importance in addiction-related self-help groups (Humphreys, 2004). Criticism of a friend’s drinking can cause the loss of a friend but may also strengthen the friendship when interference and social support are appreciated and interpreted as caring mechanisms (Polcin & Greenfield, 2006). While various motives may lie behind friends’ involvement in each others drinking, productivity, reducing work-related injuries or avoiding accidents (particularly in transportation-related occupations), and “maintaining a healthy workplace” are generally those of employers in their attempts to intervene in their employees drinking. Workplace control can either be incorporated in general health programmes, or organized in specific substance abuse programs. In many rich countries, particular employee assistance programmes (Carson & Balkin, 1992) have been developed and their
advocates recommend an individual approach rather than relying on drug testing (Bennett & Lehman 2003). Research on the scope and efficacy of such programmes has been limited to particular groups but few general population studies have included data on how someone at work tries to influence his or her co-workers’ drinking. In the Scandinavian Drinking Survey (including Finland, Iceland, Norway and Sweden) the proportion of the drinkers that had been criticized for their drinking by someone at work varied from zero to four per cent in the four countries that were surveyed. Workplace criticism was found to be equally as rare as having been arrested for public drinking by the police (Hauge & Irgens-Jensen, 1987). With advances in technology and requirements of increased productivity, workplace surveillance has increased, which has created new possibilities for control.

Another factor of relevance for social drinking control is the development of health promotion programmes in many workplaces. Such programmes may be either general or specific. Brief intervention programs are designed to motivate high-risk drinkers to moderate their alcohol consumption. As early intervention programmes are low-cost programmes, they have been implemented both in developed and poor and middle income countries (Babor et al., 2003).

Room et al. (1991) found an increasing percentage of Americans who had reported efforts to control each other’s drinking in US National Alcohol Surveys carried out from 1979 to 1990. During this period alcohol consumption levels in the United States were falling and Room et al. (1991) interpreted the social control trend finding as an indication of the percolation of a “new temperance” consciousness into family and friendships. General changes in the society’s attitudes to alcohol are, therefore, likely to shape individual responses to other people’s drinking. In societies going through rapid development, like many of the countries in Asia and Africa, conflicts are likely to arise in families facing new drinking habits and new problems. How such strain results in social pressure and help-seeking may be related to individual reactions to criticism, how the person under pressure sees his or her problems, and the willingness to engage in self-change, whether through formal or informal means.

The aim of this paper is to study the relationship between social pressure experienced by individuals, their considering seeking help for alcohol problems, and the same individuals’ alcohol consumption and problem levels. Data from an international project, Gender, Alcohol and Culture: An International Study (GENACIS), make it possible to examine these relationships in many general populations by gender and across countries. The paper is concerned with the order and patterning of different sources of social drinking control. The sources of influence or control have been divided into six categories: a partner (or spouse), a child, a family member, a friend, someone at work/school, and a doctor (or health worker); these sources and their interrelationships are studied within each country. We also examine how social drinking control is related to considering
seeking help for alcohol problems. Furthermore, we explore to what extent the social intervention of family and friends, someone at work, or health professionals is related to the volume of drinking and problem indicators as measured by the AUDIT (Saunders, Aasland, Babor, de la Fuente, & Grant, 1993b).

Data and Methodology

Sample

The data for this study are part of the GENACIS project and have been gathered under the leadership of Sharon Wilsnack in work growing out of a Kettil Bruun Society Work Group with support from the U.S. National Institute on Alcohol Abuse and Alcoholism (see Vogeltanz-Holm et al., 2004), the EU (see Ahlström, Bloomfield, Knibbe et al., 2001), WHO (see Obot & Room, 2005), PAHO and other institutions. For this particular study we had data from 18 countries and selected current (past 12 months) drinkers aged 18 and over only. The resultant total sample size was 34,916 (see Table 1). By design, the countries (or in some cases regions representing countries) to be included in the study represent very diverse societies regarding economic development, social structure, and status of gender, family structures, traditions for mutual help, and social and health systems. There are also substantial variations between these societies in the per capita consumption of alcohol, drinking patterns and the level of alcohol-related problems. The ratio between men’s and women’s drinking at all, and the level of drinking among those who drink, vary considerably across the surveyed counties or states which is particularly importantly with respect to the GENACIS focus on gender and culture. Among the study sites are rich and poor, as well as middle income countries from different parts of the globe. The African region is represented by two under-resourced countries, Nigeria and Uganda. The diversity of the Region of the Americas is reflected in Argentina, Costa Rica, Uruguay and the United States. As Europe has the highest alcohol consumption, the highest prevalence of alcohol-related problems and the most developed social and health care systems, it is important that as many as nine European countries are included in the study, The Czech Republic, Denmark, Finland, Germany, Hungary, Iceland, Spain, Sweden and, the United Kingdom. India and Sri Lanka represent the low alcohol consumption areas of the South-East Asian Region, but it should be noted that though in these areas fewer people may be drinkers (especially for the women), those (primarily men) who do drink often drink quite heavily. As an example from the Western Pacific Region, the study includes Japan, a highly developed country with a strong collectivism and a noteworthy male drinking culture. We regret that
data for Canada and numerous other more recently collected GENACIS datasets were not yet available for this analysis.

It is important at the outset to note that there are many methodological differences in the surveys included here. The modality of data collection and the sampling approach varies across the surveys. In particular, some countries, particularly those in the poor and middle income world, are not represented by nationally representative samples which would have been beyond the resources available. In these cases a better sample was obtained of a representative region or of several regions, for example representing ethnic and cultural diversity (e.g., Nigeria and Uganda) or both rural and urban populations (as in India, represented by the State of Karnataka). Most of these surveys were conducted face-to-face. In the developed country studies it was often possible to select a representative sample of the nation such as, for example, the random digit dial computer assisted telephone interview survey conducted in the US in 2000 (the tenth US National Alcohol Survey). All surveys are not, therefore, consistently representative of the countries listed but do generally reflect the variability seen across countries very well. For conciseness, we present the data in tables designated simply by country. Table 1 presents some details of the surveys; for additional methodological information about the surveys, see Wilsnack et al. (2005).
### Table 1. The study countries, the men’s and women’s sample sizes and mean volumes of drinking and AUDIT-5 scores (omitting 3 drinking variables; “–” indicates AUDIT not available in survey)

<table>
<thead>
<tr>
<th>Continent</th>
<th>Variable</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
<td>N Obs</td>
</tr>
<tr>
<td><strong>The African Region</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>volume / l audit</td>
<td>11.6</td>
<td>467</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.5</td>
<td>1.2</td>
</tr>
<tr>
<td>Uganda</td>
<td>volume / l audit</td>
<td>15.8</td>
<td>393</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3</td>
<td>1.94</td>
</tr>
<tr>
<td><strong>The Region of the Americas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>volume / l audit</td>
<td>5.6</td>
<td>368</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.70</td>
<td>0.12</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>volume / l audit</td>
<td>3.9</td>
<td>285</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.12</td>
<td>0.42</td>
</tr>
<tr>
<td>Uruguay</td>
<td>volume / l audit</td>
<td>6.7</td>
<td>305</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>The United States</td>
<td>volume / l audit</td>
<td>6.4</td>
<td>2 320</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>The European Region</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Czech republic</td>
<td>volume / l audit</td>
<td>10.6</td>
<td>1 125</td>
</tr>
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<td></td>
<td></td>
<td>1.53</td>
<td>0.59</td>
</tr>
<tr>
<td>Denmark</td>
<td>volume / l audit</td>
<td>6.3</td>
<td>836</td>
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<td></td>
<td></td>
<td>0.63</td>
<td>0.33</td>
</tr>
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<td>Finland</td>
<td>volume / l audit</td>
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<td>843</td>
</tr>
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<td></td>
<td></td>
<td>1.66</td>
<td>0.71</td>
</tr>
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<td>Germany</td>
<td>volume / l audit</td>
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<td>3 510</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hungary</td>
<td>volume / l audit</td>
<td>3.4</td>
<td>991</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Iceland</td>
<td>volume / l audit</td>
<td>3.4</td>
<td>1 014</td>
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<tr>
<td></td>
<td></td>
<td>1.26</td>
<td>0.67</td>
</tr>
<tr>
<td>Spain</td>
<td>volume / l audit</td>
<td>7.1</td>
<td>603</td>
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<tr>
<td></td>
<td></td>
<td>0.53</td>
<td>0.29</td>
</tr>
<tr>
<td>Sweden</td>
<td>volume / l audit</td>
<td>2.4</td>
<td>2 322</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.57</td>
<td>0.23</td>
</tr>
<tr>
<td>UK</td>
<td>volume / l audit</td>
<td>6.4</td>
<td>863</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>The South-East Asian Region</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>volume / l audit</td>
<td>12.6</td>
<td>501</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.85</td>
<td>1.35</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>volume / l audit</td>
<td>8.0</td>
<td>323</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.73</td>
<td>0.03</td>
</tr>
<tr>
<td><strong>The Western Pacific Region</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>volume / l audit</td>
<td>6.7</td>
<td>1 013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.67</td>
<td>0.31</td>
</tr>
</tbody>
</table>
Variables

Attempts of control of drinking reported by the respondent were elicited by a question “During the last twelve months, has any of the following persons attempted to influence your drinking so that you would drink less or less often?” followed a list of sources: spouse / partner, child(ren) female / male family member, female / male friend, someone at work or school, a doctor or a health worker. Female and male family members were combined to one category, as well as female and male friends, because in some countries they were not asked separately. The response options for each were “no”, “yes, once or twice” and “yes, three or more times”. There were some variation between countries in the formulation of the question and thus some recoding had to be done in order to obtain as much comparability between countries as possible. As a result, the response options were combined into two categories, “yes” and “no”.

Help seeking was assessed by a question “Did you ever consider seeking help for your own drinking or alcohol-related problems?” The response options were “yes” or “no”. Again, some recoding had to be done because of the variation in question formulation between countries.

Volume of drinking was measured by beverage-specific quantity-frequency questions. The frequency and quantity of drinking beer, wine, spirits or other alcoholic beverages were asked in each country and from these the total annual volume of drinking in the metric of litres of ethanol was calculated.

Drinking related harms were measured by a score constructed of the AUDIT questions (Saunders et al. 1993b) with the drinking-related questions omitted (quantity and frequency of drinking and frequency of drinking to intoxication). This was because the volume of drinking was used separately in the analyses. (See also Knibbe et al., 2005). The 5-item problem-focused AUDIT is termed here AUDIT-5. The mean volumes of drinking and the mean AUDIT-5 scores are presented in Table 1.

Analyses

The analyses were carried out by using SAS 9.1 for Windows. All analyses were done separately for men and women. Only drinkers (those who had consumed any alcohol during the last 12 months) who were over 18 years of age were included in the analysis. The upper age limits varied but in most countries this was 65 years of age. It was not possible to separate those respondents who had or did not have the specific persons who would have controlled their drinking within their social milieu (e.g., whether or not they had a spouse or partner). So all respondents, regardless of whether they had these family members, friends or work mates, were included in the analysis. The correlations of drinking control and help-seeking questions with
the volume of drinking and the harm score were calculated by using the Spearman’s rho. The correlation coefficients were not compared across countries and across genders. Instead, to be conservative, they were compared within countries and within genders because the level of the coefficient’s significance depends on the sample size. Smaller $n$s require that the coefficients be larger to obtain the same significance level than would be the case with a combined sample having much larger $n$s. Rough between-country comparisons of relative significance levels may still be made, if some care is taken to consider surveys’ varying sample sizes (Sample sizes of men and women drinkers are given in Table 1).

Results

In most countries, the controller was most often reported to be the spouse or partner, both among men and women; however, there was more variation among women. Overall in all studied countries, men’s drinking was frequently more controlled by others than was women’s (See Table 2).

Strikingly, drinking control from any source, both among men and women seems to be most common in the low and middle income countries: Nigeria, Uganda, Costa Rica, Sri Lanka and India (see Table 2). Uruguay is an exception in this respect, perhaps because it is a culture with European-derived wine-drinking culture. Other controllers than spouse or partner, were most likely found among family members, but more seldom among children and friends. Only exceptionally would someone at work or school try to influence the drinker with the exception of Uganda and male drinkers in India.

That anyone has attempted to influence the respondents’ drinking is most common for men in Sri Lanka, Uganda, Japan and India and in Uganda for women. Among European countries, drinking control seems to be most common in the Czech Republic, Hungary and the UK which may be a reflection of heavy drinking habits in these countries (see Table 3). Doctors or health workers are those who have most often attempted to influence the respondents’ drinking in India and Uganda (men’s drinking also in Japan).
During the last 12 months, have any of the following persons attempted to influence your drinking so that you would drink less or cut down on your drinking? yes %, (n)

<table>
<thead>
<tr>
<th>Continent</th>
<th>Partner</th>
<th>Child(ren)</th>
<th>Family member</th>
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TABLE 3. Percentages of respondents who reported drinking control from doctor/health worker or any source during the last 12 months by gender and country (“–” indicates item not included in survey)

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Considering help-seeking also appears to be the most prevalent for both men and women in the African countries (Uganda and Nigeria) and is at intermediate levels for men in other low and middle income countries (India, Sri Lanka and Costa Rica). Help seeking is also not uncommon, especially for men, in the US (See Table 4). Argentina and Uruguay, both drinking cultures, are somewhat different from other poor and middle income countries in this respect and are more like the European countries and Japan where help seeking is rare.
TABLE 4. Percentages of respondents who have considered seeking help for their own drinking or alcohol-related problems ("−" indicates item not included in survey)

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</table>

The Spearman’s correlation coefficients between volume and the AUDIT-5 score in turn, and sources of control and help seeking are given in tables 5 and 6, respectively. The coefficients can be interpreted as indicators of the extent to which the efforts to control are associated with alcohol intake (Table 5) and problem levels (Table 6). In general, it is natural that the higher the coefficient is, the more probable it is that others are reacting not only to drinking at all, but to the amount of drinking (Table 5) or the problems associated with heavy drinking (Table 6).
TABLE 5. Correlations between level of drinking (Volume) and (a) various sources of drinking control and (b) help seeking ("–" indicates item not included in survey)

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<td>.050 ns</td>
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</table>

1) Data for Argentina, Uruguay, Spain and Sri Lanka are missing because there have been no women who answered yes to these questions.

1 In Argentina now women answered these questions positively.
Table 6. Correlations between AUDIT-5 Score and (a) various sources of drinking control and (b) help seeking (" – " indicates item not included in survey)

<table>
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<tr>
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<th>Partner (F)</th>
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<th>Child (F)</th>
<th>Family member (M)</th>
<th>Family member (F)</th>
<th>Friend (M)</th>
<th>Friend (F)</th>
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We hypothesized that reporting drinking control efforts and considering help seeking would be the more common the more one drinks and the more there are drinking-related harms. These hypotheses were not maintained for all countries. While in Nigeria, Uganda and India the mean volume of drinking as well as the mean AUDIT-5 scores were high, in Sri Lanka and Costa Rica they were not.

With regard to specific sources of control, the correlation coefficients with both the level of drinking and the AUDIT-5 score are highest with control from the spouse, implying that the most likely person to attempt to control men's heavier and problem drinking in most of the countries is the spouse. This is true especially for men, likely because their drinking is heavier on average than women's in all countries. There are however some exceptions; in Iceland, seeking help has the highest correlation with the level of drinking. This may be explained by a large and accessible treatment system and a high number of AA groups. In Denmark, Costa Rica and Uruguay, another family member, and in India, children, are more often reported to be active controllers than spouses. Among women there is more between-country variation than among men.

There are fewer significant correlations between level of drinking and drinking control from other people among women than among men. For correlations with the AUDIT score there is not such an evident difference between men and women. This can be interpreted as implying that women's drinking is controlled independent of their drinking level but men are more prone to be controlled when they drink greater amounts. However, when tangible drinking-related harms occur (higher AUDIT score), both genders tend to report more efforts at controlling their drinking.

Discussion

In considering the consumption volume levels for men and women given in Table 1 and the social control efforts shown in Table 2, there appears to be a relationship between a given country’s level of drinking and the extent to which social control efforts are reported. For example, in the two African countries included where men's and even women's alcohol intake is considerable, we observe also a large number of reported social control efforts of both men and women. With regard to gender, the South-East Asian surveys (India represented by Bangalore in Karnataka State, and Sri Lanka) show a different picture with clear gender differences. In both places, large subsamples of men drink and drink heavily while many fewer women than men drink, especially in Sri Lanka. However, in the Indian survey in an area with many young “high tech” workers of both genders, reasonably large numbers of women do drink and when they do, they consume a lot. The efforts at social control are nevertheless greater for the men than the women in the Bangalore area.
survey as well as in Sri Lanka. However, although the rates of reported social control
efforts are so much higher for men, they still are relatively high for the women in
both these South-East Aisan surveys, excepting control efforts from children in
Sri Lanka, and to some degree from co-workers, who appear a bit less reactive to
women’s drinking in Bangalore than in Sri Lanka perhaps because among women
workers in what has been described as India’s “Silicone Valley”, drinking is now
more socially accepted. In both cases though women workers receive relatively low
levels of social control attempts from co-workers compared to the other types of
potential intervener..

Doctors/health workers play a particularly strong role in drinking control
efforts in Uganda and India, and to a lesser extent in Japan and the Czech Republic.
The roles of doctors and health workers are important to examine and interpret
in relation to drinking levels given in Table 1, and they are particularly important
for the health sector. In countries with high drinking levels and problem indicators
such as in Uganda, the Czech Republic, India and Japan doctors and health workers
are among those most likely to intervene. In many countries doctors and health
care workers often have competing demands. In addition, lack of training and
continuing education in relation to health and social harms from drinking, that is in
knowing what levels of drinking represent significant risks for morbidity, mortality
and injuries associated with heavy drinking, for example, may also be among the
impediments to harnessing these unused possibilities and thereby improving the
quality of such medical help and advice as might be offered.

Higher correlations between drinking and problem levels on the one hand,
and spouses’ and other family members’ concerns on the other, may be suggestive
of a cultural consistency in societal responses to drinking and alcohol-related
problems. In contrast, in societies where there is little cultural agreement about
what constitutes heavy drinking or alcohol problems, one would anticipate lower
correlations (see Tables 5 and 6). This could also be expected in countries where
alcohol consumption has been low but is rapidly rising. Similarly, with regard to
help seeking inclinations, if the survey respondents in a given country generally
share notions of what levels of drinking and what kinds of problems should lead
one to consider seeking help, the correlations with help seeking will be higher than
in places where perhaps other factors (including availability) might influence help
seeking attempts. Of course the ranges of drinking and associated AUDIT problem
scores, as well as the base rates of intervening and of considering help seeking will
very much affect the correlations as well as one sees in the case of the African
countries for the social control (but not as clearly for help seeking) in Tables 5
and 6. In the US, consistent relationships between the drinking variables and both
people who report that they are under pressure to drink less and respondents
considering seeking help for problems may be influenced by common social
understandings and the country’s availability of treatment. These of course are
hypothetical conclusions and would need to be tested and confirmed before one
can have confidence in them.
References


