

ACCULTURATION AND ALCOHOL USE AMONG
IMMIGRANT HISPANIC & LATINA WOMEN

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ABSTRACT

Acculturation of immigrant Hispanic and Latina women may be directly related to their alcohol consumption. This use of alcohol may result in negative physical and psychosocial consequences. Previous research has not addressed identifying the reasons the women use alcohol, or determined if their alcohol use is a result of acculturation, or rather serves as a means of acculturation.

Understanding the reasons immigrant Hispanic and Latina women use alcohol will provide the information needed to develop specific educational interventions and programs regarding alcohol use for this population. A mixed-methods research design was used. The women were asked to complete a demographic questionnaire, the Alcohol Use Disorders Inventory Tool (AUDIT) and Short Acculturation Scale for Hispanics (SASH). In addition, participants who reported alcohol use were asked to complete a personal audio-taped interview and describe their alcohol use and reasons for choosing to drink. Surveys and interviews were provided in English or Spanish, dependent on language preference of the participant.

A total of 20 women, with ages ranging from 18 years to 72 years (mean = 33 years) completed the study questionnaires. For all participants, length of time in the U.S. ranged from 0.5 years to 35 years, with a mean of 13 years. Nine of these women reported alcohol use, and four agreed to participate in an audio-taped interview. Quantitative analysis showed that women who reported alcohol use, there was a positive correlation between drinking and their level of acculturation. If the women did not drink at all, there was no relationship.

Data collected in this study may be used to develop appropriate and effective interventions for this vulnerable group of women. Also, information gained has the potential to add to the

scientific body of knowledge about acculturation and alcohol use among immigrant Hispanic and Latina women.

INTRODUCTION

Hispanic and Latino Americans comprise a significant and growing population in the United States, (U.S. Census Bureau, 2008). As Hispanic and Latina immigrant women acculturate to life in the United States, changes in health status, practices and risk factors follow. One significant change found to occur relates to the women's alcohol use. Increased acculturation has been directly associated with an increased likelihood of alcohol use, as well as an increase in frequency and quantity consumed (Zemore, 2007; Raffaelli, et al. 2007; Galvan & Caetano, 2003). Addressing the health needs of these women requires an understanding of the complex factors that influence their health-related behaviors, including use or misuse of alcohol.

The **purpose** of this pilot study was to examine alcohol use patterns as they relate to level of acculturation among Hispanic and Latina immigrant women. Using the Alcohol Use Disorders Inventory Tool (AUDIT), Short Acculturation Scale for Hispanics (SASH) and qualitative interviews, information will be gleaned about the relationship and patterns of alcohol use and acculturation among this population, as well as identification and description of the reasons immigrant Hispanic and Latina women consume alcohol. These data can be used to develop appropriate and effective educational interventions and programs addressing alcohol use for this population.

Previous research has revealed that as Hispanic and Latina immigrant women become acculturated they tend to drink more than those who are less acculturated, and consume more alcohol when they do drink (Zemore, 2007). This use of alcohol often results in negative physical and psychosocial consequences (Galvan & Caetano, 2003). Previous research has not identified the reasons the women use alcohol, or determined if their alcohol use is a result of acculturation, or rather serves as a means of acculturation. A better understanding of this relationship may be used to develop culturally appropriate alcohol education interventions for this population.

The **aims** of this study are to: (1) identify and describe the reasons immigrant Hispanic and Latina women consume alcohol, (2) identify the perceived direction of the relationship between their patterns of alcohol consumption and acculturation, and (3) describe the patterns of alcohol consumption of Hispanic and Latina women prior to and after immigration.

Literature Review

As new immigrants adjust to U.S. culture they tend to modify the norms of their countries of origin and adopt behavioral patterns that are more representative of the general U.S. population (Collins, 2002). The term *acculturation* encompasses these psychological, behavioral and attitudinal changes that occur with interaction between individuals of different cultures (Cabassa, 2003; Raffaelli, et al. 2007). Among U.S. Latinos, higher levels of acculturation are associated with several negative health behaviors and outcomes (Lara, Gamboa, Kahramanian, Morales, & Bautista, 2005). Previous research has found an association between increased acculturation and a greater likelihood of alcohol intake, current smoking, increased BMI, drug use, depression and other mental health problems (Abraido-Lanza, Chao, & Florez, 2005; Caetano, et al. 2008).

One notable aspect of past research examining the above changes is alcohol use among Hispanic and Latina immigrant women. Women's drinking patterns are influenced by the cultural norms and practices of the ethnic groups to which they belong, in addition to other environmental and biological factors (Collins & McNair, 2003). Among Hispanic and Latina women immigrants, higher acculturation has been consistently associated with a greater likelihood of alcohol use, as well as increased frequency and quantity consumed, binge drinking and problems such as dependence (Zemore, 2007; Raffaelli, et al. 2007; Galvan & Caetano, 2003). Among male drinkers, acculturation seems to be negatively, or not at all, associated with these same outcomes (Zemore, 2007).

Previous research has attributed these findings to two primary theories. The first suggests that an increase in alcohol use may serve as a means to cope with the stress related to immigration and cultural differences (Ayers, 2007). The second suggests that increases in women's alcohol use results from changes in cultural attitudes and norms related to alcohol. Norms regulating women's alcohol use are stricter in Latin America than in the U.S., whereas norms regulating alcohol use by men tend to be liberal in both Latin America and the U.S. (Caetano & Clark, 2003). Additionally, acculturation is believed by some to cause increased alcohol use due to the fact that it usually involves changes in socioeconomic status as indicated by income, education and/or professional occupation. This may be related in part because changes in socioeconomic status often accompany changes in the social context in which drinking occurs, for example drinking at home versus drinking in public with occupational or social groups (Collins & McNair, 2003).

Alcohol abuse and dependence are associated with medical problems such as cirrhosis and chronic liver disease. Excessive alcohol consumption also can cause social problems such as divorce or job loss, as well as legal issues such as driving under the influence (Galvan & Caetano, 2003). Additionally, U.S. Hispanics and Latinos have shown lower rates of alcoholism treatment utilization relative to whites and treatment utilization is especially low among women (Zemore, Mulia, Ye, Borges, & Greenfield, 2009).

Previous research suggests that prevention, education and other treatment programs should address each individual's level of acculturation and gender. Patterns of alcohol use and their determinants can vary greatly between Hispanic men and women, and caution should be used when aggregating both genders when addressing alcohol use (Zemore, 2007; Lara, Gamboa, Kahramanian, Morales, & Bautista, 2005). Further research is needed that examines the multiple biological, historical, social and cultural factors that influence the drinking patterns of minority

women to develop a greater understanding of this behavior and in turn, develop effective prevention and intervention strategies where they are needed (Collins & McNair, 2003).

RESEARCH METHODOLOGY

The researchers used a mixed-method research design of both qualitative and quantitative instruments to examine alcohol use among Hispanic immigrant women. When used in combination, the qualitative and quantitative data will yield a more complete analysis of the complexity of alcohol use and acculturation for immigrant Hispanic and Latina women by exploring their subjective experiences (Ayres, 2007; Classen & Lopez, 2006; Fitzsimmons, Parahoo, Richardson & Stringer, 2003; Sandelowski, 2000). Primary data collection and analysis will be qualitative (in-depth, semi-structured interviews). Qualitative methodology allows the researcher to study real-world situations as they occur naturally by exploring and describing people's personal perspectives and experiences with a particular phenomenon (Patton, 2002).

Participants were recruited at a health clinic, located in a midwestern metropolitan city. The clinic is managed by a midwestern university clinical services organization and provides primary medical care to low-income and uninsured residents of a local community, a largely Hispanic neighborhood in a Midwest city. Inclusion criteria for study participants required that they be at least 18 years of age, identify as a first-generation Hispanic/Latina immigrant, and are able to speak and read in either Spanish or English. Patients who met these criteria were approached by researchers during their clinic visit, and received both written and verbal information regarding the attributes and purpose of the study. At no time during the study were the women questioned about their immigration status or personal identification. Due to the nature of this vulnerable population and sensitive topic of the study, implied consent was obtained by the researcher. Those who consented to participate were asked to complete the questionnaire and scales. Following

completion of the study instruments, women reporting alcohol use were asked to complete an audio-taped interview with the researcher to gain further qualitative information regarding topics addressed in the quantitative scales. Women who participated in the interviews received a \$25 gift card to Wal-Mart. Consent forms, questionnaires and interviews were completed in either English or Spanish, depending on language preference of the participant.

To establish their level of acculturation, the women completed the bilingual Short Acculturation Scale for Hispanics (SASH). This scale allows researchers to quickly and reliably identify the level of acculturation for Hispanics and Latinos. The reliability for internal consistency has an alpha value of .92 and validity of the SASH were established with male and female respondents from a variety of Hispanic and Latino subgroups including Mexican Americans, Cuban Americans, Puerto Ricans, Dominicans, and Central and South Americans (Marin, et al. 1987). The instrument measures the degree of acculturation of individuals by addressing their language use, media preference and ethnic social relations (Heilemann, Lee, & Kury, 2005; Marin, et al. 1987; Perez-Stable et al., 2001; Saitz & Maisto, 2003). Numerous studies have been carried out internationally that demonstrate the reliability and validity of using this instrument with multicultural and ethnically diverse women (Gache et al., 2005; Saitz & Maisto, 2003). The AUDIT, considered to be the 'gold standard' by clinicians and diagnosticians, was developed by a multi-ethnic panel with the World Health Organization as a screening tool to recognize problematic drinking (Knight, Stampfer, Rimm, Hankinson, & Curhan, 2003) and is considered to be the most sensitive (72%) screening tool to identify alcohol use and potential abuse in women relative to other diagnostic instruments (Cherpitel, 1997; Rastegar & Fingerhood, 2005).

FINDINGS

Twenty women, ranging in age from 18 years to 72 years (mean = 33 years) completed the study questionnaires (Demographics, Appendix A). For all participants, length of time in the U.S. ranged from 0.5 years to 35 years, with a mean of 13 years. Eighty percent of the women (n = 16) were of Mexican origin. Fifty percent of the participants (n = 10) identified themselves as single; thirty-five percent (n = 7) were married, 2 were divorced and one was widowed. Level of formal education varied greatly among participants, with 3 completing up to elementary education, 7 completing middle school, 5 had completed high school or GED equivalent, and 3 participants had completed some college or a college degree. Fifty percent of the women (n = 10) were unemployed, and forty percent (n = 40) held full time positions.

Forty-five percent of the women (n = 9) reported alcohol use, and four of this group also agreed to participate in an audio-taped interview. AUDIT totals ranged from 0 to 16 (Appendix B). According to the literature, a score of 8 or more on this instrument indicates a strong likelihood of hazardous or harmful alcohol consumption. Of the nine women that reported alcohol use, three had an AUDIT score above 8. It is noteworthy these three women also agreed to participate in a qualitative interview.

Acculturation of all interview participants varied greatly. The SASH scores can be interpreted along a continuum from 12 to 60, with a low score indicating lower levels of acculturation and a higher score indicating a higher level of acculturation (Appendix E). All SASH scores ranged from 15 to 41, with a mean score of 23. Twenty-five percent of all participants (n = 5) completed study instruments in English, and seventy-five percent (n = 15) completed them in Spanish. Quantitative data were analyzed using SPSS and showed a positive relationship ($r=.683$) among alcohol use and the level of acculturation for the women who reported drinking alcohol. If

the women did not drink at all (score of zero on the AUDIT) there was no relationship. The results of the qualitative data are being completed.

The four audio-taped interviews have not yet been transcribed and analyzed at this time due to time constraints and a delay in the selection and limited availability of a bi-lingual certified transcriptionist. The audio-taped interviews will be transcribed verbatim by a bilingual transcriptionist and checked for exactness. The text of the completed interviews will be read and re-read to get a sense of the whole. Next, the data will be searched for the presence of common themes, as described by the women. During the analysis, vernacular phrases, thematic statements, and descriptive words that characterize the phenomenon under investigation are identified and will allow the researchers to make connections between the experiences of the individual women. Completion of qualitative data analysis will allow for more complete results and achieve a more thorough understanding of the complexities surrounding alcohol use as it relates to acculturation among Hispanic/Latina immigrant women.

DISCUSSION

The results of this study have implications for nurses caring for Hispanic and Latina immigrant women. When caring for this population, it is important to address the topic of alcohol use. Health care providers can use this study and previous research to recognize that highly acculturated Latinas are a group with a higher risk for alcohol use/misuse. When working with this population regarding substance abuse, interventions and programs should be tailored to individual's level of acculturation as well as gender. Analysis of qualitative data may reveal additional implications for this study.

Limitations for this study are small sample size, time constraints in data analysis, difficulty in measuring acculturation, and utilization of a self-report of alcohol use. A total of 20 women participated in the study, and all were recruited in the Kansas City, KS area, limiting the ability to generalize findings among U.S. Hispanic and Latina immigrant women. Time restrictions limited the researchers' potential to recruit a larger sample size.

Additionally, acculturation itself is a complex phenomenon influenced by numerous factors. The SASH uses measures such as language use, media use and social relationships to assess the women's level of acculturation. Although the reliability and validity of this tool has been established, it is difficult to obtain a complete picture of each woman's immigration and acculturation experience. The AUDIT measures alcohol use based on each woman's self-reported information. This information may contain inaccuracies related to a reluctance to admit alcohol use due to social stigma.

Time constraints prevented analysis of qualitative data from participant interviews at this time. Delayed selection and limited availability of a bilingual certified transcriptionist also hindered this process. The participant interviews addressed individual acculturation experiences, and analysis of these data may lead to a more complete analysis and understanding of the complex issue of acculturation and alcohol use among Hispanic and Latina immigrant women.

Recommendations for research include qualitative analysis of this study and a larger and more diverse participant sample to increase the generalizability of results. Further analysis and understanding regarding acculturation and alcohol use among Hispanic and Latina immigrant women can be used to develop culturally appropriate educational interventions and innovative strategies to reduce alcohol misuse among this population of women.

REFERENCES

- Abraido-Lanza, Chao, M. & Florez, K. (2005). Do healthy behaviors decline with greater acculturation? Implications for the Latino mortality paradox. *Social Science & Medicine*, 61, 1243-1255.
- Ayres, L. (2007). Qualitative research proposals- Part I. *Journal of Wound, Ostomy and Continence Nurses Society*, 34(1), 30-32.
- Caetano, R. & Clark, C.L. (2003). Acculturation, alcohol consumption, smoking, and drug use among Hispanics. In Chun, K., Organista, P., & Marin, G. (Eds.), *Acculturation: Advances in Theory, Measurement, and Applied Research* (pp. 223-239). Washington DC: American Psychological Association.
- Caetano, R., Ramisetty-Mikler, S., Wallish, L.S., McGrath, C., & Spence, R.T. (2008). Acculturation, drinking, and alcohol dependence among Hispanics in the Texas-Mexico border. *Alcoholism: Clinical and Experimental Research*, 32(2), 314-321.
- Cabassa, L.J. (2003). Measuring acculturation: where we are and where we need to go. *Hispanic Journal of Behavioral Sciences*, 25(2), 127-146.
- Cherpitel, C.J. (1997). Brief screening instruments for alcoholism. *Alcohol Health & Research*, 21(4), 348-351.
- Classen, S. & Lopez, E. (2006). Mixed methods approach explaining process of an older driver safety systematic literature review. *Topics in Geriatric Rehabilitation*, 22(2), 99-112.
- Collins, R.L. & McNair, L.D. (2002). Minority women and alcohol use. *Alcohol Research and Health*, 26(4), 251-256.
- Fitzsimons, D., Parahoo, K., Richardson, S. & Stringer, M. (2003). Patient anxiety while on a waiting list for coronary artery bypass surgery: A qualitative and quantitative analysis. *Heart and Lung*, 32(1), 23-31.
- Gache, P., Michaud, P., Landry, R., Accietto, C., Arfaoui, S., Wenger, O., et. al. (2005). The alcohol use disorders identification test (AUDIT) as a screening tool for excessive drinking in primary care. *Alcoholism: Clinical & Experimental Research*, 29(11), 2001-2007.
- Galvan, F.H. & Caetano, R.C. (2003). Alcohol use and related problems among ethnic minorities in the United States. *Alcohol Research and Health*, 21(1), 87-93.
- Heilemann, M., Lee, K., & Kury, F. (2005). Strength factors among women of Mexican descent. *Western Journal of Nursing Research*, 27(8), 949-965.

- Knight, E.L., Stampfer, M.J., Rimm, E.B., Hankinson, S.E. & Curhan, G.C. (2003). Moderate alcohol intake and renal function decline in women. *Nephrology Dialysis Transplantation*, 18, 1549-1554
- Lara, M., Gamboa, C., Kahramanian, M. I., Morales, L. S. & Bautista, D. H. (2005). Acculturation and Latino health in the United States: A review of literature. *Annual Review of Public Health*, 26, 367-397.
- Marin, G., Sabogal, F., Marin, B.V., Otero-Sabogal, R. & Perez-Stable, E.J. (1987). Development of a short acculturation scale for Hispanics. *Hispanic Journal of Behavioral Sciences*, 9(2), 183-205.
- Patton, M. (1990). *Qualitative evaluation and research methods*. (2nd ed.). Newbury Park: Sage.
- Perez-Stable, E.J., Ramirez, A., Villarel, R., Talavera, G.A., Trapido, E., Suarez, L., Marti, J., & McAlister, A. (2001). Cigarette smoking behavior among US Latino men and women from different countries of origin. *American Journal of Public Health*, 91(9), 1424-1430.
- Raffaelli, M., Torres-Stone, R.A., Iturbide, M.I., McGinley, M., Carlo, G., & Crockett, L.J. (2007). Acculturation, gender, and alcohol use among Mexican American college students. *Addictive Behaviors*, 32(1), 2187-2199.
- Rastegar, D., & Fingerhood, M. (2005). *Addiction medicine: an evidenced-based handbook*. Philadelphia: Lippincott Williams & Wilkins.
- Saitz, R., & Maisto, S.A. (2003). Alcohol use disorders: screening and diagnosis. *American Journal on Addictions*, 12(1), 12-25.
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 334-340.
- Sandelowski, M. & Barroso, J. (2007). *Handbook for synthesizing qualitative research*. New York, Springer.
- Zemore, S.E. (2007). Acculturation and alcohol among Latino adults in the United States: a comprehensive review. *Alcoholism: Clinical and Experimental Research*, 31(12), 1968-1990.
- Zemore, S., Mulia, N., Ye, Y. Borges, G., Greenfield, T. (2009). Gender, acculturation, and other barriers to alcohol treatment utilization among Latinos. *Journal of Substance Abuse Treatment*, 36(4), 446-456.

APENDIX A

Demographic Data

Demographic Variable	Response	
Country of origin	Mexico	80%
	Honduras	10%
	Argentina	5%
	Not answered	5%
Length of time in U.S.	Range	0.5- 35 years
	Mean	13 years
Age	Range	18 to 72 years
	Mean	33 years
Marital status	Single	50%
	Married	35%
	Divorced	10%
	Widowed	5%
Number of children	0	10%
	1	15%
	2	45%
	3+	25%
Language Preference	English	0%
	Spanish	70%
	Both	30%
Formal education completed	None	5%
	Elementary	15%
	Middle school	35%
	High school or GED	25%
	Some college or degree	15%
Employment status	Full time	40%
	Not employed	50%
	Not answered	10%

APPENDIX B

AUDIT and SASH Totals

Participant Number	AUDIT Totals	SASH Totals
1	16	34
2	9	39
3	4	18
4	11	24
5	3	25
6	4	23
7	0	15
8	0	13
9	0	18
10	0	20
11	0	19
12	1	15
13	7	18
14	0	25
15	0	35
16	0	41
17	0	21
18	0	26
19	2	20
20	0	16