

AGE, GENDER, AND ALCOHOL ABUSE AS FACTORS IN COPING BEHAVIOUR

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Abstract

Stress is ubiquitous in contemporary society, especially in Africa where uncertainty seems to be the most constant paradigm. In order to cope with the challenges, people adopt various behaviours whether adaptive or maladaptive. This study examined age, gender and alcohol abuse as factors in coping behaviour of Nigerian adults. 384 volunteer respondents (209 men and 175 women), age range 18-72 were drawn from three cities in three zones of the Federal Republic of Nigeria. The CAGE Questionnaire was used to measure alcohol abuse, while the coping behaviour scale-Short was used to measure coping behaviour. Analysis of variance was used to test the hypotheses that age, gender, and alcohol abuse will be significant factors in coping behaviour. The result indicated that only alcohol abuse was a significant factor in coping behaviour of respondents $f(1,376) = 19.88, p < .001$. Age and gender interacted significantly with alcohol in coping behaviour. Discussion highlighted alcohol abuse as a harmful behaviour most especially to older persons, and women.

Keywords: Age, Gender, Alcohol Abuse, Coping Behaviour, Nigeria.

"No one's life is free of stress" (Lahey, 2003, p. 499). Whether young or old, male or female, sensible or insensible, intelligent or unintelligent, privileged or less privileged, one must, at one time or the other, be confronted by frustration, losses, changes, conflicts, and even positive events. These throw human beings into the challenge of dealing with these stressors in order to move on in life. Lahey (2003) further maintained that: "An issue of utmost importance to psychologists who work to promote both mental and physical health is that we are not equally effective at coping with stress" (p. 519-520) He therefore delineated two different methods of coping with stress as effective and ineffective. A typical example of effective method of coping is removing the source of stress, for instance, an employee who quits his or her job because it is "stressful" after a failed negotiation with the boss to reduce the pressure on the job - this is problem focused coping strategy according to Lazarus and Folkman (1984). Another effective coping strategy is cognitive coping. The same employee may decide to change how he or she thinks about the job by reinterpreting it as a "normal challenge of life". In an ineffective response, the individual may withdraw, for example, a teenager who refuses to talk to a classmate because he calls her obnoxious names. Another example of ineffective coping is a man who resorts to drinking large quantities of alcohol as well as smoking as a solution to an unhappy marriage, or resorts to any of the defensive mechanisms (Freud, 1920) or even becomes aggressive and starts beating the spouse or starts to keep multiple sex partners.

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The term coping is a complex cognitive process. It is variously described as a situational, and as a trait-like response to stress, and a disposition to respond to change. It is generally considered to be a stress specific pattern by which an individual's perceptions, emotions and behaviours prepare for adapting and changing (Buetler & Moose, 2003). Lahey (2003) defined it as attempts by individuals to deal with the source of stress and/ or control their reactions to it.

A review of theory on dimensions of coping by Schwarzer (1998) showed that different ways of coping have been found to be more or less adaptive. In a meta-analysis, Suls and Fletcher (1985) compiled studies that examined the effects of various coping modes on several measures of adjustment to illness. The authors concluded that avoidant coping strategies seem to be more adaptive in the short run whereas attentive-confrontative coping is more adaptive in the long run. There are many attempts to reduce the total of possible coping responses to a parsimonious set of coping dimensions Schwarzer (1998). Some researchers have come up with two basic dimensions, such as instrumental, attentive, vigilant, or confrontative coping on the one hand, in contrast to avoidant, palliative, and emotional coping on the other hand. Onyeizugbo (2010) categorized coping behaviour into effective (adaptive) and ineffective (maladaptive) coping behaviours depending on whether it enables the individual effectively manage self and environment to facilitate psychological wellbeing or not.

A well-known approach that anchors this research, known as cognitive-relational theory, has been put forward by Lazarus and Folkman (1984). Cognitive-relational theory defines stress as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being. Appraisals are determined simultaneously by perceiving environmental demands and personal resources. They can change over time due to coping effectiveness, altered requirements, or improvements in personal abilities. The cognitive-relational theory of stress emphasizes the continuous, reciprocal nature of the interaction between the person and the environment. .

Which of the above dimensions is suitable for a valid description of an actual coping process depends on a number of factors, including but not limited to: the particular stress situation, one's history of coping with similar situations, one's personal and social coping resources, other demographic factors like age and gender, and one's specific vulnerability to maladaptive coping behaviours like alcoholism, smoking, uncontrolled sexual behaviour.

Cerwonka, Isbell, and Hansen (2000) found age and gender, each, as significant predictors of risk behaviours including coping with AIDS, with younger adults and men at greater risk, since they are less likely to adopt behaviours that will protect them from problematic behaviours. In Minehan (2000) study, older age predicted stronger coping strategies. Koukouli, Vlachonikolis, and Philalithis (2002) found out that older age has significant positive relationship with one's ability to function normally in one's everyday life.

According to New York University (NYU) Child Study Centre (2010) there are gender differences in the way stresses are experienced and in coping mechanisms; women use better coping mechanism than men. Koukouli and colleagues (2002) observed that women do not cope as well as men in their everyday life. Jonassaint, Jonassaint, Sternton, De Castrol and Royal (2010) found that women make use of better coping strategies than men.

Timko, Finney and Moos (2005) found that at baseline, women had more stressors and fewer resources from family and relied more on avoidance coping and

drinking to cope. During the next 8 years of the longitudinal research, women, more so than men, increased on approach coping and reduced their use of avoidance coping and drinking to cope. When baseline status was controlled, women had better social resource, coping, and drinking outcomes than men did at 1 year and 8 years. Gerstaecker (2009) also showed that when combined, the demographic and cultural factors of age, gender, ethnicity, religion are significant predictors of selected dispositional and situational specific coping approaches.

James (2008) observed that getting drunk positively correlated significantly with risk sexual behaviour as a coping mechanism. Persons who abuse alcohol are more likely to engage in sexual risky behaviour (Brown & Venable, 2007). Myers, Brown and Mott (1993) suggested that one's cognitive approach to coping and social support may reduce drug and alcohol relapse. Lynne (1988) also found out that avoidant style of coping with emotion is a strong predictor of alcohol abuse. There is paucity of research in Nigeria on differences in alcohol abuse and coping behaviour. Even the studies outside Nigeria seem to have been tilted towards coping as predictor of alcohol abuse.

Coping behaviour of an individual has psychosocial (Votta & Manion, 2003; 2004) and even physiological/health implications (Goldberg, Burchfield, Reed, Wergowske & Chiu, 1994; Heckley, Jarl, Asamoah & G-Gerdtham, 2011; Jarl, & Gerdtham, 2012; Joosten et al., 2011; Wannamethee & Shaper, 2002), therefore, possible independent factors that may be implicated in coping behaviour are investigated in the present study. Studies have not really examined the contributions of age, gender, and alcohol abuse on coping behaviour, especially among Nigerian sample, thus this investigation. It was hypothesized that age, gender, and alcohol will be significant factors in coping behaviour of the respondents.

Method

Participants

The study was based on a sample of three hundred and eighty four (384) volunteers. Participants included 209 male and 174 female respondents. These respondents were drawn from young adults - ages 18-30 (280) as well as older adults - ages 31 and above (104) groups from three cities in three different geographical areas of Nigeria, namely Nsukka community, in Enugu State in the South Eastern Nigeria, Markurdi in Benue State, North Central, and Kaduna in the North of Nigeria. The age range of the respondents was 18 to 72 years with an average age of 27 years.

Instruments

CAGE Questionnaire: The CAGE questionnaire is a 4-item questionnaire. The four clinical interview questions were developed by Ewing (1984). The response option is "yes" or "no". The questions focus on Cutting down, Annoyance by criticism, Guilty feeling, and Eye-openers in the use of alcohol. The CAGE questionnaire, among other methods, has been extensively validated for use in identifying alcoholism. CAGE is considered a validated screening technique, with one study (Bernadt et al., 1982) determining that CAGE test scores ≥ 2 had a sensitivity of 93 and a specificity of 76 for the identification of problem drinkers. It has a high test-retest reliability of 0.80 - 0.95 and adequate correlation of 0.48 - 0.70 with other screening instruments (Dallah & Kopec, 2007). Each of the "yes" response is scored one mark while the "no" response is scored zero. Scores 0 - 1 indicate non abuse whereas scores 2-4 indicate alcohol abuse. This was used in detection of alcohol abuse in the study.

Coping Behaviour Scale (CBS-S): The Coping behaviour scale-Short (CBS-S) was developed in Nigeria by Onyeizugbo (2011). It has 21 items. It measures a person's

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coping ability as to whether it is adaptive (healthy, life-enhancing) or maladaptive (unhealthful, life-diminishing). The 21-item scale was validated on a sample whose ages range from 18-73. It has Cronbach alpha of $r = .82$; split-half reliability of $r = .72$. The scale has 5 response options: namely; Never (1), hardly ever (2); Often (3), Most of the time (4), and always (5). The values attached to each option are reversed during scoring for items that indicate maladaptive coping. The higher a person's score, the more adaptive the coping behaviour one exhibits. Through principal component factor analysis, two factors emerged, namely: effective/adaptive coping (8 items) and maladaptive/ineffective coping (13 items). Thus, the CBS is a valid and reliable scale for assessing coping behaviour. It is an improvement on existing coping behaviour scales by measuring coping behaviour in terms of its effectiveness. This was used in measuring coping behaviour in this study (see appendix).

Procedure

Copies of the questionnaire, which contain CAGE, CBS-S, and other demographic data like gender and age were administered to the volunteered respondents individually, and collected after completion by three research assistants. The filled questionnaire forms were scored, coded, and analysed using the Statistical Package for Social Sciences (SPSS) version 16.

Design/Statistics

The design of the study was cross-sectional survey design. Three-factor analysis of variance (ANOVA) was used to analyse the data.

Result

Table 1: Mean scores of non alcohol abusers and alcohol abusers in coping behaviour

	Mean	SD	N
Non alcohol abusers	79.57	9.69	301
Alcohol abusers	74.87	9.48	83
Total	78.56	9.83	384

The results in table 2 indicated that age [$f(1, 376) = .01, P > .05$] and gender [$f(1, 376) = .96, p > .05$] were not significant factors in coping behaviour of the respondents. However, there was a significant difference in the coping behaviour of those who do not abuse alcohol and those who abuse alcohol $f(1, 376) = 19.88, p < .001$. As seen in table 1, non alcohol abusers scored higher ($M = 79.57$; $SD = 9.69$) in coping behaviour than alcohol abusers ($M = 74.87$; $SD = 9.48$). This suggests that alcohol abusers use more ineffective/maladaptive coping pattern compared to non alcohol abusers.

Table 2: ANOV A Summary of effects of age, gender, and alcohol use on coping behaviour

Tests of Between-Subjects Effects

Dependent Variable: CBS

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Age	.106	1	.106	.001	.973
Gender	91.356	1	91.356	.995	.319
CAGE	1826.127	1	1826.127	19.884**	.000
Age * Gender	3.130	1	3.130	.034	.854
Age * Alcohol	400.860	1	400.860	4.365*	.037
Gender * Alcohol	601.457	1	601.457	6.549*	.011
Age * Gender * Alcohol	16.110	1	16.110	.175	.676
Error	34531.331	376	91.839		
Total	2406734.000	384			
Corrected Total	36974.740	383			

- a. R Squared = .066 (Adjusted R Squared = .049)
- ** = Significant (p<.001)
- *= Significant (p<.05)

Table 3: Mean scores of younger and older respondents as well as non alcohol abusers and alcohol abusers.

Age	Alcohol Status	Mean	SD	N
Younger	non alcohol abuser	78.99	9.49	225
	Alcohol Abuser	75.35	9.67	55
Older	non alcohol abuser	81.30	10.14	76
	Alcohol Abuser	73.93	9.19	28

There was a significant interaction between age and alcohol status $f(1, 367) = 4.37; P < .05$ (table 2). As seen in table 3, Older group scored higher in coping behaviour when they are not abusing alcohol (M =81.30; SD = 10.14), than younger group (M = 78.99; SD = 9.49); this trend is reversed when alcohol is abused - Younger group score higher in coping behaviour (M = 75.35; SD = 9.67) than Older group (M = 73.93; 9.19).

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Table 4: Mean scores of male and female respondents as well as non alcohol abusers and alcohol abusers.

Gender	Alcohol Status	Mean	SD	N
Male	non alcohol abuser	79.00	9.84	16
	Alcohol abuser	76.90	9.74	41
Female	non alcohol abuser	80.29	9.48	13
	Alcohol abuser	72.88	8.88	42

As shown in table 2, there was a significant interaction between gender x alcohol status in the coping behaviour of the respondents, $f(1, 367) = 3.87, P < .01$. Table 4 shows that female respondents who did not abuse alcohol scored higher ($M = 80.29, SD = 9.48$) than male respondents who did not abuse alcohol ($M = 79.0, SD = 9.84$); whereas male respondents who abuse alcohol scored higher ($M = 76.90, SD = 9.74$) than female respondents who abuse alcohol ($M = 72.88, SD = 8.88$).

Discussion

The findings indicated that contrary to expectation, age did not play a significant role in the coping behaviour of respondents. This is contrary to Cerwonka and colleagues (2000) and Minehan (2000) who found in their respective studies that age is one of the significant predictors of risk behaviours including coping. This seems to suggest that every human being, young or old, can face and get on well with the stresses of life. Effectively coping with stress may not be a prerogative of any age group. Age may have to interact with other demographic, cultural, and religious factors to have a significant influence on coping behaviour as suggested by Gertacker (2009).

Gender did not also play a significant role in coping behaviour. This is in accordance with the NYU Child Study Centre (2010) that showed that there is no gender differences in coping. However, it disagrees with Cerwonka and colleagues (2000) who indicated that gender is a significant predictor of stress coping. By implication, being a man or woman may not be a factor that influences one's response to various environmental stressors. However, gender may have to interact with other demographic, cultural and religious factors to have a significant influence on coping behaviour (Gertacker, 2009).

Alcohol use, as expected, is a significant factor in coping behaviour in the present study. Respondents who did not abuse alcohol were more effective in coping with stress than their alcohol abusing counterparts who were more likely to use less effective/maladaptive coping pattern. This is in keeping with Cerwonka and colleagues (2000) who found alcohol as a significant predictor of risk behaviour/ineffective coping. It however, disagrees with Myers and colleagues (1993) and Lynne (1988). By implication, it means that, all things being equal, an altered cognitive state (which alcohol abuse is capable of inducing) can lead people to indulge in poor coping behaviours like suicide, murder, aggression, irresponsible sexual behaviour, etc., unlike non abusers of alcohol who are more likely to be sober, and think well before indulging in any behaviour; they are more likely to adopt effective coping behaviour such as planning, organizing themselves, persevering in the face of difficulties. This seems to corroborate Steele and Josephs (1990) observation that alcohol can worsen negative moods, particularly deepening depression and making it more likely that anger will result in verbal or physical aggression. Alcohol, especially when it is abused, therefore does more harm than good to individuals (Nadkarni et al., 2011) in particular, and the society at large. Unfortunately,

consumption of alcohol is very common in Africa (van Heerden et al., 2009), and Nigeria, where it is used in every culturally significant occasion.

There was a significant interaction between age and alcohol in coping with stress. Older respondents scored higher $CM = 81.30$; $SD = 10.14$) in coping behaviour when they are not abusing alcohol compared to younger respondents ($M = 78.99$; $SD = 9.49$). However, when alcohol is abused, younger alcohol abusers score higher ($M = 75.35$; $SD = 9.67$) than older alcohol abusers ($M = 73.93$; $SD = 9.19$) in coping behaviour. Under normal circumstances, older persons cope better; they handle life's challenges more effectively, but when they start over-indulging in alcohol (abuse), they do not cope as well as younger alcohol abusers. As one gets older, one may not be as sharp as one were when younger since many faculties of the mind (cognition) slows down; in such a situation where there is general slowing down processes, too much of alcohol could be dangerous. It depresses the already slowing down processes, unlike younger persons who could cushion the effects of alcohol better.

There is high rate of problem drinking among the elderly – 9% men and 3% women (Adams et al. (1996): 10.6st (Nadkani et al.. 2011). Bjork et al. (2006) also found a very high prevalence of alcohol drinking among the middle aged and the elderly. This should be of concern to families, healthcare providers, as well as to society in general. In Nigeria/Africa where elderly people are associated with 'wisdom', and younger persons go to them for counselling/advice, it becomes problematic when the elders model weakness of character (ineffective coping).

A significant interaction between gender and alcohol use was also found. This supports Gerstacker (2009) that coping behaviour is affected by demographic and other environmental factors. In this study, it was found that when alcohol is not abused, female respondents score higher in coping behaviour, that is, they become more effective in coping than their male counterparts, however, for those who abuse alcohol, male respondents score higher in coping behaviour, that is, they cope better than their female counterparts. This shows that under normal circumstances women cope better with life's challenges than men. This is supported by Timko and colleagues (2005), that woman has better coping resources than men. In society, women are trained to combine multiple roles, for instance, home maker, child minder, worker, etc. These strengthen her and prepare her to find effective ways to cope with the challenges of life, unlike men who are trained mostly to exploit the public domain of the workforce so as to cater for their families. Culturally, they (men) are generally shielded from the stresses of the domestic chores, so the when faced with multiple stresses, they may not cope as well as women. On the other hand, when alcohol is abused, men are better off than women. Socio-culturally, drinking alcohol is associated with men. Go to drinking joints. it is men's world. It appears drinking is even one of the ways men cope (though ineffectively) with stress. With their long exposure to drink, they build tolerance; it will take a lot of drinks for many men to be intoxicated, so they can cope better even when they drink. As for women, alcohol abuse lowers their coping capacity, and it has far-reaching consequences (Lamy & Thibaut, 2010) given their role of bringing children (through pregnancy) into the world.

The implications of these finding is that abuse or over intake of alcohol is detrimental to a person's ability to cope with stress. The effect of alcohol in the central nervous system is well known. It interferes with the processing of information. A person who cannot concentrate, who sees the world in distorted manner cannot appreciate the complexity of the situation at hand so as to plan effectively, hence the exhibited poor coping ability. Yet, in the culture where the study is conducted, social cultural events/ceremonies e.g, wedding, funeral, parties, political gatherings, etc. are

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accompanied with plenty of alcohol. This calls for review of the refreshment served to the people in public places during celebrations. Interestingly, some sub-groups, like Pentecostal Christians, are already kicking against serving alcohol in public celebrations. It is hoped that more groups will join and educate the people on the need to limit places where alcohol are available. However, those who have alcohol abuse problem could benefit from psychotherapy, as well as join groups such as Alcoholics Anonymous to enable them remain abstinent. This is very important to facilitate healing (Whitlock et al., 2004) as well as reversibility of the effects of alcohol abuse (Jarl & Gerdtham, 2012).

Nevertheless, in a finding like this, it is difficult to say which precedes the other - do people drink because they lack effective coping capacity or do they lack effective coping capacity because they drink? From existing literature alcohol do interfere with the ability to cope under stress - more so if the person is older, and a woman; it is also suggested that alcohol interacts with other factors to influence coping behaviour (Gerstacker, 2009) - the present study has provided evidence of the interacting effect of age as well as gender and alcohol in coping behaviour.

The limitation of this study is that no personality factor is included in the study. It is therefore recommended that subsequent studies should include personality and environmental factors so as to ascertain their impact on coping behaviour.

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