QUANTITY AND FREQUENCY OF ALCOHOL CONSUMPTION:
RACE-GENDER DIFFERENCES DURING LATE ADOLESCENCE
AND EARLY ADULTHOOD.

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degree of Master of Arts

by
Staci Eileen McCabe

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CHAPTER I

INTRODUCTION

Concern over alcohol use is well placed insofar as alcohol related deaths are the third leading life-style related cause of death in the United States, with the highest prevalence of binge and heavy drinking occurring in late adolescence (Cooper, Krull, Bede Agocha, Flanagan, Orcutt et al. 2008; National Center for Chronic Disease Prevention and Health Promotion 2008; Serdula, Brewer, Gillespie, Denny, and Mokdad 2004; Substance Abuse and Mental Health Services Administration 2006). Approximately 51 percent of individuals aged 18 to 20 reported consuming alcohol within the past month; that percentage of usage increased to 67.4 percent in 21 to 25 year olds. However, among young adults aged 26 to 29, the prevalence of alcohol use began to decrease to about 64 percent and continued to decline over the life course (Substance Abuse and Mental Health Services Administration 2006). Furthermore, beyond age, research has been fairly clear with regard to how important demographic characteristics such as gender and race shape alcohol use.

Current research shows that women drink less than men and that racial minorities drink less than whites (Dawson 1998; Johnson, Gruenewald, Treno, and Taff 1998; National Center for Health Statistics 2007; National Institute on Drug Abuse 2003; Watt 2004). Even though women may have increased their alcohol consumption over the past
few decades, studies have found that women consume fewer drinks than men, are less likely to binge drink and less likely to develop severe alcohol dependence, even after controlling for known risk factors (e.g. family history and early drinking behaviors) (Jackson, O'Neill, and Sher 2006; Wallace and Bachman 1991; Wechsler, Dowdall, Davenport, and Castillo 1995). The National Center for Health Statistics reported that 18 to 24 year old women were about 10 percent less likely to be current drinkers and were also more likely to be lifetime abstainers from substance abuse (National Center for Health Statistics 2007).

In addition to the gender gap in drinking, scholars have noted an apparent racial gap. “White young adults displayed the highest rates of alcohol use in the past month (54.4 percent), compared to 41.5 percent of Hispanics and 37.9 percent of Blacks” (Pugh and Bry 2007: 187). Over the course of the lifetime, 36 percent of African American men abstained from alcohol use, compared with 35 percent of Hispanics and 26 percent of whites. Similar trends were evident with women, but Hispanics were slightly higher than African Americans in abstention rates (Caetano and Clark 1998b). These race differences have been verified numerous times in the research literature, including a recent comparative analysis of three large-scale representative datasets. French, Finkbiner, and Duhamel (2002) utilized the Youth Behavior Survey, Monitoring the Future, and the National Household Survey on Drug Abuse to compare patterns of alcohol and drug use across varying race/ethnic populations. Their trends once again confirm that alcohol use and binge drinking is highest among whites, followed closely by
Hispanics, and more distantly by African Americans (French, Finkbiner, and Duhamel 2002; Watt 2004).

Nevertheless, despite the multitude of studies exploring either race or gender and how these status differences influence drinking outcomes, few have combined race and gender to address how both statuses collectively influence alcohol consumption. Further, current race and gender scholars point out that race and gender intersect in ways to shape outcomes that may be intersectional rather than additive (Collins 1990; Purdie-Vaughns and Eibach 2008; Settles 2006). For instance, African American women drink less than their white counterparts (Herd and Grube 1993). Research points to gender expectation being important to both groups of women, but that race and racial socialization about appropriate behavior further modifies the behavior of African American women. African American women hold more conservative drinking norms than white women and are socialized to enter into situations more carefully due to perceptions of more negative consequences associated with their behavior (Feagin and Sikes 1994; Herd 1997).

The focus of this paper is to explore what maintains the race-gender gap in alcohol consumption. The research is clear that white males drink more than any other group (Johnson, Gruenewald, Treno, and Taff 1998; National Center for Health Statistics 2007; National Institute on Drug Abuse 2003; Stewart and Power 2003). What is less clear is how this gap is maintained during the transition to adulthood, when drinking declines for all youth as they are taking on adult roles such as employment, marriage and parenthood. Research indicates that the early onset of alcohol use predicts later consumption (D'Amico, Ellickson, Collins, Martino, and Klein 2005; Grant and Dawson
1997; Pitkänen, Lyyra, and Pulkkinen 2005). Even though social roles acquired during the transition to adulthood reportedly serve to decrease the level of alcohol consumption, the higher frequency of alcohol consumption adopted by white males in the experimental phase (early and late adolescence) may account for why they persist in the consumption of more alcohol than other groups in early adulthood. Specifically, in the longitudinal models developed below, I test whether the effects of frequency of alcohol use on the amount of alcohol consumed is moderated by race-gender status to determine if the race-gender gap in alcohol consumption remains.

Following the logic that race and gender cannot be studied separately, this study adds to the literature through its use of a representative sample of young adults and its division into six racial/ethnic groups: African American men, African American women, Hispanic men, Hispanic women, white men, and white women. Therefore, this research moves the literature forward by investigating more than gender differences or simply black-white differences – which tends to be the focus of most race studies in the field (Shields 2008). That is, the different histories of the three race/ethnic groups under consideration provides a rich backdrop to further investigate whether and how race/ethnicity intersects with gender to explain drinking outcomes. Prior research indicates that racial variations in risk-taking behavior (e.g., alcohol use) and a “racialized social system” suppresses minority youth substance use and serves as a crucial buffer to economic disadvantage (Wallace 1999; Watt 2004). This study will investigate whether relative to white males this dampening of alcohol use is equally true for both African
Americans and Hispanics and the extent to which gender makes a difference by race/ethnicity.
This study is guided by the life course perspective (Elder 1985; Elder 1994; Michener, Delamater, and Myers 2004). According to Elder (1985), the life course is defined as “pathways through the age differentiated life span," where age differentiation "is manifested in expectations and options that impinge on decision processes and the course of events that give shape to life stages, transitions, and turning points” (p. 17). In other words, the life course is made up of various transitions (e.g., from adolescence to adulthood) and established trajectories (e.g., substance use) that shape these transitions (Neve, Lemmens, and Drop 2000; Sampson and Laub 1992). The current research is focused on a period when youth are transitioning to adulthood and within that transition, the trajectory that I investigate is drinking behavior. One important element of the life course perspective is that structural location (e.g. race and gender) is an important determinant of when and how successful maturation occurs (Sampson and Laub 1992; Shanahan 2000). Indeed, in contemporary scholarship, both feminist and race scholars have urged researchers to understand and investigate how various social locations such as race and gender intersect to produce differential outcomes (see e.g., Collins 1990).
The Correlates of Race-Gender Differences in Alcohol Consumption

Socialization experiences. As the life course perspective would predict, socialization into gendered and racial expectations should affect behavior outcomes such as alcohol use. Indeed, alcohol use has been conceptualized as a form of risky behavior—especially among young people. That is, studies have also confirmed that the propensity for risk taking is associated with adolescent alcohol use and vice versa (Crawford, Pentz, Chih-Ping, Chaoyang, and Dwyer 2003; Paschall, Ringwalt, and Flewelling 2002). Research suggests that men are greater risk takers and more willing to tolerate risky behaviors compared to women (Byrnes and Miller 1999; Karakowsky and Elangovan 2001). In terms of defining what behavior constitutes “risky,” women were more likely to report health related activities, such as drinking whereas men reported criminal activities (Moore and Gullone 1996). Even young adult men who consider themselves conservative with regard to “risk” would not be adverse to drinking because they do not define it as “risky.” The explanation for why women drink less than men could be attributed to their definition of risky behavior.

It is important to consider the literature on sexual victimization, for example, to illustrate why women may define alcohol as a form of risky behavior, thus abstaining from its use. Alcohol is frequently cited as a potential risk factor for sexual victimization, particularly for women enrolled in college (Abbey, Zawackia, Bucka, Clintona, and McAuslanc 2003; Mohler-Kuo, Dowdall, Koss, and Wechsler 2004). One study reported that since the age of 14, 54 percent of women enrolled in higher education had experienced sexual assault (Koss, Gidycz, and Wisniewski 1987). Even though
statistically men are far more likely to be a victim for all types of crime except sexual assault, women remain more fearful of potential victimization for all types of crime (Ferraro 1996; Karmen 1991). Women are socialized to fear victimization and are aware of its correlation to alcohol use; thus, they evaluate situations more carefully than males. Specifically with regard to race, Watt (2004) found that young white males had an increased likelihood of engaging in risk-taking behavior compared to minority males, which he believed to be due in part to their higher socioeconomic status given their socioeconomic status was positively correlated with finding risk-taking behavior enjoyable. Racial socialization of children by parents could also explain differences in drinking behaviors of racial and ethnic minorities. The majority of African American parents have discussed the possibility of discrimination with their children. Even though a small minority of parents socialized their children to be cautious of other racial groups, parental perceptions of their child’s unfair treatment promoted ideas of preparation for bias and mistrust (Hughes and Johnson 2001). Parents of African American youth reportedly held more negative norms against consuming alcohol and perceived its effects to be more harmful than white parents (Peterson, Hawkins, Abbott, and Catalano 1994). If African American youth are socialized by their parents to hold conservative norms and be cautious about the potential for discrimination based on their race, I anticipate that minority youth will consume less alcohol than whites. Similarly, among women, African Americans held more conservative norms against drinking when compared with white women (Herd 1997). Therefore, among women, I expect to see that African Americans drink less than their white counterparts. In short, both gender socialization (i.e., the
encouraging of risky behavior among males) and racial socialization (the encouraging of caution among minorities) may partially explain why white male youth drink more.

Adult Roles. In line with the life course perspective, the transition into adulthood and the adoption of new social roles including employment, marriage, and parenthood should serve to reduce the frequency and amount of alcohol use (Aseltine and Gore 2005; Leonard and Mudar 2003). Successfully navigating the complex developmental stage of early adulthood and engaging in these social roles results in not only less substance abuse, but better mental health (Newcomb and Bentler 1988; Oesterle, Hill, Hawkins, Guo, Catalano et al. 2004). “The period between adolescence and adulthood is a critical developmental transition characterized by new social contexts, additional responsibilities and privileges, and opportunities and incentives for important developmental change in self-definition” (Schulenberg and Wadsworth 1996).

Research indicated that as youth transition into the role of marriage, their alcohol use decreases (Bachman, Wadsworth, O'Malley, Johnston, and Schulenberg 1997; Chilcoat and Breslau 1996; Curran and Muthen 1998; D'Amico et al. 2005; Nielsen 1999; Schulenberg and Wadsworth 1996). Despite the fact that women acquire many of the same social roles as men, the protective effect of those roles do not appear to operate in similar fashions. Men continue to drink throughout young adulthood more frequently and at heavier levels than women. A potential explanation for this discrepancy is the age at which women and men adopt the particular roles of parent, spouse, and employee. For example, even though the majority of men and women are married by age 30 (Kreider 2005), the median age of first marriage for men is about 28 and women 26 (United States
Census Bureau 2007). With women entering marriage at earlier ages than men, the likelihood of earlier parenthood is increased as well. Both marriage and parenthood reportedly decrease the likelihood of spending time in social environments where alcohol is present and place demands on the relationship that may be incompatible with drinking lifestyles (Chilcoat and Breslau 1996; O' Malley 2004/2005).

The effect of parenthood is associated with a reduction in alcohol consumption (Bachman et al. 1997; Chilcoat and Breslau 1996; Dawson, Grant, Stinson, and Chou 2006; Neve, Lemmens, and Drop 2000). Even though marriage and parenthood serve to decrease alcohol use in this transition period, not all racial groups adopt these roles at the same age. Given the different educational trajectories and labor opportunities, individuals from more affluent backgrounds often marry later and postpone childbearing. With a disproportional percentage of whites comprising the higher socioeconomic bracket, the transition into marriage and parenthood occurs later than minority youth; thus, the frequency of alcohol consumption for whites will remain higher than minorities during this age range (Furstenberg 2008). Furthermore, studies report that African Americans are more likely than whites to share responsibilities for housework and childrearing. Even though women of both racial groups remain the dominant caregiver and perform the majority of domestic tasks, African American men are more likely than their white counterparts to spend more time cooking, cleaning, and performing other domestic chores (Dillaway and Broman 2001; John and Shelton 1997; McLoyd, Cauce, Takeuchi, and Wilson 2000). In addition, African American males appear far from uninvolved with childrearing compared to white males (Ahmed and Roopnarine 1992;
Hossain and Roopnarine 1993). The more equitable distribution of household and parenting duties for African Americans gives them less time and fewer opportunities to drink than whites.

Employment status within the adolescent time period is generally thought to increase alcohol consumption because youth often move out of their parent’s house, enter into institutions of higher education, and delay marriage (Crosnoe and Riegle-Crumb 2007; McMorris and Uggen 2000). However, as these same adolescents move into young adulthood and establish stable employment, the responsibilities associated with this role decrease their alcohol use (Bachman, O'Malley, Schulenberg, Johnston, Bryant et al. 2002).

Socioeconomic Status, Religion, Family History. The period of early adulthood represents a critical phase in the development life course of individuals during which the effects of their socioeconomic position within the social hierarchy emerge. Epidemiological evidence indicates a positive relationship between income and the prevalence of alcohol abuse in the general population (Keyes and Hasin 2008). Additional research supports this positive relationship in that blue-collar families tend to consume less alcohol than those in white-collar families (Zucker and Harford 1983). The higher socioeconomic status of individuals may place white men in circumstances (e.g., happy hours after work, conferences, country club) where they would drink more than minority groups. Since African Americans are more likely to have lower incomes, lower educations, reside predominately in urban impoverished neighborhoods, and have parent(s) that have been unemployed, their life courses will arguably be drastically
different than the life course of whites (Marger 2002; Sampson and Laub 1992). Watt and Rogers (2007) highlight research that suggests minority youth have “few glamorous images of substance abuse” and “reporting and arrests rates for substance use have been shown to be higher for African American relative to White populations” (p. 56). Other research points to African Americans feeling that their behaviors are more severely judged and that negative sanctions for mis-steps are often higher (Feagin and Sikes 1994).

Research also indicates that parental alcohol use influences adolescents’ drinking patterns; mothers who abstain from alcohol are more likely to have children that abstain as opposed to mothers who drink moderately to heavily. Both mothers and fathers that engage in drinking are more likely to have children who develop drinking behaviors (Barnes, Farrell, and Cairns 1986; Biederman, Faraone, Monuteaux, and Feighner 2000).

Several studies also cite the role of religious affiliation and participation as correlates to decreased alcohol use (Brown, Parks, Zimmerman, and Phillips 2001; Engs, Diebold, and Hanson; Patock-Peckham, Hutchinson, Cheong, and Nagoshi 1998). Individuals who are more religious (Michalak, Trocki, and Bond 2007) and who participate more frequently in their religion (Bazargan, Sherkat, and Bazargan 2004) have increased abstinence rates.
**Summary and Hypotheses**

This research project examines the intersectionality of race and gender on alcohol consumption during late adolescence and young adulthood. I contribute to the gender, race, and alcohol literature by assessing whether race-gender status has main effects on alcohol consumption—the frequency of drinking and the number of drinks consumed. Modeling alcohol consumption longitudinally and utilizing a nationally representative dataset, I compare men and women of three race/ethnic groups: African Americans, Hispanics, and whites. With regard to the possible race-gender differences in drinking, I assess whether race-gender status shapes the frequency of drinking, and, in turn, how the race-gender gap in the higher quantity of drinking by white men is explained by the greater frequency with which they consume alcohol. Three specific hypotheses related to the two outcomes measures investigated in this study: frequency of drinking (Hypothesis 1) and quantity of drinking (Hypotheses 2-3).

*Frequency of Drinking Hypotheses.* In line with previous literature, I expect that among young adults, a) African American men, b) African American women, c) Hispanic men, d) Hispanic women, and e) white women will drink alcohol less frequently than white men (hypotheses 1a-e). That is, controlling for other relevant factors (e.g., adult roles and socioeconomic status), I expect that white men will still consume alcohol more frequently than their minority counterparts.

*Number of Drinks Consumed.* Similar to the hypotheses for frequency of drinking, I anticipate that a) African American men, b) African American women, c) Hispanic men, d) Hispanic women, and e) white women will consume fewer drinks on
average compared to white men (hypotheses 2a-e). In addition to exploring the main effects of race-gender status on alcohol use, I also test whether race-gender status moderates the impact of frequency of drinking on the number of drinks consumed. That is, I anticipate that since a) African American men, b) African American women, c) Hispanic men, d) Hispanic women, and e) white women drink less often than white men, the lower frequency of drinking will result in fewer number of drinks consumed (hypotheses 3a-e).
CHAPTER III

DATA AND METHODS

For this research project, data was obtained from the National Longitudinal Survey of Youth—Mother (NLSY) and Young Adults (NLSY-YA). The NLSY is a national probability sample of Americans, and is part of a larger project sponsored by the U.S. Department of Labor and Defense under a grant to the Center for Human Resource Research at The Ohio State University. Respondents aged 14 to 22 years old (initially) were interviewed annually from 1979 to 1994 and biennially thereafter. The original NLSY sample overrepresented racial minorities and economically disadvantaged white youth; therefore, the cases analyzed have been corrected with weighted data. Beginning in 1986, children born to women in the NLSY sample were surveyed on cognitive ability, motor and social development, behavioral problems, and the quality of home environment. In 1994 and biennially thereafter, youth who were 15 years of age and older and born to the women of the NLSY, were surveyed separately (NLSY-YA). The telephone questionnaire focused on “the transition to adulthood, with detailed questions on education, employment training, health, family experiences, attitudes, interactions with other family members, substance use, sexual activity, non-normative activities, computer use, health problems, and prosocial behavior” (Center for Human Resource Research, 2002).
To study the relationship between race-gender and drinking behaviors, I utilized data from the 2002 and 2004 waves of the NLSY and NLSY-YA. Using identification codes matching mother and child, three variables were obtained from the NLSY to be linked with the NLSY-YA data: 1) the identification of whether a blood relative is an alcoholic (1=yes); 2) parental education (1=college degree or more); and 3) household income for youth who are still dependents of their mothers. All variables used in this study were derived from the 2002 and 2004 waves of data. The total sample size (N) for the study includes 2,189 young adults ranging in age from 18 to 30 years. Roughly 400 cases were missing on one or more of the study variables. Only complete cases are presented below, because additional analyses, which included selection models and multiple imputation, did not differ substantially from the complete cases. All analyses below were weighted to correct for the oversampling of minority and poor youth. Table 1 presents the means and standard deviations for all variables used in this study as well as race-gender comparisons.

**Dependent Variables**

*Alcohol Consumption.* The dependent variable, alcohol consumption, was measured by two variables: frequency of usage within the past 12 months and how many drinks per day when drinking in the past 30 days. Both measures of alcohol use were obtained from the 2004 wave of the NLSY data set and measured in a consistent manner with past empirical research. “On the average, how often in the last 12 months have you had any alcoholic beverage, that is, beer, wine, or liquor?” measured the frequency of
usage with responses coded to range: 1 (zero to two times in the last 12 months); 2 (three to five times in the last 12 months); 3 (every other month or so—six to eleven days a year); 4 (one to two times a month—twelve to twenty-four days a year); 5 (several times a month—twenty-five to fifty-one days a year); 6 (about one or two days a week); 7 (almost daily or three to six days a week); and 8 (daily). How many drinks per day in the past 30 days was measured continuously from 0 to 60 drinks.

Independent Variables

Race-Gender Status. I created dummy variables to distinguish between African American males (1=yes), African American females (1=yes), Hispanic females (1=yes), Hispanic males (1=yes), Hispanic whites (1=yes), white females (1=yes), and white males (1=yes). Because prior research showed and I hypothesized that whites males consume alcohol more frequently and drink a higher number of drinks than racial/ethnic minorities, white males was used as the reference (omitted) category for the purposes of the regression analyses.

Control Variables

The models developed below also account for three primary adult social roles. According to a variety of sources, taking on the new social roles of employment, marriage, and parenthood serves to shape a young adult’s perception about the appropriateness of alcohol use (Chilcoat and Breslau, 1996; Aseltine and Gore, 2005).
Despite the fact that both men and women of all races acquire the same roles as they transition into adulthood, the “roles do not appear to be equally protective, because men [especially white] continue to drink more frequently and heavily than women” (Christie-Mizell and Peralta, forthcoming). I coded those who are employed as 1 and compared them to those not working. With a relatively young sample of adults, the dichotomous distinction between working/non-working was deemed the most appropriate. In order to assess marriage, I compared those who were married (1=yes) to those who were unmarried. Those respondents who reported having dependent children in the household were coded as 1 and compared them to those without children.

In addition to adult social roles, religious affiliation was taken into consideration. Several studies have explored religious affiliation and have found those with no religion were more at risk for alcohol abuse (Engs et al. 1996; Wernig 1989). To address this issue, I coded those with no religious affiliation and no religion participation as 1 and compared them to all others.

With evidence that increased education and income allow greater access to purchasing alcoholic beverages and afford more social opportunities for drinking, I included three different socioeconomic indicators: parents’ education (1=college completion or more; when one or both parents have a college education or more); the respondent’s education (1=college completion or more); and logged household income. Finally, I controlled for whether the mother reported a blood relative (i.e., parent or grandparent) with an alcohol problem (1=yes) to address the potential for biological predispositions for alcoholism as well as attitudes/ideas favorable to use.
### Table 1: Comparison of Proportion and Means for White Male Subsample (n=464) Compared to White Female (n=257), African American Male (n=620), and Hispanic Female (n=252) Subsamples

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age (years)</th>
<th>Employment (yes/no)</th>
<th>Income (quartiles)</th>
<th>Education (years)</th>
<th>Religion (Christian)</th>
<th>Number of Drinks per Day</th>
<th>Frequency of Drinking (sets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>30-39</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>0.91</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>White</td>
<td>40-49</td>
<td>2</td>
<td>2</td>
<td>13</td>
<td>0.82</td>
<td>2</td>
<td>0.6</td>
</tr>
<tr>
<td>White</td>
<td>50-59</td>
<td>3</td>
<td>3</td>
<td>14</td>
<td>0.73</td>
<td>3</td>
<td>0.7</td>
</tr>
<tr>
<td>African American Male</td>
<td>30-39</td>
<td>4</td>
<td>4</td>
<td>15</td>
<td>0.64</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>Hispanic Female</td>
<td>30-39</td>
<td>5</td>
<td>5</td>
<td>16</td>
<td>0.55</td>
<td>5</td>
<td>0.9</td>
</tr>
</tbody>
</table>

Note: Columns may not add up due to rounding.

**Table Notes:**
- **Age (years):** Range from 18 to 60.
- **Employment (yes/no):** Indicated by presence (1) or absence (0) of employment.
- **Income (quartiles):** Divided into four income levels.
- **Education (years):** Number of years completed.
- **Religion (Christian):** Indicated by presence (1) or absence (0) of Christian affiliation.
- **Number of Drinks per Day:** Frequency of drinking per day.
- **Frequency of Drinking (sets):** Frequency of consuming sets of drinks.

**Additional Information:**
- The table compares the proportion and means of various demographic and behavioral indicators between different subgroups, highlighting significant differences in employment status, income distribution, educational attainment, religious affiliation, and drinking habits.
Sample Characteristics

Table 1 presents descriptives for the entire sample and separately for race-gender statuses. Furthermore, the table indicates where significant differences were observed between these race-gender subgroups. Differences between the subgroups were analyzed using Pearson’s chi-square test for categorical variables and t-tests for group differences of continuous measures. The race-gender composition of the NLSY-YA sample was 23 percent African American female, 18 percent African American male, 19 percent white female, 18 percent white male, 12 percent Hispanic female, and 11 percent Hispanic male.

The mean level of drinking for the entire sample was 3.32 (range 1-8, SD 2.38), indicating that, on average, respondents drank every other month or so—or six to eleven days a year. White male respondents reported higher mean levels of drinking (4.30) and were significantly more likely to drink than all other race-gender groups except for Hispanic males. African American females (2.26) had the lowest mean levels of drinking frequency compared to all other subgroups. When disaggregating the sample, a gendered pattern was evident. Aside from the racial difference in drinking frequency, males drank more often than their female counterparts. The mean number of drinks consumed for the entire sample was 2.48 (range 0-60, SD 3.40), with white males drinking significantly more drinks than African American males and females, white females, and Hispanic females. As with the frequency of drinking, no significant mean differences in the number of drinks consumed were noted between white males and Hispanic males. Consistent with past research, men of all racial groups drank more alcohol than females.
The mean score for the logged value of age was 3.10 (SD .11). African American males and females were the only two race-gender groups that significantly differed from white men in age, with African Americans being slightly older.

With regard to the three social roles predominant in the transition to young adulthood, several race-gender differences should be discussed. The mean number of respondents employed was .90 (SD .30), indicating that on average, 90 percent of the entire sample had obtained employment. Mean levels of employment were higher for white males (95%) and white females (92%) compared to all other groups, with significant mean differences between white males and African American males (87%) and females (89%). The mean number of respondents married was .14 (14%), with white females (22%) and Hispanic females (21%) most likely to report being married. White males (14%) were significantly more likely than African American males and females (8%) to be married. On average, about 15 percent of the sample were parents (SD .36). There were significant mean differences between the proportions of African American females (24%), Hispanic females (21%), and white females (15%) who had children compared to white males (6%).

Approximately 13 percent of the sample reported no religious affiliation and participation (SD .34), with significant differences between white males (19%) compared to African American females (7%), Hispanic males (11%), and Hispanic females (11%). On average, 12 percent of the sample reported that at least one of their parents had completed a college education or more (SD .33). However, that percentage was not evenly distributed across race-gender groups. White respondents, both male and female,
were more likely than all minority groups to have parents that had completed higher education. Only 3 percent of respondents themselves had completed college or more, with roughly 4 percent of white men and 1 percent of African American men reporting completion of higher education. This difference in college completion was significant.

In terms of household income, significant mean differences were evident between white males and all other race-gender subgroups. White men reported higher mean levels of household income (logged value 8.89) compared to all other race-gender subgroups. Slightly more than a quarter of the sample reported having a relative with a drinking problem (28%). Both a gender and racial pattern was observed in these univariate distributions. Male respondents of all racial groups were more likely to report having a relative with a drinking problem compared to the female respondents. Furthermore, African American males (25%) and females (24%) were significantly less likely to report having a blood relative with a drinking problem compared to white males (32%).

Analytic Strategy

The central focus of this study was to examine race-gender differences in alcohol consumption—frequency and quantity. For both of these measures, the first equation included the race-gender statuses, controlling for age. Then, in the second equation for each measure, I added adult roles (i.e. employment, marriage, and parenthood). A third model further included religion, socioeconomic status, and family alcohol history. These progressive adjustment models allow me to understand the impact of race-gender status and how the pattern of effects changes with and without other relevant factors in the
model (Christie-Mizell, Keil, Kimura, and Blount 2007). Finally, for the model of quantity, I also tested my contention that race-gender status moderates the frequency of drinking on how many drinks are consumed.
CHAPTER IV

RESULTS

To test my first hypotheses that among young adults, a) African American men, b) African American women, c) Hispanic men, d) Hispanic women, and e) white women will drink alcohol less frequently than white men, I regressed selected race/ethnic and gender variables on the frequency of drinking. In Table 2 equation 1, which only includes sex, race, and age, I confirm that compared to white males, African American females, African American males, Hispanic females, and white females drank less frequently. These findings are supported by the literature that women drink less frequently than men and that racial minorities drink less frequently than dominant groups (National Institute on Drug Abuse 2003; Watt 2004). Consistent with the literature that alcohol use decreases during this transition to adulthood, age was negatively related to frequency of drinking (Substance Abuse and Mental Health Services Administration 2006).

Equation 2 in Table 2 controls for the potential protective effects of assuming the roles of spouse, parent, or employee in the transition to adulthood. Based on the literature, all three roles should increase the additional responsibilities for young adults and perhaps foster lower frequencies of alcohol consumption (Bachman et al. 2002; Bachman et al. 1997; Chilcoat and Breslau 1996; Neve, Lemmens, and Drop 2000). Being married and becoming a parent served to decrease the frequency of drinking, but
being employed was found to increase the frequency of drinking. With the addition of these three adult social roles, the effect size for African American males and females remained virtually unchanged; however, the effect size for Hispanic females decreased by approximately 12 percent and white females by 10 percent in comparison to white males. Age was no longer significant in equation 2.

After controlling for religion, socioeconomic status, and family history in equation 3, being married was the only adult social role that remained negatively related to the frequency of drinking. To the extent that socioeconomic status influences alcohol use (Keyes and Hasin 2008; Zucker and Harford 1983), both parent’s education and household income were positively related to drinking frequency. Consistent with research that suggests levels of drinking by family members influences the likelihood of drinking by children (Barnes, Farrell, and Cairns 1986; Biederman, Faraone, Monuteaux, and Feighner 2000), having a blood relative with a drinking problem was positively related to the frequency of drinking. When adding these family background variables, African American males were no longer significantly different than white men in their drinking frequency. The effect sizes for African American and Hispanic women decreased by 7.6 percent; the coefficient for white women decreased by 2.6 percent.

Even after controlling for adult social roles and family background variables, African American women, Hispanic women, and white women still drank less frequently than white men. Hypotheses 1b, 1d, and 1e have been supported. African American and Hispanic men’s frequency of drinking was not significantly different than white men’s drinking (fail to support hypotheses 1a and 1c).
Table 2. Frequency of Drinking in Last Year Regressed on Selected Independent Variables, National Longitudinal Survey of Youth–Young Adult Sample (N=2,189).a

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*aFrequency of drinks in last year ranges from 1 (0-2 times) to 8 (daily).

*p < .05  **p < .01  ***p < .001
To address hypotheses 2a-e, I regressed selected demographic variables on the number of drinks consumed. Similar to the findings for the frequency of alcohol consumption, African American men, African American women, Hispanic women, and white women drank significantly fewer drinks than white men. Hispanic men’s number of drinks consumed did not differ from white men’s consumption. Age was negatively related to number of drinks consumed.

To the extent that adult social roles serve to protect young adults from consuming greater numbers of drinks, I added a model including marriage, parenthood, and employment. Unlike the frequency of drinking where all three social roles were significantly related, only marriage significantly decreased the number of drinks consumed in equation 2. When these adult social roles were added in equation 2, compared to white men, the effect sizes for African American men and women increased by about 2 to 3 percent; further, the effect sizes for Hispanic and white women decreased by about 4 percent. Age was no longer significant when controlling for adult social roles.

To control for the potential effects that family background has on influencing higher alcohol consumption, equation 3 in Table 3 includes religious affiliation, parent and respondent’s education, household income, and a blood relative with an alcohol problem. Of the background variables, religion was significantly related to an increased number of drinks, with those who reported no religious affiliation or attendance as more likely to have increases in the quantity of drinking. Similar to the frequency of drinking, having a blood relative with a drinking problem significantly increased the number of drinks a young adult consumes. When adding these family background characteristics,
marriage remained a prominent adult social role that contributes to a lower number of
drinks consumed. While all four race-gender groups (African American females, African
American males, white females, and Hispanic females) remained significantly less likely
than white men to consume a higher number of drinks, the effect sizes decreased from
between 2 and 5 percent.

A fourth equation was included in Table 3 to control for the frequency of drinking
among young adults. I found that the frequency of drinking does in fact predict higher
number of drinks consumed. However, marriage as an adult social role protecting youth
from consuming high number of drinks was no longer significant. In the full model,
controlling for the frequency of drinking, African American females, African American
males, white females, and Hispanic females still drank significantly fewer drinks than
their white male counterparts. Although, it should be mentioned that with the exception
of African American females which experienced a 16 percent decrease in effect, the
effect size for all other race-gender groups decreased by about 43 percent. Hypotheses
2a, 2b, 2d, and 2e have been supported. Hispanic men’s number of drinks consumed was
not significantly different than white men’s drinking in any of the equations (fail to
support hypothesis 2c).

In addition to exploring the main effects of race-gender status on alcohol use, I
also tested whether race-gender status moderates the impact of frequency of drinking on
the number of drinks consumed (Table 3, equation 5). The significant interaction terms
for both African American females and males in the model indicates that the impact of
frequency of drinking is moderated by race-gender status. Frequency of drinking is
related to increases for all groups, but less so for African American men and women compared to white men. Solving for the interaction, the unstandardized effect for white men is .77 (p < .001), while for African American men the size of the effect is .57 (b = .77 - .20 = .57) (p < .05). For African American women compared to white men, the size of the effect is .53 (b = .77 - .24) (p < .05). In other words, frequency of drinking is not as proximately related to how much is consumed among African Americans compared to white men (supporting hypotheses 3a and 3b). The way in which race-gender status qualifies the effects of frequency of drinking partially explains why African American men and women consume less alcohol than white men.
Table 3. How Many Drinks in Past 30 Days Regressed on Selected Independent Variables, National Longitudinal Survey of Youth–Young Adult Sample (N=2,189).4

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R-square                   | .07     | .07     | .09     | .25     | .25     |

4How many drinks in past 30 days ranges from 0 to 60.
*p < .05  **p < .01  ***p < .001
CHAPTER V

DISCUSSION AND CONCLUSIONS

Utilizing the framework of life course theory, this study contributes to the gender, race, and alcohol literature by assessing whether race-gender status has main effects on alcohol consumption—the frequency of drinking and the number of drinks consumed. Included in the life course framework is that the transition into adulthood and the adoption of new social roles (e.g. employment, marriage, and parenthood) should serve to reduce the frequency and amount of alcohol use and alter an individual’s established trajectory (Bachman et al. 2002; Bachman et al. 1997; Chilcoat and Breslau 1996). However, feminist and race scholars have urged contemporary researchers to consider how social locations such as race and gender intersect to produce differential outcomes. Given the different social conditions experienced by these race-gender groups in the early life course, I anticipated that during the transition into adulthood, minorities and the dominant “white” group would develop different alcohol trajectories. This study has sought to examine the intersectionality of race and gender on alcohol consumption during late adolescence and young adulthood in order to evaluate three specific hypotheses.
In line with the previous literature, I expected that among young adults, a) African American men, b) African American women, c) Hispanic men, d) Hispanic women, and e) white women would drink alcohol less frequently than white men (hypotheses 1a-e). That is, controlling for other relevant factors (e.g., adult roles and socioeconomic status), I expected that white men would still consume alcohol more frequently than their minority counterparts. When all relevant controls were included in the model, African American and Hispanic males were not significantly different than white men in their drinking frequency, thus hypotheses 1a and 1c were not supported. However, African American women, Hispanic women, and white women drank less frequently than white men, supporting hypotheses 1b, 1d, and 1e. These findings suggest that the trajectories of alcohol use are similar across racial groups, but not across gender. In other words, when controlling for family history of problem drinking and socioeconomic indicators as well as adult social roles, men of all three racial groups drank more frequently than women. These findings are consistent with the gender and alcohol literature that continue to report women drink less frequently than men (Johnson, Gruenewald, Treno, and Taff 1998; Wechsler, Dowdall, Davenport, and Castillo 1995). It may be that women are socialized to fear the negative consequences associated with alcohol use and therefore are less likely to drink regularly than white males (Abbey et al. 2003; Ferraro 1996).

However, with regard to the second hypotheses, number of drinks consumed, different conclusions were reached. I anticipated that a) African American men, b) African American women, c) Hispanic men, d) Hispanic women, and e) white women would consume fewer drinks on average compared to white men (hypotheses 2a-e). With
the exception of Hispanic males, African American females, African American males, white females, and Hispanic females drank significantly fewer drinks than their white male counterparts. Thus, hypotheses 2a, 2b, 2d, and 2e were supported and 2c was rejected. In terms of the number of drinks consumed, the findings suggest that in addition to a gender difference in drinking, a racial difference is also present. In other words, when controlling for socioeconomic indicators and the adoption of new social roles during the transition to adulthood, African American men continued to drink fewer quantities of alcohol than white men. Once again, these gender and racial patterns are consistent with the literature that documents men consuming more alcohol than women and racial minorities consuming fewer drinks than the dominant group (Caetano and Clark 1998a; Pugh and Bry 2007). If African American youth are socialized by their parents to hold more conservative norms and to perceive more negative consequences to drinking as the research suggests, it may be that racial socialization experiences position minorities to drink less than their white counterparts (Herd 1997; Peterson, Hawkins, Abbott, and Catalano 1994). In addition to exploring the main effects of race-gender status on alcohol use, I also tested whether race-gender status moderates the impact of frequency of drinking on the number of drinks consumed. That is, I anticipated that since a) African American men, b) African American women, c) Hispanic men, d) Hispanic women, and e) white women drink less often than white men, the lower frequency of drinking will result in fewer number of drinks consumed (hypotheses 3a-e). Race-gender status did not moderate the impact of frequency of drinking on the number of drinks consumed for Hispanic men, which was not surprising given the findings of hypotheses 1
and 2. In addition, no moderation was evident for Hispanic or white women; thus, hypotheses 3c, 3d, and 3e were not supported. However, as predicted in hypotheses 3a-b, the frequency of drinking does not increase consumption for African Americans as much as it does for white men.

While I am confident in the strengths of this investigation, my results are not without limitations. First, evidence suggests that the exposure to school or community based educational efforts throughout the early life course specific to alcohol use could serve to reduce initial and/or subsequent use (Botvin and Griffin 2007; Botvin, Griffin, Paul, and Macaulay 2003; Caulkins, Pacula, Paddock, and Chiesa 2002). Therefore, future studies should be careful to assess whether the type and quality of substance use education leads to differential patterns of alcohol use based on race-gender status.

Second, the social disorganization literature indicates that macro-level structural conditions, such as economic deprivation, high crime rates, and increased access to alcohol, impact drinking behaviors (Bursik Jr and Webb 1982). Furthermore, an individual’s neighborhood environment could serve to condition them about the appropriateness of drinking. The overwhelming presence of economic deprivation coupled with an increased availability of alcohol has previously been hypothesized to increase African Americans’ alcohol use, but initial empirical evidence suggests the contrary; however, sufficient explanations for why this apparent theoretical contradiction exists is lacking. Thus, future analysis should include measures that control for contextual considerations and the extent to which race and gender combine to shape patterns of alcohol use.
Third, literature suggests that the degree to which a particular racial-ethnic group is acculturated to the dominant U.S. society influences the likelihood of substance use among that group (Black and Markides 1993; Galvan and Caetano 2003; Klonoff and Landrine 1999). Therefore, it is important to consider how norms and attitudes present within these different groups develop and change as adaptation to the dominant culture takes place (Caetano and Clark 1998b). In the current study, an assessment of acculturation may have been especially germane in the case of Hispanics.

In conclusion, research has overwhelmingly identified a clear racial and gender gap in drinking behaviors. In addition, research has explored how either race or gender influences these divergent drinking outcomes; yet, few have combined race-gender statuses to address how both collectively influence alcohol consumption. Furthermore, research is lacking on how this race-gender gap is maintained during the transition to adulthood when drinking declines for all youth as they are adopting new social roles such as employment, marriage, and parenthood. By acknowledging the intersectionality of race and gender, I find evidence that African American women, Hispanic women, and white women drink less frequently than white males. With the exception of Hispanic males, African American females, African American males, white females, and Hispanic females drank significantly fewer drinks than their white male counterparts. Clearly, these findings confirm research that contends women drink less than men and racial minorities drink less than the dominant race. Further, I find that race-gender status moderates the impact of frequency of drinking on the number of drinks consumed. Frequency of drinking is related to increases for all groups, but less so for African
American men and women compared to white men. In other words, even when African American men and women are drinking as frequently as white men, they consume far less alcohol.

Given the diversity of racial and ethnic groups in the United States, future research in this area should expand to include additional race-gender groups—e.g., Asians and Native Americans. Furthermore, it may be important to consider the divergent histories of some of the groups under consideration. Hispanics, for example include those with origins from Cuba, Mexico, Puerto Rico, Central and South America, Spain, and the Dominican Republic—each with unique heritages. As Elder (1998) states, “the life course of individuals is embedded in and shaped by the historical times and places they experience over their life time” (p. 3). The diversity of Hispanic groups under consideration could explain the non-significant differences in drinking consumption and frequency within the bivariate and multivariate models for Hispanic males and white males. In addition, future studies should pay particular attention to not only the occupation of a certain role, but also how well an individual identifies and internalizes that role. The role of “parent” may be more salient for some of the respondents and take precedence over the “employee” role. In terms of a person’s race-gender status, it is important to recognize that someone who is a Hispanic American, for example, could identify more with their Hispanic origin than their American identity, thus differentially affecting the adoption of certain norms and expectations (such as drinking). Not only does this study contribute to the field by confirming that a race-gender gap exists within alcohol consumption, it contributes to the larger body of work
by broadening the understanding of how racial and gender identity differentially impact the relationship between frequency and quantity of alcohol use. Continued work of this nature is critical to determining the etiology of drinking behaviors across race and gender groups.
CHAPTER VI

REFERENCES


Engs, Ruth C., Beth A. Diebold, and David J. Hanson. "The Drinking Patterns and Problems of a National Sample of College Students, 1994."


