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# Binge drinking among male medical students in Viet Nam: a qualitative exploration of norms

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## ABSTRACT

Alcohol is a commonly used substance among Vietnamese medical students, especially males. Vietnamese male medical students drink more alcohol, report more intentions to binge drink, and experience more alcohol-related problems than females. As medical students' alcohol consumption may influence their attitudes and medical practice relating to alcohol counseling and prevention, research about the cultural and drinking norms underlying the drinking behavior of Vietnamese male medical students is warranted. This study aims to explore the norms underlying drinking behavior of Vietnamese male medical students. A qualitative study including 32 in-depth interviews with Vietnamese male medical students at a medical university. Thematic analysis was used to analyze the data. This study found Vietnamese male medical students considered alcohol consumption as a way to show their masculinity and become accepted by groups. Given these beliefs and adherence to norms, they followed rules to force others to consume more alcohol or be intoxicated in drinking occasions among medical students. This study showed the importance of gender and group norms in influencing Vietnamese male medical students' alcohol consumption. These norms should be considered in future research and interventions addressing alcohol use among this target population.

## KEYWORDS

Binge drinking; males; masculinity; medical students; norms; Viet Nam

## Introduction

Harmful alcohol use and alcohol-related problems have been recognized as a major public health issue among young people, especially university students (Lorant, Nicaise, Soto, & d’Hoore, 2013). Approximately 2.2 million college-age adults (18–25 years old) in the United States initiated alcohol use in 2016, and among these college students, 37.9% reported binge drinking, which was higher than their non-collegiate, same-aged peers (32.6%) (Lipari, Ahrnsbrak, Pemberton, & Porter, 2017). Gender remains one of the most important determinants of drinking behavior. While the prevalence of binge drinking was reported as similar among male and female students in Western countries (Li, Wilsnack, Wilsnack, & Kristjanson, 2010), this pattern was not evident in Asian countries with male students showing more alcohol consumption and alcohol-related problems than females (Yi, Ngin, Peltzer, & Pengpid, 2017).

Drinking is typically viewed by young people as a social activity which provides entertainment and time with friends. Heavy drinking, such as binge drinking among university students, is associated with specific contexts such as during parties, among large groups, and especially with drinking games (Adlaf, Demers, & Gliksman, 2005; Miller, Borsari, Fernandez, Yurasek, & Hustad, 2016; Zamboanga et al., 2013). Binge drinking among university students can result in numerous negative consequences such as risky sexual behaviors, trauma, injuries, drink-driving, mental health problems, and reduced academic performance (Brown, Gause, & Northern, 2016; Kharasch, McBride, Saitz, & Myers, 2016; Peltzer & Pengpid, 2016; Robertson, Forbes, & Thyne, 2017; Tembo, Burns, & Kalembo, 2017).

Medical students generally follow young adult patterns of alcohol-related drinking behaviors. Alcohol is the most frequently used substance among medical students in many countries with the prevalence of binge drinking ranging from 33% to 58% depending on the population and measurement of alcohol consumption in each study (Ayala, Roseman, Winseman, & Mason, 2017; Ketoja, Svidkovski, Heinälä, & Seppälä, 2013; Trostler, Li, & Plankey, 2014). Binge drinking can cause specific and serious problems for medical students’ health and in their daily life (Ayala

et al., 2017; White & Hingson, 2014) and consequences for their future careers (Baldisseri, 2007; Roncero et al., 2014). Drinking behavior among medical students has important implications for the health of the general population because, as future doctors, they are important opinion leaders and role models for health-related behaviors (Frank, Elon, Naim, & Brewer, 2008). Harmful alcohol use may lead to alcohol dependence which can endanger careers and relationships and contribute to medical errors which compromise patient safety (Dumitrascu, Mannes, Gamble, & Selzer, 2014; Kumar & Basu, 2000).

Research focusing on the reasons for harmful alcohol use highlights the importance of culture in establishing norms and expectancies in alcohol consumption and in influencing the drinking behavior of young people (Hogan & O'loughlin, 2014; Russell-Bennett, Hogan, & Perks, 2010; Yan & Fitzpatrick, 2016). According to Lewis et al. (2011), the influence of drinking norms on university campuses and a shift of identity from high school to university can lead to an increase in alcohol consumption among students. Additionally, binge drinking is heavily influenced by peer binge drinking behavior regardless of previously held attitudes about binge drinking (Byrd, 2016; Lefkowitz, Waterman, Morgan, & Maggs, 2016). Social norms have been identified as an important factor influencing health behavior decisions such as alcohol consumption (McAlaney et al., 2015). The norms of a behaviorally relevant reference group have been reported to predict intentions to binge drink (Johnston & White, 2003) and heavy drinking (Smith et al., 2011) among students, particularly for students who identify strongly with the reference group. University study often coincides with living far from home, exploring more freedom, engaging in new relationships, reaching the legal drinking age, and increased access to alcohol (White, Fleming, Kim, Catalano, & McMorris, 2008). In this environment, friendship among new classmates and peer groups can serve to encourage risky drinking practices.

Drinking is a learned behavior which falls within the prescribed social norms of a cultural group (McCrary, 2004). In Viet Nam, alcohol is used to celebrate events, socialize, drown one's sorrows, and facilitate business (Lincoln, 2016). An individual's drinking behavior is reinforced by engaging in group activities such as social drinking because collective

social functions are encouraged and expected in Viet Nam (DuongTran, 2008; Giang, Allebeck, Spak, Van Minh, & Dzung, 2008). Alcohol is a widely-used drug among university students including medical students and some students consider alcohol use as a part of university experience. However, the use and misuse of alcohol among Vietnamese medical students is not well documented. A recent study about alcohol use among students (including medical students) of 10 universities in Viet Nam found 71% of Vietnamese students were classified as current drinkers (Diep, Tan, Knibbe, & De Vries, 2016). Another study by Le et al. (2015) reported 75.8% medical students in Hai Phong province currently consumed alcohol and, among them, 18.4% were classified as experiencing alcohol misuse.

In Viet Nam, alcohol consumption is acceptable, even expected, and part of young males' lives (Tho, Singhasivanon, Kaewkungwal, Kaljee, & Charoenkul, 2007). A study among Vietnamese medical students in 2013 reported the prevalence of alcohol consumption among male and female students as 77.2% and 37.7%, respectively (Diep, Knibbe, Giang, & De Vries, 2013). Male medical students were 14.3 times more likely to have an alcohol problem compared with female students (Pham, Clough, Nguyen, Kim, & Buettner, 2010). According to Nguyen, Sendall, White, and Young (2018), Vietnamese male medical students experienced more peer pressure in drinking occasions than females and believed being a "strong" drinker is a necessary skill for their future career as doctors. Vietnamese male medical students showed more intention to engage in binge drinking, with their role identity as future doctors and group norms of friends as the most important predictors (Nguyen, White, Sendall, & Young, 2019).

Drinking behaviors of medical students may influence their attitudes and decisions about safe levels of alcohol use which could affect their medical practice in relation to alcohol counseling and prevention for patients with alcohol-related problems. Although the prevalence of alcohol consumption among male medical students in Viet Nam is high, little is known about the social meanings they attribute to drinking. Therefore, this qualitative study aims to explore how drinking norms influence Vietnamese male medical students' alcohol consumption through describing their experience of drinking occasions.

## **Methods**

### ***Participants***

This qualitative study was conducted in a medical university in Viet Nam and included in-depth interviews with male students. On behalf of the first author, a staff member from the University informed (via email/in person) approximately 30 eligible male senior students who had been previously willing to assist with research and other university activities (e.g., leaders of a class/group/club, members of volunteer groups) about the interviews. The students were provided with a recruitment flyer, an information sheet, and a consent form. Students who agreed to participate in the study completed the form with their contact details, put the form in an attached envelope, and gave it to the staff member. All forms were passed on to the first author. The first author contacted by phone the students who agreed to participate in the study and arranged a suitable time and place to conduct the interviews.

### ***Data collection***

Interviews were conducted in a soundproof meeting room at the University or in a quiet on campus coffee shop. Before conducting the interviews, participants were asked to complete a self-report questionnaire about their demographic information and alcohol consumption behavior. The interviews were conducted using interview guide questions (see Appendix) and audio-recorded in Vietnamese by the first author. The first author conducted interviews with participants until similar themes emerged. This study included 32 in-depth interviews with male students (30 invited students and 2 other students who heard about this study from participants and expressed their interest to participate in the study). Each interview lasted between 45 and 90 minutes.

### ***Data analysis***

The interviews were transcribed verbatim and the transcripts were analyzed in Vietnamese by the first author. Thematic analysis was chosen as a flexible research tool to describe patterns across qualitative data (Braun & Clarke, 2006). The stages of our data analysis followed the detailed

guidance of Liamputtong (2013) for thematic analysis. Transcripts were read and re-read and coded inductively by the first author who employed open coding to categorize and organize the data. A constant comparative approach was used to identify similarities and differences between accounts, to explore relationships, and to continually refine codes and develop categories and sub-categories until data saturation was reached. A subset of transcripts was translated into English by the first author and checked for soundness and trustworthiness by another author. All authors discussed and finalized the themes. This process was undertaken by confirming external heterogeneity based on analyzing clear and hidden meanings and each theme's relationship to the other themes. Each theme was labeled to represent internal homogeneity and the overall conceptual encapsulation.

The Results section provides quotations for illustrative purposes. Each interview was identified by a unique code. Codes were constructed using the abbreviation of the participant (ST-student), and the order of the interview. For example, ST03 indicates a student who was the third person to be interviewed.

## **Results**

Information relating to demographics and the drinking behavior of Vietnamese male medical students who participated in this study is described in Table 1.

Table 1. Demographic and drinking behavior of Vietnamese male medical students who participated in the study (N = 32).

<b>Mean age (SD)</b>	22.22 (1.04)
<b>Year levels of study</b>	
• <i>Year 4</i>	11
• <i>Year 5</i>	9
• <i>Year 6</i>	12
<b>Past alcohol consumption</b>	32
<b>Ever having consumed more than 5 drinks per occasion</b>	
• <i>Yes*</i>	29
• <i>No</i>	3
<b>*Number of drinks in a drinking occasion if ever having consumed more than 5 drinks per occasion (n = 29)</b>	
• <i>6 – 10 drinks</i>	18
• <i>11 – 15 drinks</i>	4
• <i>16 – 20 drinks</i>	4
• <i>More than 20 drinks</i>	3
<b>Consuming more than 5 drinks per occasion during the last 2 weeks</b>	
• <i>Daily</i>	0
• <i>Weekly</i>	1
• <i>Occasionally</i>	12
• <i>Rarely</i>	19

The data analysis reveals three themes describing the experience of alcohol consumption among Vietnamese male medical students and reflecting how their drinking behaviors are influenced by cultural and drinking norms about binge drinking behavior.

***Binge drinking to show masculinity: When I drank a lot of alcohol, I felt like a mature man, and even more manly***

Male medical students consider alcohol use as a normal behavior. They think it is “*funny*” if they consume soft drinks rather than wine or beer at a drinking occasion among males. In this sense, as with their own drinking, male medical students believe soft drinks are drinks for females while wine or beer are drinks for males.

Only girls consume soft drinks at the parties. We are males, we consume alcohol. We need alcohol to talk easily ... It is weird if males do not consume wine or beer at a party. (ST25)

Participants report male students who do not drink alcohol for some reasons are challenged and isolated by others during the drinking occasion.



A male student recounts what happened to one of his friends who did not drink alcohol at a drinking occasion:

All the males in our class drank alcohol except for him. Certainly, at our class party, he was excluded from sitting at the same table with the other males. He had to sit at another table with the females and received a lot of criticism from the other males ... I guess he felt weak and lonely there. (ST11)

Participants believe binge drinking makes them become “mature” and “manly” and the more alcohol they consume, the more “manly” they feel. A student shares his opinion about binge drinking:

I think drinking alcohol is not a bad behavior except if you are an alcoholic. Sometimes, participating in drinking occasions, when I binged, I felt like a mature man, and even more manly. (ST06)

Participants sometimes use “strong” words to force others to consume more alcohol such as “you are too weak”, “you are only a child”, “you are like a female”, or “you should wear a dress”. These words are used to show masculinity through drinking alcohol. Some participants share they consume a lot of alcohol especially when females use these words to urge males’ alcohol consumption during binge drinking occasions.

That night was terrible for my friend. He consumed 8 or 9 drinks and wanted to stop. Then both other males and females provoked him to drink more. They said “Did you wear a dress to the party?”, “Are you a male? Why do you stop after having just a few drinks?” Oh, how can he accept these words from females? Then, he kept drinking until he was drunk. (ST05)

In general, male medical students consider wine or beer are drinks for males and binge drinking is a way to show masculinity. They often consume more alcohol when being compared with females in terms of drinking ability or provoked by females during the binge drinking occasions.

***Binge drinking to be a part of a group: They actually liked me and considered me as a part of the group, so they invited me to have a drink***

Participants report they receive unwanted drinks at most drinking occasions they participate in, especially when they drink with new people, older

people, and in a large group. Peer pressure is a reason for risky drinking behaviors among Vietnamese male medical students. Loss of control of drinking behavior in binge drinking occasions, even though some of them have planned how much they will drink before coming to the binge drinking occasion, was common. Reasons which encourage them to drink substantial quantities of alcohol include the addictive nature of alcohol, the environment of the drinking occasion, the purpose of their participation in the drinking occasion (such as to make friends or improve relationships), the people who participate in drinking occasions with them (such as new people, older people, or people with higher status), and peer pressure. A student states:

I think I cannot control my drinking behavior because in a drinking occasion, when someone invites you to have a drink<sup>1</sup>, you should accept and then invite them to have a drink. If you don't do this, they may say many words, and do many things to make you drink more alcohol. It's difficult to refuse unwanted drinks when you participate in drinking occasions where there is peer pressure. Sometimes, I intended to consume only 1-2 drinks during an occasion but actually I still consumed 5 or more drinks because many people invited me to drink alcohol with them. (ST32)

In the binge drinking occasions among medical students, participants often try to find faults in others and punish them by forcing them to drink more alcohol. The rules applied in the drinking occasions are considered as ways to force others to drink more alcohol. A student states:

The rules are to force others to drink more alcohol. If you refuse a drinking invitation, you may make the drinking session less enjoyable and others may feel you don't respect them. When you stop drinking, some people will say something to provoke you like "Why are you here if you are not drinking alcohol? Keep drinking". (ST12)

Most participants feel unhappy when experiencing pressure during binge drinking occasions to consume multiple unwanted drinks. For example, when they come to the party late, say something wrong, or pour unequal quantities of wine for others during the drinking occasion, they will be asked to drink more alcohol. A student shares his feelings about unwanted drinks:

I don't like going drinking. First, alcohol doesn't taste good. Second, when people drink alcohol, they become too talkative. They keep talking even when I don't want to listen. In addition, they often pressure others to drink more alcohol. I don't like to be under pressure to drink. (ST09)

However, in most cases, they accept unwanted drinks because they want to have fun, maintain good relationships with others, and show their respect to other people. They think it is impolite to deny drinking invitations, especially from older people. Some participants feel peer pressure in drinking occasions is a normal behavior. They believe receiving the drinking invitations (unwanted drinks) is a way to show that they are accepted by others in the group. A student notes:

I may have a different opinion about drinking alcohol compared to other people. So, I felt uncomfortable the first time. But after that, I felt better when I realized their motives for pressuring me during the occasions were good as they wanted to help me be closer with others. They actually liked me and considered me as a part of the group, so they tried to invite me to have a drink with them. (ST22)

In conclusion, male medical students often experience unwanted invitations in their binge drinking occasions. Although they do not like drinking occasions where there is pressure to drink, most of them believe accepting drinking pressure in drinking occasions is a way to be approved of as a member of a group and to show respect to others.

***Binge drinking to conform to the drinking game “rules”: The rules during binge drinking occasions made us drink a lot of alcohol but it is fun and helps us become closer***

There are many rules and slogans applied during binge drinking occasions among Vietnamese male students. Participants share that, at the beginning of the drinking occasions, they often have to drink a hundred percent (“*trăm phần trăm*”) or a full glass at the same time and then invite others to drink with them individually or together. If other people at the drinking occasion invite you to have a drink, you should return the invitation because it is good manners. Lower year level students should invite higher year level students. The younger people should invite older people and cannot refuse the drinking invitations from the older students. Other rules of the binge

drinking occasions include consuming full drinks quickly and the same amount of alcohol as each other, consuming a drink as an apology for making a mistake such as saying something wrong, and other drinking games like playing “dice”. Participants shared rules such as “2 in, 1 out” (consuming 2 drinks when joining the table and 1 drink to leave the table), “3 late, 7 early” (consuming 3 drinks if you come late for the party and 7 drinks if you want to leave early), and drinking continuously without leaving the table (including going to the toilet) and if you do not follow this rule, you have to consume 2 when you come back to the table. The popular words often shouted in drinking occasions among Vietnamese medical students is “1, 2, cheer!, 2, 3, cheer!, 2, 3, drink, how do we drink? drink down”. A student shares another rule as follows:

Another rule is the way to invite a drink between tables. For example, if I sit at one table and want to go to another table to invite other people to have a drink, I have to finish my drink first, and then I can go to the other tables to give drinking invitations. I’m not allowed to bring my nip with alcohol to other tables, only to bring an empty nip and use the alcohol of the other tables. If I bring my nip with alcohol, I will be punished by consuming one more drink. (ST08)

However, most participants feel happy when participating in binge drinking occasions because they can talk easily, make new friends/relationships, relieve stress, and feel closer to their friends. Some medical students share their feelings when participating in binge drinking occasions as follows:

I feel happy when participating in these drinking occasions because they are fun and it helps us to become closer. (ST12)

I don’t have any problem when participating in the binge drinking occasions because I feel all members in my group become closer, so I drink with them. If I don’t join the drinking occasions, I feel I’m not connecting with other people as if I’m not a member of the group. So, I join with them. Additionally, I feel the binge drinking occasions were fun and I love to participate with my friends. (ST29)

Male medical students experience many binge drinking occasions in which they consumed a lot of drinks (more than 5 drinks per occasion).

They must follow drinking rules and are under pressure to drink on most occasions. Although the drinking norms and rules made Vietnamese male students drink a lot of alcohol and experience many drinking consequences, they mostly feel happy when drinking with their friends and believe it is a way to make close friends.

## **Discussion**

This present study showed Vietnamese male medical students consume alcohol and accept unwanted drinks to demonstrate their masculinity. This perception is popular among the Vietnamese general population and other cultures (Iwamoto, Cheng, Lee, Takamatsu, & Gordon, 2011; Lincoln, 2016; Perrotte & Zamboanga, 2019). In Viet Nam, alcohol is considered as a “hot” substance that contributes to the physical and emotional states such as a thin build, strength, anger, impulsiveness, and assertiveness (Rydstrom, 2004) and, thus, alcohol is understood to be a tonic for male bodies and drinking alcohol is a way to show masculine competence. There is a social expectation to raise and confirm the association between masculinity and drinking by a saying “A man without spirits is like a flag without wind” (“*Nam vô tửu như cờ vô phong*”) (Lincoln, 2016). Alcohol consumption as a marker of masculinity is identified among college students in other countries (Iwamoto et al., 2011; Peralta, L. Mulhollem, Blue, & Stewart, 2018; Sanchez-Lopez, Rivas-Diez, & Cuellar-Flores, 2013). Interestingly, being a “playboy”, risk-taking, and a “winner” were found as masculine norms which were risk factors of drinking to intoxication among American students (Iwamoto et al., 2011) while the masculine norm of being a “playboy” was found to increase the probability of alcohol consumption among Spanish students (Sanchez-Lopez et al., 2013). As Vietnamese male medical students report their alcohol consumption decisions are influenced by females’ words at the drinking occasions, gender as an important influence should be considered in interventions aiming to address risky drinking behaviors among male students.

Participants in this study report many drinking norms and rules used during their drinking occasions. These norms and rules aim to force participants to consume large amounts of alcohol or become intoxicated.

Some of these rules such as the requirement for drinkers to down shots of liquor in tandem or drinking “a hundred percent” were identified in previous studies about drinking culture in Viet Nam (Craig, 2002; Lincoln, 2016). These rules are similar to drinking games<sup>2</sup> which often happen pre- or during drinking occasions among students and are traditionally considered as a male-dominated activity in Western countries (Borsari, 2004; Zamboanga et al., 2014; Zamboanga et al., 2013). There are hundreds of different types of drinking games with varied rules, characteristics, and patterns of alcohol consumption and researchers have tried to categorize drinking games following informal descriptions of game features. The rules used among Vietnamese male medical students’ drinking occasions may be considered as consumption games or extreme consumption games as the purpose of these rules is to force others to drink a lot of alcohol.

Participants in this study report they accept the rules and unwanted drinks during drinking occasions to be a member of a group and become closer. This finding indicates the importance of social norms among the group members and their influence on making health behavior decisions. Alcohol consumption is considered as a means to create social bonds and friendships among Vietnamese students (Le, 2013). A study by Nguyen et al. (2018) found if male Vietnamese medical students deny a drinking invitation, they may be excluded from the group/team. Other studies among the Vietnamese population also identified that alcohol helps people become more brave to communicate with friends and increase successful collaborations in work based on deals brokered over drinks (Huynh, 2014; Lincoln, 2016). These results are similar to other studies in Western countries which found students often play drinking games to have fun, and to meet new people, and refusal to drink during a game frequently results in heckling and disapproval from fellow players (Borsari, 2004; Zamboanga et al., 2014). Interventions aiming to change risky drinking behavior among Vietnamese male medical students should consider changing their perspectives about drinking rules/games and encourage risky drinking disapproval from friends.

This study explores cultural and drinking norms of Vietnamese male medical students using a qualitative method. Different from some perspectives of students in Western countries describing being a “playboy”

or “winner” as the masculinity norms influencing their excessive drinking behaviors, Vietnamese male medical students drink a lot of alcohol to demonstrate their masculine competence. In this study, drinking norms among groups of friends influence drinking behavior of Vietnamese male medical students. This finding contextualizes the results of a previous quantitative study which found group norms of friends played a strong role in predicting binge drinking intentions of Vietnamese medical students (Nguyen et al., 2019) confirming its importance in influencing decisions relating to alcohol consumption among this target population. However, the present study has some limitations. This study comprised a sample of volunteers recruited from one medical university and the results are not representative of all medical students in Viet Nam. Selection bias may have occurred due to the purposive selection of medical students by the medical school administrative staff.

## **Conclusion**

This study used a qualitative method to explore in-depth the drinking norms underlying drinking behavior among Vietnamese male medical students. Vietnamese male medical students consider binge drinking as a way to become manlier and to be accepted as a member of groups. These beliefs and norms are the reason why they accept and adhere to a variety of drinking norms and rules being used during drinking occasions to “force” people to over consume alcohol or be intoxicated. Future interventions to change drinking behavior among this population should consider the role of gender, focus on targeting group drinking norms including encouraging risky drinking disapproval from fellow group members.

## **Notes**

1. The phrase “invite someone to have a drink” means a person asks someone else in the party to have a drink together with them.
2. Currently, there is no standard definition of “drinking games”. However, drinking games are commonly conceptualized as (a) social drinking events that are (b) played according to a specific set of rules that specify when and how much players should drink, (c) designed to promote the rapid consumption of large amounts of alcohol to facilitate inebriation, and (d) involve performing a

cognitive and/or motor task (Zamboanga et al., 2013).

### **Declaration of interests**

The authors report no conflicts of interest.

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