West African Transnational Immigrants’ Perspectives on Alcohol Consumption

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ABSTRACT

Background: It is a common belief that alcohol consumption can lead to chronic ailments. While research shows that the prevalence of alcohol consumption among immigrants is associated with acculturation, there is a gap in the research with respect to examining alcohol consumption patterns within subgroups of immigrants such as transnational immigrants. The purpose of this study was to elucidate perceptions of alcohol consumption amongst West African transnational immigrants. To our knowledge, there is a paucity of studies exploring this avenue in the arena of immigrant health.

Method: We conducted a pilot study with focus groups in Chicago with 14 West African transnational immigrants (7 men and 7 women) from Ghana and Nigeria. The following inclusion criteria determined participation in the focus group: men and women aged 25 years old or older, who had lived in the US for at least 2 years, who had ties with friends or relatives back home and who communicated regularly through different means with those friends or relatives. We used the PEN-3 model as a theoretical framework for categorizing the recurrent themes.

Result: Using one dimension of the PEN-3 model (i.e. Relationships and Expectations), participants shared that alcohol consumption has some medicinal value. We also found a gender bias associated with alcohol consumption. Participants commented on alcohol consumption as a way of socializing,
though they highlighted that social settings (e.g. parties) allowed access to liquor without limitations. They asserted also that the influence of spiritual beliefs and religion discourage alcohol consumption.

**Keywords**: transnational immigrants, alcohol consumption, African racial disparity, binge drinking, PEN-3 model.

**INTRODUCTION**

According to the US Census (2012), approximately 13% of the total population, or 40 million people, are foreign-born, with this number projected to increase to approximately 81 million by 2050 (Passel & Cohn, 2008). Within this immigrant cohort generally, African transnational immigrants distinguish themselves through both local and trans-local connections (Ilunga Tshiswaka & Ibe-Lamberts, 2014).

According to Schiller, Basch, and Blanc-Szanton (1992), the term *transnational immigrant* refers to immigrants involved in the process of developing and maintaining multiple social relations that link together their community of origin and their community of resettlement. In doing so, the daily lives of those individuals are characterized by constant interconnections that surpass international borders (Dorais, 2005; Ilunga Tshiswaka & Ibe-Lamberts, 2014). Consequently, it becomes of utmost importance to distinguish among the cohorts of black people in the US that there are two separated main groups—i.e. African Americans and African immigrants—characterized by their national origins. Moreover, within the African immigrant group generally, there exist three main subgroups—classical African immigrants, refugees and asylees, and transnational African immigrants—distinguished by the level of interrelationship with their communities of origin via different means of communication. As such, transnational immigrants cannot be identified by a single sociocultural factor but are influenced by different and multiple factors stemming from different geographic areas, especially around health-related behaviors such as alcohol consumption. Figure 1, developed by Ibe-Lamberts and Ilunga Tshiswaka (Ibe-Lamberts, Ilunga Tshiswaka, Osidoko, & Schwingel, 2016), depicts through a diagram the diversity of the Black cohort in the United States generally.
A search of the literature, however, yielded a dearth of studies that focused on interactions between African immigrants, including transnational African immigrants, and alcohol consumption or abuse. In general, research on alcohol abuse by US immigrants is surprisingly scant, despite the imperative to understand this risk in the face of ongoing diversification of the US population continues (Caetano & Clark, 2003). Some previous research has suggested that the risk of alcohol abuse in the US is relatively lower for many immigrants than in their country of origin, although the longer an immigrant remains in the US, the higher the risk of alcohol abuse (Escobar, Nervi, & Gara, 2000; Li & Wen, 2015; Markides, Krause, & Mendes de Leon, 1988). A more recent study by Li and Wen (2015) found that alcohol abuse is relatively low among sub-Saharan African immigrants compared to other US immigrants, however, the findings lumped an heterogeneous group of African immigrants together. Additional research indicated that African immigrants in general are less likely to consume alcohol due to their upheld socio-cultural norms and values (Sudhinaraset, Wigglesworth, & Takeuchi, 2016).

Currently, the consumption of alcohol as well as its negative effects on health are on the rise. In 2012, approximately 3.3 million deaths, or 6% of all global deaths, were attributable to alcohol consumption (WHO, 2014). Alcohol consumption also increases risk factors for many chronic diseases and conditions. In particular, the harmful use of alcohol is a causal factor for more than 200 disease and injury conditions (WHO, 2014). According to
Obisesan et al. (2015), regular alcohol consumption significantly increased the likelihood of obesity among Nigerian immigrants.

In general, acculturation contributes to the alcohol-related practices of immigrants in a new host country and can be an extremely powerful factor for alcohol usage since immigrant traditions are also not present in the host country. According to Sudhinaraset et al. (2016), immigration increases alcohol consumption due to lifestyle and socio-environmental factors that enable the adoption of this new habit in the host country. A previous study by Rebhun (1998) suggested that if the level of drinking on average is greater in the host country compared to the native country, then acculturation would prompt the immigrant to drink more than they would have in their homeland. In this regard, acculturation and the length of stay in the host country link to an increase in alcohol abuse (Escobar et al., 2000).

Acculturative stresses, such as living in constant fear of failure or deportation, also serve as additional risk factors for increasing alcohol consumption (Arbona et al., 2010). Psychological anxieties around not being able to be the “head of the household” or working at a job deemed embarrassing in their native land simply in order to put food on their family’s table also prompt these stresses (Johnson, 1996). In addition, for West African immigrant males specifically, they tend to be the first to migrate and then petition for their families after settling, which causes a further initial isolation, loneliness and separation that can increase the risk of the use of alcohol as a coping mechanism (Johnson, 1996).

As a population in transition—between the cultural world of the native homeland and the cultural world of the new host country—transnational immigrant populations may particularly expose strategic points of entry, not only for understanding factors that increase the risk of alcohol abuse but also social locations where effective interventions may occur to lessen or prevent those risks.

In this study, we characterize perceptions of alcohol consumption amongst West African transnational immigrants to the US. We focus on a transnational immigrant population in this study in order to analyze how perceptions of alcohol consumption function
for a group of people who live with more than one sociocultural reality, i.e., one from their home country and the other from their host country. In doing so, our findings may inform policymakers and health interventionists with respect to crafting programs designed to influence alcohol consumption amongst immigrants.

**METHOD**

*Theoretical Framework*

This study used the PEN-3 model to capture West African transnational immigrant knowledge, perceptions and experiences around alcohol consumption. Airhihenbuwa (1995) developed this model to ensure that health-researchers or health-interventionists identified both challenges and opportunities related to the topic being studied. As such, this model informs the realms of health education, health programs and health interventions alike.

PEN-3 has three dynamically interrelated and interdependent dimensions: *relationships and expectations*, *cultural identity* and *cultural empowerment*, each with three subcategories. The dimension of *relationships and expectations* identifies the factors of *perceptions*, *enablers* and *nurtures* that influence the actions of the target population (Airhihenbuwa, 1995; Melancon, Oomen-Early, & del Rincon, 2009). In doing so, this serves to inform health educators and health interventionists about hindering and enabling factors related to the perception of alcohol consumption among West African transnational immigrants. Consequently, we focus in this study solely on the PEN-3 dimension of *relationships and expectations* and its three subcategories: *perceptions*, *enablers* and *nurtures* (Airhihenbuwa, 1995).

*Focus Group Data*

Our qualitative study utilizes a focus group approach to explore the views of African transnational immigrants associated with alcohol as they relate to risk factors for alcohol-related diseases (Rehm et al., 2009; WHO & FAO Expert Consultation, 2003). Focus group method is one of the most used approaches in health inquiries (Freeman, 2006; Vaughn, Schumm, & Sinagub, 1996) since it is well-suited to elicit participant responses to concrete situations and recurrent experiences (Vaughn et al., 1996).
Since this investigation involved human subjects, the study proposal was submitted to the Institutional Review Board (IRB) from the University of Illinois at Urbana-Champaign for review. Following IRB approval for this study, we facilitated two focus groups in Chicago that included 14 West African transnational immigrants (7 men and 7 women) from Ghana and Nigeria. The 90 minute focus groups were carried out separately based on gender, since gender-based groups help participants to feel more comfortable in sharing their views (Gibbs, 1997). Focus groups occurred in a West African church facility in the Chicago area and participants were recruited using snowball sampling for students, professional workers and unemployed people. Inclusion criteria were: men and women aged 25 years or older, who had lived in the U.S. for at least 2 years, with ties with friends or relatives back to their country of origin, and who still communicated regularly through different means with those friends or relatives. Each participant received an incentive of $20 in cash for his/her participation.

Focus group sessions were audio-recorded, coded and transcribed by researchers, with two researchers both independently coding and transcribing the audio recording and comparing the transcripts to ensure accuracy and agreement. Using the PEN-3 model protocol, researchers then coded themes from the data around *perceptions*, *enablers* and *nurtures* for alcohol consumption.

**RESULTS**

**Perceptions**

The category of *perceptions* identifies knowledge, attitudes, values and beliefs within a cultural context that may facilitate or impede personal, family and community motivation to change (Airhihenbuwa, 1995). For example, a majority of female participants mentioned that alcohol consumption has some medicinal values when consumed moderately. They highlighted that alcohol, such as palm wine (i.e. a traditional alcohol) in Nigeria and Ghana, has medicinal values.
We have our traditional alcohol palm wine that is to a certain extent medicinal (Ghanaian female age 25).

Like palm wine now, I know the Igbo [Nigerian tribal group] give their wives when they give birth and helps them to lactate well (Nigerian female age 35).

A majority of male participants perceived alcohol consumption as a way of socializing or spending time with friends.

To people who drink, alcohol is viewed as you socialize, you know... (Nigerian male age 42).

People drink, to me just, to socialize, and when they do that, you know, to be honest it’s like they’re having fun. (Nigerian male age 31).

Both male and female participants shared that there is gender bias associated with the consumption of alcohol. From the West African transnational immigrants’ perspectives studied, it is more acceptable for men to drink than for women.

I think it’s more of a taboo to drink, especially for Nigerian women. (Nigerian female age 27).

I know my boyfriend, like I don’t really drink, if someone gives me a bottle of wine it would take me a month or so to finish. Like little sips of whatever, but when I go out to say parties I may have a toasting wine or I will have a glass or so. He never has a problem with me drinking inside, but like whenever we are out he would say: I don’t want you, don’t! (Nigerian female aged 31).

Women who drink struggle to be married because if you want a decent husband, you have to live a decent life (Ghanaian male age 59).
Enablers

The category of *enablers* identifies cultural, societal, systematic or structural influences or forces that may enhance or be barriers to change, including the availability of resources, accessibility, referrals, employers, government officials, skills and types of services (Airhihenbuwa, 1995). For example, a significant number of both male and female participants underscored that religion is one of the most salient factors to discourage people from consuming alcohol.

*Yeah drinking is a sin! I don’t even keep people who drink as friends! I can’t stand! I can’t keep an alcoholic person as a friend! I will not mingle because the Bible as made me up to a standard. (Nigerian female age 35).*

*To some extent, religion helps if you want to practice what it says. Both religions say that, Muslims and Christianity, don’t encourage you to drink (Nigerian female age 57).*

*And out of Christianity, a lot of people have stopped drinking, they have been changing their lifestyle. But before, you dare not (Ghanaian male age 59).*

*So, a lot of people used to drink and they have all changed, they have all, when they get into Christ they found that all those things are valueless (Nigerian male age 31).*

Nurturers

The category of *nurturers* identifies the degree to which health beliefs, attitudes, and actions are influenced and mediated, or nurtured, by extended family, kin, friends, peers and the community (Airhihenbuwa, 1995). For example, several participants, male and female alike, mentioned that social settings such as parties allowed access to alcohol without limitations.
You know, it’s like for my birthday let me go and get drunk and people go to bars. It’s part of the social life. *(Ghanaian female age 25).*

It’s like you can’t have a social whatever without alcohol being the main front and center, so people drink more in parties… *(Nigerian female age 31).*

You know there is a party here, you just jump in there and get a free drinks as you want *(Nigerian male age 42).*

When it comes to drinking, alcoholism, it really starts from social gathering. People drink mostly when they are in the midst of their friends *(Nigerian male age 31).*

**DISCUSSION**

In general, participants positively received the opportunity to discuss their perceptions of alcohol, as it allowed them to discuss the uniqueness of their culture and their situations while residing in the US. The group dialogue allowed for everyone’s voice to be heard and to organically reflect and reveal diverse vantage points of the topic at hand. The following principal ideas emerged from the focus group.

**Alcohol is part of sociocultural structures regardless of acculturation**

While alcohol consumption is a risk factor for chronic diseases, alcohol nonetheless has some positive uses in society. Participants in this study spoke to the notion that although they are aware of its danger, they recognize that alcohol is something existent in social settings and events that are intertwined in some of their traditional cultural practices, particularly its perceived medicinal use.

Acculturation or assimilation to the status quo of a host country plays a critical role in the health and lifestyle choices that immigrants face (Markides et al., 1988). Research findings by Gil, Wagner, and Vega (2000) on acculturation and Latino immigrants
found an increased likelihood for immigrant alcohol consumption in the host country. While Latino immigrant groups differ from Africans in ethos and other characteristics, they face similar challenges in acculturation, or at least both face the same general cultural matrix of US discourse once they immigrate. This study underscores how alcohol is a substance familiar to its African participants as social construct both in their native homeland and current homeland. The longer they stay in the US, the more they understand how the substance is intertwined with normative social behaviors, while still utilizing alcohol for its medicinal purposes in order to maintain their cultural identity. In other words, the participants emphasized more how the rationale for alcohol use on medicinal grounds had more to do with maintaining the identity of origin and less to do with any belief or claim for the actual medicinal value of alcohol.

**Gender roles are stronger factors than acculturation**

Despite facing these same situations, our participants spoke to carrying and maintaining their cultural perspectives on alcohol consumption in regards to gender as well. Women expressed the perception that alcohol consumption is a taboo and frowned upon by men and women alike in their cultures. African immigrant women who consume alcohol are generally perceived as promiscuous and irresponsible and will never be eligible for marriage, so they are more likely to abstain from alcohol usage even after coming to the US. On the other side of the spectrum, it is widely acceptable for men to consume alcohol in social or private settings.

The limited research on immigrant alcohol consumption suggests that while immigrant men are significantly more likely to be binge drinkers than women, it also shows that more women, due to the length of acculturation, will engage in alcohol abuse post-migration to the US than pre-migration (Otero-Sabogal, Sabogal, Perez-Stable, & Hiatt, 1994; Zemore, 2007). With this in mind, it is more likely that the transnational African immigrants who acculturate and increase their alcohol consumption are more likely to be men than women. However, this does not align with our findings that say women are more likely to abstain from this behavior because it tarnishes their innocence and creates a stigma that impedes on matrimonial opportunities.
Religiosity as an inhibitor

Religiosity can provide a vital component of cultural identity and be influential in lifestyle choices and behaviors for immigrants; it can be a key cultural institution in their lives (Agbayani-Siewert & Revilla, 1995). In this study, participants attested to this factor regarding alcohol use. People of both Islamic and Christian belief looked down on the use of alcohol casually outside of its traditional uses. These strong religious practices served as a cultural inhibitor for alcohol use with this particular group, at least in terms of what was reported. People perceived as abusing alcohol or binging on it are reported as isolated from the group and frowned upon in their secular communities.

Strong religious involvement has also been associated with lower alcohol usage as well as lower rates of depression and suicide (Gong, Takeuchi, Agbayani-Siewert, & Tacata, 2003; Idler, 1995). Our findings show that religion is the strongest influence of healthy behavior practices and choices amongst our participants. Despite acknowledging its casual utility in society, strong religious involvement could serve as a deterrent to alcohol abuse. Religiosity as a construct is interwoven with culture and cultural beliefs and is something that can travel along with and be sustained by these transnational immigrants; hence, a strong religious community not only nurtures but sustains a negative attitude towards alcohol abuse across national boundaries.

CONCLUSIONS

This study’s goal was to identify perceptions of alcohol consumption among West African transnational immigrants. From the participants’ comments and our analysis of the data, we find that connections to the homeland of origin affect perceptions of alcohol while residing in their current homeland of the US. This particularly concerns the challenge of maintaining a unified sense of identity in the face of having two “origins” as a transnational immigrant. Specifically, the religious critique of alcohol abuse—if not the consumption of alcohol in general—forms one major staging point for this identity in the discourse, if not necessarily the practice, surrounding alcohol for participants in this study.
This study is limited in some ways. For one, the fairly small participants sample size and ethnic specificity of the focus groups limits generalization to other transnational Africans or immigrant groups. Snowballing may also have introduced a selection bias in favor of participants specifically from religious backgrounds. Future studies should include not only larger sample sizes and participants from other regions of the targeted country, but also specifically differentiated religious backgrounds. A mixed method approach, rather than only a qualitative approach, might enhance the findings as well, in particular the inclusion of surveys to enhance the external validity of the study.

Implications from this study for subsequent research include further characterizing perceptions and behaviors around alcohol and their impact on long-term health outcomes for transnational immigrants, particularly as this intersects with cultural changes to diet, physical activity, child-rearing and environmental factors. Future studies might also focus on the influence of transnational activities and remittances on family members in their native homeland. Finally, this study might serve to ignite future investigations into transnational immigrants and their health behaviors in general. Our findings point to the opportunity of crafting culturally competent health programs to assist in the preservation and leveraging of cultural behaviors from homelands of origin identified as positively influential to health outcomes. In as much as it usually helps to meet people where they are, whether a cultural behavior is “true” or “false” becomes less pertinent when a culturally sensitive intervention “works”. For example, an appeal to reduced alcohol consumption in religious terms may be more culturally competent, and thus effective, than an appeal on strictly medical grounds. In other words, to intervene against alcohol consumption without recognizing how “medicinal utility” can provide a sense of identity for transnational immigrants risks deploying an ineffective approach. This study offers an altered dynamic to thinking about African immigrant health and provides a framework by which scholars and health professional can approach the task of perceiving and developing culturally relevant programs or ideologies to intervene into undesirable alcohol consumption.

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