

ORIGINAL ARTICLE

The Effect of Students' Cultural Values on Social Stigmatization of Alcohol Use Disorder

Pelin Zıvdr Yeşilyurt 

Department of Medical Services and Techniques, Tarsus University Vocational School of Health Services, Mersin, Türkiye

ORCID iDs of the author: P.Z.Y. 0000-0002-3232-6991

Main Points

- Students with high cultural values had a high social stigmatization of alcohol use disorder.
- Students with high power distance had high levels of the statement that society evaluates people who drink alcohol negatively.
- Students who think that society views people who drink alcohol negatively are more likely to experience insecurity in bilateral relationships with individuals who have alcohol use problems.
- Those who stated that alcohol is addictive had higher stigmatization of alcohol use disorder than those who stated that alcohol is not addictive or partially addictive.

Abstract

The aim of this study was to examine the effect of students' cultural values on their social stigmatization of alcohol use disorder.

This study is descriptive and correlational. The sample of the study consisted of 250 female and male students enrolled in the Vocational School of Health Services in the 2023 – 2024 academic year. Descriptive Characteristics Information Form, Individual Culture Values Scale and Social Stigma Scale for Alcohol Use Disorder were used to collect the data. Descriptive statistics (number, percentage distributions), one-way ANOVA test, independent *t*-test, and Pearson correlation analysis were used to evaluate the data.

Among the participants, 76.8% were female, 37.2% were 21 years of age or older, 57.6% were first-year students, and 40.8% were first and emergency aid students. The mean score of the Social Stigma Scale for Alcohol Use Disorder was 75.55 ± 19.18 (min: 20 – max: 100), and the mean score of the Individual Cultural Values Scale was 79.79 ± 17.47 (min: 26 – max: 130). It was determined that there was a significant and positive correlation between the total scores obtained from the Individual Culture Values and Social Stigmatization of Alcohol Use Disorder Scale and all its sub-dimensions ($p < .01$; $r: 0.353$).

It was determined that students with high mean social stigma toward alcohol use disorder also had high mean cultural values.

Keywords: Addiction to alcohol, cultural values, relationship between cultural values and alcohol addiction, university students

Corresponding author:

Pelin Zıvdr Yeşilyurt

E-mail:

pelinzvdr@gmail.com

Received: August 16, 2024

Revision Requested:

October 7, 2024

Last Revision Received:

October 9, 2024

Accepted: October 16, 2024

Publication Date:

December 9, 2024

Introduction

Addiction can be defined as the tendency or strong desire to continue the intake of a certain substance or a behavior despite seeing its negative effects on one's life (Hollen, 2009). According to another definition, addiction is a set of repetitive behaviors that increase the risk of experiencing health, personal or social problems. It is the continuation of the behavior when the person tries to limit and

reduce the use but fails to succeed and cannot control the willpower (Marlatt, 1988). When we look at alcohol use, it is a known fact that heavy drinking and dangerous alcohol consumption styles pose risks to the health and safety of society all over the world. Looking at the rates of alcohol consumption worldwide, it is seen that 54% of men and 27% of women drink alcohol (Blume, 2004). The increase in the number of people applying for alcohol treatment in our country in recent years shows that the



Copyright © Author(s) – Available online at <https://www.addicta.com.tr/EN>.

Content of this journal is licensed under a Creative Commons Attribution (CC BY) 4.0 International License.

Cite this article as: Zıvdr Yeşilyurt, P. (2024). The effect of students' cultural values on social stigmatization of alcohol use disorder. *Addicta: The Turkish Journal on Addictions*, 11(3), 277-285.

problem of alcohol addiction in our country has also increased. Even though the number of people with alcohol problems in our country is increasing day by day, the number of people with alcohol addiction is lower than in other countries. It is estimated that the reason for this is the disapproval of alcohol in Islam and the efforts of people with alcohol problems not to disclose themselves due to social pressure (Kalyoncu, 2010). It is true that there is a stigma against psychiatric disorders in society; however, addicted individuals may be exposed to this stigma more than many other psychiatric disorders. Society does not see addiction as a disease, but rather as a matter of willpower, and may approach these individuals with prejudiced and negative attitudes with the idea that they do not control their ego. Therefore, they may have an unsympathetic approach such as thinking that these people deserve the negative life events they experience and that they do not deserve good situations in their lives or treatment (Yıldırım et al., 2012). Stigmatization worsens the condition of individuals and is considered an important public health problem (Link & Phelan, 2006). The groups with high rates of stigmatization are individuals with substance-drug use disorders, individuals who have alcohol use disorders, and schizophrenia patients (Ersoy & Varan, 2007; Taskin, 2007; Brohan et al., 2010). In terms of stigmatization of alcohol use, it is a known fact that society's perspective on substance use and addiction is not positive. The individual who internalizes the judgments they are exposed to moves away from the healthy wide social environment over time and closes themselves off to other social areas with a narrower environment with more addiction. In this way, it is seen that individuals whose social functionality, social adaptation levels, and treatment compliance decrease over time continue to use alcohol and continue this vicious cycle (Taskin, 2007). In the individual – culture relationship, it is believed that culture creates a living order for individuals. Societies or individuals will learn what and how to do through this relationship. This learning will be achieved through cultural patterns created in advance for certain areas or practices. The learned culture will contribute to the formation of a social identity or personality and will create different social or individual identities and personalities. The construction of a culture that embodies different identities and personalities will shape the behavior of individuals, form their habits, and different identities, senses of personality, and socio-cultural habits will make the individual and society to which they belong different from others. In this sense, culture can be considered as a collective mental programming that affects the behavior of a person or a group and differentiates them from each other (Hofstede, 2001). It is thought that individuals' cultural values may affect stigmatization toward alcohol use disorder.

The aim of this study is to examine the effect of students' cultural values on their social stigmatization of alcohol use disorder.

Research Questions

The study:

- “Do students' cultural values affect their social stigmatization of alcohol use disorder?”
- “How is the social stigmatization of students toward alcohol use disorder?”
- It aims to find answers to the questions.

Material and Methods

The type of study is descriptive and correlational. The population of the study consisted of 594 male and female students enrolled in Tarsus University Vocational School of Health Services in the 2023 – 2024 academic year who agreed to participate in the study. The sample of the study was calculated according to the known sample calculation method, and the sample number was determined to be 217 people, and the study was conducted with 250 people, taking into account that there may be a loss of sample (Yazıcıoğlu & Erdoğan, 2014). The research data were collected between May and August 2024 after ethics committee permission was obtained. Ethics committee approval was obtained from Tarsus University Scientific Research and Publication Ethics Committee on the date of 25/04/2024, with the number 2024/41.

Inclusion criteria of the study:

1. Volunteering to participate in the study
2. To study at Tarsus University Vocational School of Health Services
3. To be able to read and write Turkish.

Data Collection Tools

In the study, a three-step questionnaire form was used for the participants by utilizing the Descriptive Characteristics Information Form, Individual Culture Values Scale, and Social Stigma Scale for Alcohol Use Disorder, which were created by the researchers with expert opinions.

Descriptive Characteristics Information Form

It is a 17-question form that includes questions about the socio-demographic characteristics of the participating students and alcohol dependence.

Individual Culture Values Scale

It was developed by Saylik in 2017. It consists of 26 items in total, including five items for power distance, five for uncertainty avoidance, six for collectivism, six for short-termism, and four for masculinity. In addition, the scale is a five-point Likert-type scale. A high score obtained from each sub-dimension of the scale indicates that the individual possesses the trait evaluated by the relevant sub-dimension. The dimensions work independently, and each dimension measures a different cultural value. As a result of the analyses conducted on the original scale, the α coefficient of each dimension was determined to be 0.62 for power distance, 0.71 for uncertainty avoidance, 0.76 for collectivism, 0.71 for short- and long-termism, and 0.68 for masculinity (Saylik, 2017).

Social Stigmatization Scale for Alcohol Use Disorder

It was developed by Atlam et al. (2023). This scale shows the intellectual, emotional, and behavioral aspects of stigmatization with all its sub-dimensions. The scale has four sub-dimensions. The first sub-dimension, incompatibility, includes thoughts (stereotypes) that individuals who have alcohol use problems are incompatible. Dissonance includes items 14 – 20). The second sub-dimension, social distance, refers to the social distance created toward individuals who have alcohol use problems. This sub-dimension includes items related to feelings such as nervousness, fear, and discriminatory behaviors such as avoidance. The social distance factor includes items 1 – 6. The third sub-dimension, inadequacy,

refers to seeing individuals who have alcohol use problems as inadequate. The items of the inadequacy sub-dimension are 10 – 13. The fourth sub-dimension is insecurity, which refers to experiencing insecurity, especially in bilateral relationships with individuals who have alcohol use problems. The items of the insecurity sub-dimension are 7 – 9. The score that can be obtained from the scale varies between 20 and 100. As the score increases, stigmatization increases. The reliability values of the scale are quite high (Cronbach's $\alpha = 0.93$). Internal consistency values are high for dissonance ($\alpha = 0.90$), social distance ($\alpha = 0.88$), inadequacy ($\alpha = 0.88$), and insecurity ($\alpha = 0.76$). The test – retest reliability of the scale was found to be 0.75 (Atlam et al., 2023).

Data Analysis

The data obtained from the study were analyzed using the SPSS 25.0 statistical package program (IBM SPSS Corp.; Armonk, NY, USA). Descriptive statistics (number, percentage distributions), one-way ANOVA test, independent *t*-test, and Pearson correlation analysis were used in the evaluation of the data. Statistical significance of the data was analyzed at $p < .05$ level.

Results

Descriptive characteristics of the participants are given in Table 1.

A statistically significant relationship was found between gender and the total score of the Culture Values Scale ($t: -6.401$) and its sub-dimensions “power distance ($t: -3.684$),” “collectivism ($t: -4.281$)” and “masculinity ($t: -8.830$)” ($p < .05$). There was no statistically significant relationship between gender and total score in the Stigmatization of Alcohol Use Disorder Scale and its sub-dimensions ($p > .05$) Table 2.

A statistically significant correlation was found between income status and the total score obtained from the sub-dimensions of the Culture Values Scale “collectivism ($F: 2.323$)” and the Stigma toward Alcohol Use Disorder Scale ($F: 3.910$), “incompatibility ($F: 3.829$)” and “inadequacy ($F: 4.078$)” ($p < .05$). According to the Bonferroni result applied to find the group making a difference, it was determined that those with an income of 7500 – 10,000 TL scored higher in the collectivism sub-dimension than those with an income of less than 7500 TL ($a > f$), and those with an income of 7500 – 10,000 TL scored higher than those with an income of 20,000 – 25,000 TL in other dimensions ($a > d$).

A statistically significant relationship was found between alcohol use status and the sub-dimension of the Culture Values Scale “power distance ($t: 2.428$)” and the Stigma toward Alcohol Use Disorder Scale ($t: -4.110$) and the total score of its sub-dimensions ($p < .05$).

A statistically significant relationship was found between smoking status and the sub-dimensions of the Culture Values Scale, “power distance ($t: 2.074$)” and Stigma toward Alcohol Use Disorder Scale ($t: -4.766$), and the total score of the sub-dimensions ($p < .05$).

A statistically significant relationship was found between the mother's alcohol use status and the sub-dimension of the Culture Values Scale “longevity ($t: -2.492$)” and the Stigmatization of Alcohol Use Disorder Scale ($t: -2.663$) and the total score ($p < .05$).

A statistically significant relationship was found between the father's alcohol use status and the Culture Values Scale sub-dimensions of “longevity ($t: -3.320$)” and “uncertainty avoidance ($t: -3.128$)” and Stigmatization toward Alcohol Use Disorder scale ($t: -2.186$) and total score ($p < .05$).

A statistically significant relationship was found between the chronic illness status and the total score of the Stigma toward Alcohol Use Disorder scale ($t: 2.588$) and its sub-dimensions “incompatibility ($t: 2.331$),” “social distance ($t: 2.660$),” and “inadequacy ($t: 2.989$)” ($p < .05$).

The total scores of “power distance ($F: 3.765$),” “collectivism ($F: 3.598$)” and “longevity ($F: 4.555$)” from the sub-dimensions of the Culture Values Scale and the total scores of the Stigma toward Alcohol Use Disorder Scale ($F: 25.934$), “incompatibility ($F: 24.990$),” “social distance ($F: 22.021$),” “inadequacy ($F: 16.497$),” and “insecurity ($F: 12.429$)” total scores ($p < .05$). According to the Bonferroni result applied to find the difference-making group, those who stated that alcohol is not harmful for health were found to be higher than those who stated that alcohol is harmful in the power distance sub-dimension ($b > a$). In the collectivism sub-dimension, those who stated that alcohol is not harmful for health were higher than those who stated that alcohol is partially harmful ($b > c$). In the longevity sub-dimension, those who stated that alcohol is harmful for health were found to be higher than those who stated that alcohol is partially harmful ($a > c$). In the stigmatization scale for alcohol use disorder and its sub-dimensions, those who expressed alcohol as harmful for health were found to be higher than those who expressed alcohol as harmful and partially harmful ($a > b$, $a > c$).

Alcohol dependence status and Stigma toward Alcohol Use Disorder Scale ($F: 11.074$), sub-dimensions of “incompatibility ($F: 10.537$),” “social distance ($F: 10.719$),” “inadequacy ($F: 6.347$)” and “insecurity ($F: 6.483$)” ($p < .05$). According to the Bonferroni result applied to find the group that made a difference, those who expressed that alcohol is addictive in the stigmatization scale for alcohol use disorder, incompatibility, and social distance sub-dimensions were found to be higher than those who expressed that alcohol is not addictive or partially addictive ($a > b$, $a > c$). In the inadequacy sub-dimension, those who stated that alcohol is addictive were found to be higher than those who stated that alcohol is partially addictive ($a > c$). In the insecurity sub-dimension, those who stated that alcohol is addictive were found to be higher than those who stated that alcohol is not addictive ($a > b$).

Alcohol decreases stress and gives pleasure “power distance ($F: 4.631$)” from the sub-dimensions of the Cultural Values Scale and “incompatibility ($F: 8.973$),” “social distance ($F: 7.132$),” “inadequacy ($F: 5.378$)” from the sub-dimensions of the Social Stigma towards Alcohol Use Disorder Scale ($F: 8.973$), “social distance ($F: 7.132$),” “inadequacy ($F: 5.378$)” and “insecurity ($F: 4.829$)” ($p < .05$). According to the Bonferroni result applied to find the group that made a difference, those who stated that alcohol reduces stress and gives pleasure were found to be higher than those who stated that alcohol does not ($a > b$). In the social distance sub-dimension of the stigmatization scale for alcohol use disorder and its sub-dimensions, those who expressed that alcohol reduces stress and does not give pleasure were found to be higher than those who expressed that alcohol gives pleasure and partially

Table 1.
Descriptive Characteristics of the Participants

	Number (n)	Percentage (%)
Gender		
Woman	192	76.8
Male	58	23.2
Age		
18	25	10
19	50	20
20	82	32.8
21 and above	93	37.2
Section		
First and emergency aid (IY)	102	40.8
Child development (ÇG)	36	14.4
Health institutions management (SKI)	19	7.6
Pharmacy services (EH)	49	19.6
Medical documentation and secretariat (TDS)	44	17.6
Mother's occupation		
Housewife	204	81.6
Public sector	13	5.2
Private sector	33	13.2
Father's occupation		
Not working	44	17.6
Public sector	47	18.8
Private sector	159	63.6
Family income status		
7500 – 10,000 TL	45	18
10,000 – 15,000 TL	39	15.6
15,000 – 20,000 TL	50	20
20,000 – 25,000 TL	92	36.8
More than 25,000 TL/less than 7500 TL	24	9.6
Alcohol use status		
Yes	40	16
No	210	84
Smoking status		
Yes	67	26.8
No	183	73.2
Maternal alcohol use status		
Yes	8	3.2
No	242	96.8

*(Continued)***Table 1.**
Descriptive Characteristics of the Participants (Continued)

	Number (n)	Percentage (%)
Father's alcohol use status		
Yes	35	14
No	215	86
Chronic illness status		
Yes	23	9.2
No	227	90.8
Is Alcohol Bad for Your Health?		
Yes	205	82
No	11	4.4
Partially	34	13.6
Is alcohol addictive?		
Yes	213	85.2
No	13	5.2
Partially	24	9.6
Does alcohol relieve stress and provide pleasure?		
Yes	44	17.6
No	157	62.8
Partially	49	19.6
Does society look negatively on a person who drinks alcohol?		
Yes	157	62.8
No	14	5.6
Partially	79	31.6
Total	250	100

gives pleasure ($b > a$, $b > c$). In the inadequacy and insecurity sub-dimensions, those who expressed that alcohol reduces stress and does not give pleasure were found to be higher than those who expressed that alcohol partially gives ($b > c$). In the sub-dimension of disharmony, those who stated that alcohol reduces stress and does not give pleasure were found to be higher than those who stated that it does ($b > a$).

The society's negative view of the person who drinks alcohol is determined by the sub-dimensions of the Culture Values Scale "power distance ($F: 5.495$)" and the Stigmatization of Alcohol Use Disorder Scale ($F: 12.234$), sub-dimensions "incompatibility ($F: 10.860$)," "social distance ($F: 10.830$)," "inadequacy ($F: 9.953$)" and "insecurity ($F: 6.030$)" ($p < .05$). According to the Bonferroni result applied to find the group that made a difference, those who stated that the society views the person who drinks alcohol negatively in the power distance sub-dimension were found to be lower than those who stated that the society does not and partially ($b > a$, $c > a$). In the sub-dimensions of incompatibility, inadequacy and insecurity, those who stated that the society looks negatively at

Table 2.

Characteristics of the Participant Comparison of the Cultural Values Scale and the Social Stigma of Alcohol Use Disorder Scale

Features	n (%)	Cultural Values Scale Mean \pm SD	Social Stigma of Alcohol Use Disorder Scale Mean \pm SD
Gender			
Woman	192	76.18 \pm 16.02	74.83 \pm 19.90
Male	58	91.74 \pm 16.85	77.93 \pm 16.47
Statistical analysis	<i>t/p</i>	-6.401/.000	-1.078/.282
Income Status			
7500 – 10,000 TL ^a	45	80.06 \pm 15.71	83.80 \pm 13.96
10,000 – 15,000 TL ^b	39	79.74 \pm 16.81	77.38 \pm 21.04
15,000 – 20,000 TL ^c	50	79.84 \pm 16.46	75.56 \pm 18.48
20,000 – 25,000 TL ^d	92	79.28 \pm 19.20	70.28 \pm 18.91
More than 25,000 TL ^e	12	86.25 \pm 19.56	70.91 \pm 25.89
Less than 7500 TL ^f	12	76.25 \pm 15.59	83.66 \pm 15.74
Statistical analysis	<i>F/p</i>	0.440/.821	3.910/.002 a > d
Alcohol use status			
Yes	40	80.25 \pm 22.51	62.65 \pm 22.36
No	210	79.70 \pm 16.40	78.009 \pm 17.52
Statistical analysis	<i>t/p</i>	0.145/.886	-4.110/.000
Smoking status			
Yes	67	81.58 \pm 17.47	66.38 \pm 20.35
No	183	79.14 \pm 17.47	78.90 \pm 17.63
Statistical analysis	<i>t/p</i>	0.978/.329	-4.766/.000
Maternal alcohol use status			
Yes	8	70.87 \pm 12.55	20.75 \pm 3.61
No	242	80.09 \pm 17.55	76.13 \pm 19.07
Statistical analysis	<i>t/p</i>	-1.471/.142	-2.663/.008
Father's alcohol use status			
Yes	35	72.74 \pm 17.22	69.02 \pm 18.68
No	215	80.94 \pm 17.27	76.61 \pm 19.09
Statistical analysis	<i>t/p</i>	-2.605/.010	-2.186/.030
Chronic illness status			
Yes	23	77.78 \pm 14.82	85.30 \pm 16.89
No	227	80.00 \pm 17.73	74.56 \pm 19.15
Statistical analysis	<i>t/p</i>	-0.579/0.563	2.588/.010
Is alcohol bad for your health?			
Yes ^a	205	80.54 \pm 16.39	79.28 \pm 17.43
No ^b	11	84.00 \pm 27.40	59.00 \pm 20.78
Partially ^c	34	73.94 \pm 19.21	58.38 \pm 16.82
Statistical analysis	<i>F/p</i>	2.442/.089	25.934/.000 a > b, a > c

(Continued)

Table 2.

Characteristics of the Participant Comparison of the Cultural Values Scale and the Social Stigma of Alcohol Use Disorder Scale (Continued)

Features	n (%)	Cultural Values Scale Mean \pm SD	Social Stigma of Alcohol Use Disorder Scale Mean \pm SD
Is alcohol addictive?			
Yes ^a	213	79.99 \pm 16.58	77.84 \pm 17.93
No ^b	13	73.61 \pm 18.11	62.07 \pm 23.01
Partially ^c	24	81.41 \pm 23.96	62.54 \pm 20.31
Statistical analysis	<i>F/p</i>	0.929/.396	11.074/.000 a > b, a > c
Does alcohol relieve stress and provide pleasure?			
Yes ^a	44	83.50 \pm 21.59	70.31 \pm 22.39
No ^b	157	79.25 \pm 16.34	79.35 \pm 17.45
Partially ^c	49	78.20 \pm 16.78	68.08 \pm 18.44
Statistical analysis	<i>F/p</i>	1.270/.283	8.973/.000 b > a, b > c
Does society look negatively on a person who drinks alcohol?			
Yes ^a	157	78.98 \pm 17.19	79.35 \pm 18.70
No ^b	14	82.64 \pm 20.04	57.71 \pm 19.32
Partially ^c	79	80.89 \pm 17.65	71.15 \pm 17.50
Statistical analysis	<i>F/p</i>	0.509/.601	12.234/.000 a > b, a > c, c > b

Note: *F*, one-way ANOVA; *t*, independent *t*-test. The letters a,b,c,d,e,f in Table 2 represent the words they indicated as superscripts. Likewise, the letters on the other words also characterize the words in which they appear.

**p* < .05.

the person who drinks alcohol were found to be higher than those who stated that the society does not and partially (a > b, a > c).

Correlation was applied to test the relationship between the scores of the individuals who participated in the study on the Social Stigma toward Alcohol Use Disorder Scale and the Cultural Values Scale. According to the correlation analysis, there is a significant and positive relationship between the Social Stigma toward Alcohol Use Disorder Scale and the Cultural Values Scale.

In the study, it was found that the total score obtained from the Social Stigma Scale for alcohol use disorder was 75.55 \pm 19.18. The total score obtained from the Cultural Values Scale was 79.79 \pm 17.47 Table 3.

Discussion

In this study, it was examined whether students' cultural values have an effect on their social stigmatization of alcohol use disorder. The majority of the participants (37.2%) were 21 years of age or older and mostly female students (76.8%).

No significant relationship was found between gender and stigmatization toward alcohol use disorder in our study. When the

Table 3.
The Relationship Between the Cultural Values Scale and the Social Stigma Scale for Alcohol Use Disorder

	Incompatibility	Social Distance	Inadequacy	Insecurity	Social Stigma Scale for Alcohol Use Disorder	Power Distance	Uncertainty Avoidance	Collectivism	Longevity	Masculinity	Culture Values Scale
Incompatibility	1.000										
Social distance	0.752**	1.000									
Inadequacy	0.779**	0.664**	1.000								
Insecurity	0.733**	0.751**	0.619**	1.000							
Social stigma scale for alcohol use disorder	0.934**	0.905**	0.857**	0.842**	1.000						
Power distance	-0.027	-0.007	-0.003	0.009	-0.011	1.000					
Uncertainty avoidance	0.365**	0.250**	0.156*	0.367**	0.318**	-0.026	1.000				
Collectivism	0.273**	0.192**	0.201**	0.239**	0.254**	0.114	0.410**	1.000			
Longevity	0.384**	0.305**	0.223**	0.431**	0.371**	-0.113	0.732**	0.732**	1.000		
Masculinity	0.179**	0.119	0.159*	0.125*	0.166**	0.351**	0.022	0.341**	0.091	1.000	
Culture values scale	0.377**	0.276**	0.238**	0.375**	0.353**	0.402**	0.678**	0.769**	0.709**	0.573**	1.000

Note: *Correlation is significant at the 0.05 level (two-tailed).
**Correlation is significant at the 0.01 level (two-tailed).

Table 4.
Mean Total and Subscale Scores of the Social Stigmatization Scale for Alcohol Use Disorder and Culture Values Scale (n = 250)

Scale and Scale Subscales	Min	Max	Mean \pm SD
Social stigma scale for alcohol use disorder (min: 20 – max: 100)	20	100	75.55 \pm 19.18
Incompatibility	7	35	27.14 \pm 6.98
Social distance	6	30	22.60 \pm 6.67
Inadequacy	4	20	13.57 \pm 4.59
Insecurity	3	15	12.23 \pm 3.17
Culture values scale (min: 26 – max: 130)	26	130	79.79 \pm 17.47
Power distance	0	25	9.08 \pm 5.18
Uncertainty avoidance	5	25	19.61 \pm 5.13
Collectivism	1	30	18.12 \pm 6.08
Longevity	4	30	23.20 \pm 5.77
Masculinity	0	20	9.77 \pm 5.47

studies were examined, it was stated that the male gender was more prominent in alcohol use problems and alcohol addiction was 6.3% in men and 0.9% in women (Rehm et al., 2009). Social stigma also manifests itself more harshly in women regarding addiction (Ünüböl et al., 2019). The stigma women experience, parenting responsibilities, spouses' refusal to allow treatment, and gender norms also prevent women from accessing treatment (Otiashvili et al., 2013).

In the study, a significant relationship was found between gender and the sub-dimensions of power distance, masculinity, and collectivism in the cultural values scale. This situation shows that it differs more in people who exhibit behaviors associated with being male. Power distance indicates that the respect that people give to the authority that is used among societies and that governs the society varies according to gender. In the study, it was found that 19-year-old students received higher scores in the masculinity sub-dimension than 20-year-old students, and a significant relationship was found between them. This situation can be said to indicate that although the ages are close to each other, there is a difference in thoughts in terms of masculinity after the age of 19 during adolescence. When the literature is examined, no study was found between cultural values and age. In the study, no significant relationship was found between the Cultural Values Scale and its sub-dimensions and the Stigmatization toward Alcohol Use Disorder Scale and its sub-dimensions in terms of the class they study and the place they live. It is thought that this situation is due to the fact that the students live within the boundaries of the same region. Unlike our study, studies have found that the place where individuals live affects their alcohol use and stigmatization (Arıcı & Yaman, 2021; Atlam et al., 2024).

In the study, a significant relationship was found between collectivism and masculinity, which are sub-dimensions of cultural values, and the departments studied. In the masculinity sub-dimension, it was determined that students studying in the medical documentation and secretarial department had higher scores

than students in the first and emergency aid department. This situation shows that professions that are in direct contact with patients have fewer masculine characteristics. In the collectivism sub-dimension, it was determined that students studying in the health institution management department had higher scores than students in the child development department. This situation shows that the political, economic, and cultural perspective that prioritizes the values and needs of society over those of the individual is higher in health institution management students. One of the conditions affecting alcohol use is the family's income status. In the study, it was determined that the majority of the participants' mothers were housewives and their fathers worked in the private sector. A significant relationship was found between income status and the stigmatization, incompatibility, and inadequacy dimensions of alcohol use disorder. Stigmatization, incompatibility, and inadequacy scores were higher in individuals with low incomes. When examined in terms of culture, a significant relationship was found in the collectivism sub-dimension. Another study, when examined in terms of culture, shows that alcohol consumption is practiced according to traditions regardless of income status (Arıcı & Yaman, 2021). Unlike our research, according to the World Health Organization data, there is a significant relationship between alcohol consumption and income level. Both widespread and risky consumption are higher in the upper-income group worldwide (World Health Organization, 2014).

A statistically significant relationship was found between alcohol and cigarette use status and the total score of the Cultural Values scale sub-dimension "power distance" and the Stigma toward Alcohol Use Disorder Scale and its sub-dimensions. This suggests that culture may see alcohol and cigarette use as power in individuals and that these habits may affect the stigmatization toward alcohol, feeling inadequate, incompatible, insecure and socially distant. According to the World Health Organization and Organization for Economic Co-operation and Development (OECD) reports, there are differences between genders in alcohol use rates. According to these reports, the prevalence of alcohol use is higher in men than in women. The rate of adolescent males in risky alcohol consumption is also higher than in adolescent females (World Health Organization, 2014; Organization for Economic Co-operation and Development, 2015). Studies have shown that those who have someone in their family or close circle who drinks alcohol are at higher risk of alcohol use and addiction than others (Coşkun, 2008). Similarly, a significant relationship was found in the study between father and mother's alcohol use and stigma toward alcohol use disorder and other sub-dimensions. A significant relationship was found between father alcohol use and long-term and uncertainty avoidance cultural values. This situation can be concluded that fathers' alcohol use affects patience, working with determination, and focusing on the future.

In the study, a statistically significant relationship was found between the negative view of society toward people who drink alcohol and the total scores of the power distance sub-dimensions of the Cultural Values scale, and the incompatibility, social distance, inadequacy, and insecurity sub-dimensions of the Stigma toward Alcohol Use Disorder Scale. In a study investigating the attitudes and behaviors of society toward people who use addictive substances in Turkey, it was found that individuals who had

never used cigarettes, alcohol, or addictive substances had more negative attitudes toward those who use substances than other participants (Yılmaz & Kaylı, 2020). In studies investigating the attitude of society toward people who use alcohol and substances, it was found that there was generally negative attitudes and stigmatization (Barry et al., 2014; Ahern et al., 2007; Unal Demir et al., 2022). It is stated in the literature that variables such as culture, personal experience with sick individuals, laws and courts, politics and mass media, and socio-demographic characteristics (age, gender, education, profession, and social class) affect the attitudes of society, but the studies have shown contradictory results (Yılmaz & Cüceler, 2019). In the study, the stigma scale toward alcohol use disorder was found to be higher in those who stated that alcohol is addictive than in those who stated that it does not and partially does in the sub-dimensions of incompatibility and social distance. In the inadequacy sub-dimension, those who stated that alcohol is addictive were found to be higher than those who stated that it partially does. In the insecurity sub-dimension, those who stated that alcohol is addictive were found to be higher than those who stated that it does not. In the study, it can be concluded that those who stated that alcohol use was negatively stigmatized may have a socially distant and non-compliant attitude. At the same time, it can be said that those who use alcohol may experience insecurity and incompetence more. According to Yaman, tobacco, alcohol, and drug use rates are increasing in the world and in Turkey, and the age of starting to use these substances is decreasing (Yaman et al., 2015).

Preventing negative attitudes and stigmatization, which are important obstacles in the treatment of alcohol addiction, is crucial for addicts to remain in social life and treatment. The culture in which individuals grow up affects the stigmatization of alcohol addiction. It has been determined that students with a high average of social stigmatization of alcohol use disorder also have a high average of cultural values. In the study, a statistically significant relationship was found between the negative view of society toward a person who drinks alcohol, the power distance from the sub-dimensions of the Cultural Values Scale, and the total scores of the Stigma toward Alcohol Use Disorder Scale, including the sub-dimensions of incompatibility, social distance, inadequacy, and insecurity. In the study, the stigma toward alcohol use disorder was found to be higher in those who stated that alcohol is addictive than in those who stated that it is not addictive or partially addictive in the sub-dimensions of the incompatibility and social distance scale. When the literature is examined, it can be stated that there are few studies examining the relationship between culture and stigmatization of alcohol addiction, and studies can be recommended in this direction.

Limitations

The fact that the study was conducted with students living at a university in Tarsus is one of the limitations of the study. Therefore, the findings of the study cannot be generalized to the entire universe.

Availability of Data and Materials: The data that support the findings of this study are available on request from the corresponding author.

Ethics Committee Approval: Ethics committee approval was obtained from Tarsus University Scientific Research and Publication Ethics Committee on the date of 25/04/2024, with the number 2024/41.

Informed Consent: Written informed consent was obtained from the students who accepted the study.

Peer-review: Externally peer-reviewed.

Acknowledgements: The author would like to thank the participants who took part in the study.

Declaration of Interests: The author has no conflicts of interest to declare.

Funding: The author declared that this study received no financial support.

References

- Ahern, J., Stuber, J., & Galea, S. (2007). Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence*, 88(2–3), 188–196. [CrossRef]
- Arıcı, A., & Yaman, Ö. M. (2021). Alcohol use in youth and the effect of cultural structure on addiction. *Journal of Social Work*, 5(2), 71–89.
- Atlam, D., Çınaroğlu Asar, A., Şaşman Kaylı, D., & Kırılı, U. (2024). Social and self-stigma in alcohol and substance addiction in women. *Journal of Addiction*, 25(3), 311–319. [CrossRef]
- Atlam, D., Kaylı, D. Ş., & Durusoy, R. (2023). Development of public stigma scales on alcohol use disorder and substance use disorder. *Journal of Ethnicity in Substance Abuse*, 1–18. [CrossRef]
- Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: Public views about drug addiction and mental illness. *Psychiatric Services*, 65(10), 1269–1272. [CrossRef]
- Blume, W. A. (2004). *Understanding and diagnosing substance use disorder. Handbook of addictive disorders: A practical guide to diagnosis and treatment* (pp. 63–93).
- Brohan, E., Slade, M., Clement, S., & Thornicroft, G. (2010). Experiences of mental illness stigma, prejudice and discrimination: A review of measures. *BMC Health Services Research*, 10(1), 80. [CrossRef]
- Coşkun, S., Ögel, K., & Işıl, Ö. (2008). Effectiveness of awareness training in adolescents who use volatile substances. *Addiction Journal*, 9(3), 114–118.
- Ersoy, M. A., & Varan, A. (2007). Reliability and validity study of the Turkish form of the scale of internalized stigma in mental illnesses. *Turkish Journal of Psychiatry*, 18(2), 163–171.
- Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions and organizations across nations*. Thousand Oaks, CA: Sage.
- Hollen, K. (2009). *Encyclopedia of addictions*. CT: Greenwood Press.
- Kalyoncu, Ö. A. (2010). *Plastic dreams*. Istanbul: Capital Media Publishing House.
- Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. *Lancet*, 367(9509), 528–529. [CrossRef]
- Marlatt, G. A., Baer, J. S., Donovan, D. M., & Kivlahan, D. R. (1988). Addictive behaviors: Etiology and treatment. *Annual Review of Psychology*, 39(1), 223–252. [CrossRef]
- Organization for Economic Co-Operation and Development (2015). *Tackling harmful alcohol use, economic and public health policy*, OECD publishing. [Erişim linki https://read.oecd-ilibrary.org/social-issues-migration-health/tackling-harmful-alcohol-use_9789264181069-en#page4].
- Otiashvili, D., Kirtadze, I., O'Grady, K. E., Zule, W., Krupitsky, E., Wechsberg, W. M., & Jones, H. E. (2013). Access to treatment for substance using women in the republic of Georgia: socio-cultural and structural barriers. *International Journal on Drug Policy*, 24(6), 566–572. [CrossRef]
- Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon, Y., & Patra, J. (2009). Global burden of disease and injury and

- economic cost attributable to alcohol use and alcohol-use disorders. *Lancet*, 373(9682), 2223 – 2233. [\[CrossRef\]](#)
- Saylik, A. (2017). *The relationship between paternalistic leadership behaviors of school principals and Hofstede's cultural dimensions* [Doctoral Thesis]. Ankara: Ankara University Institute of Educational Sciences.
- Taskin, E. O. (2007). *Stigma, attitudes and stigmatization towards mental illnesses*. Izmir: Meta Printing Press.
- Unal Demir, F., Akpınar Aslan, E., Batmaz, S., Celikbas, Z., Hizli Sayar, G., & Unubol, H. (2022). Awareness, negative attitudes and stigmatization levels of university students who use cigarettes, alcohol or substances towards addiction. *Addiction Journal*, 23(1), 86 – 94. [\[CrossRef\]](#)
- Ünüböl, B., Çınka, E., Bilici, R., & Hıdıroğlu, S. (2019). Investigation of psychological, familial and environmental problems of addicted women. *Kadem Women's Research Journal*, 5(1), 99 – 131.
- World Health Organization (2014). *Global status report on alcohol and health Report*. http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf.
- Yaman, Ö. M., Tuna, A. S., & Baykul, Z. (2015). *Bibliography of chemical dependency studies in turkey (1923 – 2014)*. Yeşilay Publications.
- Yazıcıoğlu, Y., & Erdoğan, S. (2014). *SPSS Applied Scientific research methods*. Ankara: Detay Publishing.
- Yıldırım, E., Sokullu, A. D., & Köknel, Ö. (2012). Internalized stigma in alcohol dependence: Relationship with depressive symptoms. *Journal of Psychological Studies*, 32(1), 1 – 12.
- Yılmaz, G., & Kaylı, D. Ş. (2020). Attitudes and behaviors of society towards individuals who use addictive substances: Manisa Province example. *Celal Bayar University Journal of Social Sciences*, 18(1), 326 – 338.
- Yılmaz, M., & Cüceler, S. (2019). Alcohol dependence and stigma. *Journal of Addiction*, 20(3), 167 – 174.