

ORIGINAL RESEARCH

Drinkers' Perceptions on Conducting Studies on Alcohol Consumption: Preliminary Study for International Alcohol Control Study, Turkey

Büşra Sandıklı , Perihan Torun , Ayşe Nur Balcı Yapalak 

Department of Public Health, Bezmialem Vakıf University School of Medicine, İstanbul, Turkey

ORCID iDs of the authors: B.S. 0000-0003-3767-3199; P.T. 0000-0003-3116-7981; A.N.B.Y. 0000-0003-1323-4511.

Main Points

- Drinkers may question or be sceptical of participation in alcohol consumption research.
- The study revealed negative attitude towards alcohol research in some drinkers, although most of the participants believed in the importance of such research and the majority was willing to take part.
- Eliciting the views of the target population to assess possible challenges of conducting an epidemiological study on alcohol consumption and other sensitive topics may improve the study designs.

Abstract

Lack of policy-oriented research in Turkey could be attributed to the perceptions of researchers on existence of an alcohol use problem in the population, methodological difficulties of conducting alcohol research, and the perceived sensitivity of the topic in the population. This descriptive quantitative study was carried out before the conduct of the International Alcohol Control Study (IAC) in Turkey, with an aim to assess the knowledge, attitude, and behaviors on alcohol research of 142 adults aged 18 years and above, who have the experience of consuming alcohol, to determine their preference for interviewer characteristics, interview place, and research institution. More than half of the participants (54.9%) stated that alcohol consumption studies were necessary, and a majority (74.7%) was willing to participate in such a study. The participants believed that the alcohol consumers from their own social environments would express their drinking status openly (72.5%) and report their consumption accurately (70.4%). Use of political or religious symbols by the interviewers did not seem to influence responses for more than half of the study subjects, although a non-negligible group have not agreed. The participants favored World Health Organization as the research institution (53.2%) and medical students (62.9%) as the interviewers. **Keywords:** Alcohol, alcohol consumption, alcohol research, international alcohol control study (IAC), interviewer

Corresponding author:

Büşra Sandıklı

E-mail:

sandiklibusra@gmail.com

Received: June 1, 2019

Revision: October 19, 2019

Accepted: May 18, 2020

Available Online Date:

June 11, 2020

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Introduction

Alcohol is known to have addictive properties, and there is a wealth of publications on its effect on health (GBD 2016 Alcohol Collaborators, 2018; Holmes et al., 2014; Stockwell et al., 2016). Prevention of alcohol related health problems and social issues in the population requires implementation of effective policies (Anderson, Chisholm & Fuhr, 2009; Babor et al., 2010; Brand, Saisana, Rynn, Pennoni & Lowenfels, 2007; Paschall, Grube & Kypri, 2009). Data from epidemiological studies on alcohol con-

sumption frequency and distribution, and reasons for overconsumption are essential for the development and introduction of robust control policies by decision makers.

The body of research on alcohol consumption in the general population is not comprehensive and provides limited information (Yargıç & Özdemiroğlu, 2010). Lack of policy-oriented research could be attributed to the perceptions of researchers on existence of an alcohol use problem in the population, methodological difficulties in conducting alcohol

Cite this article as: Sandıklı, B., Torun, P., & Balcı, Yapalak, A.N. (2020). Perceptions on conducting studies on alcohol consumption: Preliminary study for international alcohol control study, Turkey. *Addicta: The Turkish Journal on Addictions*, 7(3), 153-160.

research, and the perceived sensitivity of the topic in the population. National studies report conflicting and perhaps inaccurate frequencies for drinking (Dünya Sağlık Örgütü [DSÖ], 2018; Sağlık Bakanlığı, 2013; Türkiye İstatistik Kurumu [TÜİK], 2016). The lower prevalence reported in these studies may imply that alcohol use is not a priority problem to be studied in the population (Sağlık Bakanlığı, 2013; TÜİK, 2016). In fact, per capita consumption of alcohol in Turkey exceeds the amounts reported for United Kingdom, Spain, Sweden, and Switzerland, when analysis is confined to the drinkers (World Health Organization [WHO], 2018).

Methodological issues on the description of individual consumption of alcohol are reported. For example, no standard tool is available for measurement (Dawson, 2003), and a range of approaches have been in use to assess the consumption level. Studies on alcohol consumption in Turkey differed in terms of reference periods. Some focused on drinking behavior in the recent past to avoid recall bias, whereas others considered consumption over a longer period of time because of its relationship with the ill effects from alcohol (Yargıç & Özdemiroğlu, 2010). Therefore, comparison of the findings becomes invalid. Absence of a sampling frame for drinkers in the population coupled with low prevalence of drinking makes reaching drinkers difficult.

Alcohol consumption is known to have political and religious connotations, unlike some other addictive risk factors, which could be seen as a reason for the reduced number of studies. Thus, ensuring a sufficient sample size in an alcohol consumption study could be problematic. Fear of being exposed to society's disapproval and the resulting exclusion may lead to hiding the alcohol use. This view is supported by the findings of an ethnographic research study that investigated the feasibility of developing an Alcohol Support Package for a culturally excluded community with strict religious alcohol prohibition. Recruitment in the study has been challenging because of shame and stigma (Manders & Galvani, 2014). In Turkey, a series of legislative changes to prevent alcohol's adverse effects on the health of the general population was perceived negatively in some sections of the population. In this environment, conducting studies on alcohol consumption to create evidence for policy development may not be welcomed by the drinkers; however, this was not scrutinized using research before.

The aim of our study is to assess the knowledge, attitude, and behaviors on alcohol research of adults aged 18 years and older who have the experience of consuming alcohol, to determine their preference for interviewer characteristics, interview place, and research institution. The study was carried out before the conduct of the International Alcohol Control study (IAC) (Casswell, Huckle & Pledger, 2002) in Turkey, and the findings were used to increase the validity and reliability of its results by improving the methodology. It was also envisaged that the findings would inform the further studies on alcohol consumption. Moreover, this study highlights the importance of utilizing preliminary studies to test the acceptability of epidemiological studies on other sensitive topics, by revealing the perception of possible participants and the challenges of researchers.

Methods

This study was designed as a descriptive quantitative study to determine the knowledge, attitude, and behaviors of adult drinkers on alcohol research.

Population and Sample

The population of the study consisted of healthy adults aged 18 years or older, who were the residents of İstanbul, Bursa, or Tekirdağ provinces and had consumed alcohol at least once in their lifetime. The provinces were selected from Western Marmara, İstanbul, and Eastern Marmara statistical regions of Turkey because of their estimated higher alcohol consumption (Sağlık Bakanlığı, 2013). Tekirdağ and Bursa provinces were selected for their proximity to İstanbul.

A sampling frame for the drinker population is not available, and prevalence of drinking is known to be low. Therefore, use of probabilistic sampling methods was not possible. In order to ensure variety in the sample in terms of sex, age, and education, maximum variation sampling was used in the selection of the sample.

Interviews with 142 individuals, 82 males and 60 females, were conducted (Table 1).

Data Collection and Analysis

The data collection tool to assess the knowledge, attitude, and behaviors on alcohol research was devised by the researchers, draw-

Table 1.
Characteristics of the Participants

	n	%
Sex		
Female	60	42.3
Male	82	57.7
Age group		
18-34	79	55.6
35+	54	38.1
No response	9	6.3
Education		
Masters	21	14.8
Undergraduate	41	28.9
UG certificate	5	3.5
High school	50	35.2
Primary school	25	17.6
Employment		
Service or sales worker	41	28.9
Student	37	26.1
Professional		
(teacher, lawyer, doctor etc.)	26	18.3
Auxiliary professionals (technician, etc.)	20	14.1
Retired/housewife	8	5.6
Unemployed	2	1.4
No response	8	5.6
Total	142	100.0

ing on relevant literature. The questionnaire included sections on demographic characteristics, views on alcohol research, and personal alcohol consumption to understand how the consumption was described. Open-ended questions on attitudes and behaviors as well as those with pre-determined answers were asked in order to obtain in-depth answers.

Data collection was carried out by specialty trainees in medicine and students of pharmacy and medical schools in İstanbul, Bursa, and Tekirdağ between February and September 2016. In order to reach drinkers with different drinking cultures and to observe the challenges of conducting the study, interviews were performed face-to-face in streets, cafes, restaurants, bars, homes, and university campuses. After a description of the study, verbal or written informed consent was obtained from each participant. As quite a number of individuals were apprehensive about signing their names in the consent forms and considered declining, use of fake names in the consent forms was accepted.

The data were entered in the Microsoft Excel 2013 program and using descriptive analysis, frequency and distribution of quantitative data were presented as numbers and percentages. The free-text responses to the open-ended questions were analyzed using the thematic text analysis. Findings were grouped under common themes and presented with quotes from the participants.

The study was approved by the Ethical Committee of Bezmialem Vakıf University (date: 20 August 2014; no: 14/3).

Results

Of the 142 participants, more than half were males (57.7%), and 55.6% were aged less than 35 years; one female and eight male participants chose not to provide information on their ages. The majority of participants worked in the service sector or were university students. High school educated participants formed the largest group, and all participants had received formal education (Table 1).

In response to a question on the conduct of alcohol consumption studies at the national level, 54.9% of the participants stated that they were necessary, 26.1% unnecessary, and a further 14.1% did not have an opinion. The reasons for considering these studies unnecessary were given as “the population is not ready for such research,” “alcohol consumption in the population is not problematic,” “alcohol consumption is an area of personal freedom,” “the consumption amount is already known by the authorities,” “there is no need to measure individual consumption,” and “people may report their consumption inaccurately.”

Sales of alcohol are known...

Society is not ready for it yet.

My alcohol doesn't concern anyone.

People will not answer it correctly.

I don't think Turkey has an alcohol problem and, consumption of alcohol is excessive.

Private life, can be done as a health screening. But the questioning of private life is wrong.

The area of personal freedom does not concern anyone.

Looks like interference in private lives.

There's no point in knowing who is drinking what.

In order to estimate the response rate in a possible alcohol consumption study, participants were asked whether they would be willing to participate in a national study on alcohol consumption. A majority (74.7%) said that they could be, whereas 20.4% were not interested at all. The reasons for interest in participation were expressed as “contribution to science and national data,” “interest in findings,” “prevention of extreme consumption,” “increasing general awareness and awareness for harms to health,” and “understanding drinking habits in the population.”

To be useful, to contribute to science...

I think our country has not produced enough statistics at the level of a developed (country). I would like to contribute to the statistics.

To have information about consumption and production...

Health hazards of alcohol should be revealed.

I am curious about the types of alcohol that are preferred in different age groups.

To help determine the statistics in the country...

To learn the alcohol consumption rates for age groups in our country...

My contribution to the collection of national data.

To contribute to the accurate determination of statistics of alcohol users and non-users.

Curiosity of alcohol use figures...

I would participate if the research is to reduce the use of alcoholic beverages.

Necessary for announcement of the harms of alcohol and to prevent harms to health and to society.

I would like to help if it would be useful in order to predict and prevent the damages caused by excessive alcohol consumption.

To contribute to the scientific studies and to see the survey results...

Because in such studies, presence of people from different backgrounds is wished.

To have knowledge about the habits of people with different cultures.

Because I am curious about the general public's approach.

This kind of data should be collected to raise awareness of the public, the public should be informed.

I am curious about people's awareness of this issue. Because there is some ignorant section who think that you deviate socially even with small amount of alcohol consumption. There are people who think that every alcohol user is alcoholic. So, I am curious about the level of awareness in the society.

The participants who were not interested in taking part in an alcohol consumption study (20.4%) thought that alcohol consumption is a private or political topic, and the study would be unnecessary.

I do not use alcohol much, I think it is not necessary.

I don't want it to be known.

I find it unnecessary.

I don't want to talk about this.

Because it is a special issue.

I am not interested in this topic.

I will think it will be a politically troubled survey.

I don't want to make an effort.

I can't spare time.

In response to a question on the choice of research institution to carry out the alcohol consumption research, WHO was at the top of the list (53.2%) and was followed by university (39.4%) and the Ministry of Health (38.0%) (Table 2). In the free-text section of the question, a few participants described their choice as “any impartial organization,” “alcohol company,” and one participant expressed distrust to any organization.

Many participants thought that the interview location would not have any impact on their responses (Table 2). Some participants added “internet,” “email,” and “telephone” as their preferred means of being interviewed and as alternatives to the listed interview locations, “places such as parks because of availability for longer periods” and “any place outside home” were added.

The questionnaire included a few questions on interviewer characteristics which were considered to be contributing factors to the collection of valid and reliable data. More than half of the participants favored medical students (62.9%) or university students (52.9%), 27.1% research company interviewers, and a further 8.6% provided other categories as interviewers under the other option “health care worker,” “university tutor,” “doctor,” “government

staff,” “Ministry of Health staff,” “AMATEM (alcohol and drug addiction treatment center) staff,” “Green Crescent Society (for addiction) staff,” “pharmacologist,” and “sociologist.” Sex and age of the interviewer were not considered to influence the responses of the participants (84.6% and 52.1% respectively), although male interviewers were mainly preferred by male participants (85.7%). Those participants who had a preference for interviewer age (51.5%) wished to be interviewed by 26-35 age group interviewers. Any symbols of religious or political inclination worn by the interviewers were deemed to influence the responses of 42.3% of participants. Due to the political and religious connotations of drinking, the appearance of the person would imply differences in opinion and was, hence, perceived as a threat.

*Because I can't speak comfortably.
The state imposes a ban, we are accused.
I will get nervous about the reaction I may get.
I think s/he won't approve of alcohol.
Will affect survey objectivity.
I think I will be judged by the interviewer.
I do not trust the interviewer; I will think that s/he may distort the data.
Hope no trouble considering the conditions of Turkey.
Impossible to communicate with someone who is inconsiderate.
I feel pressured. If someone with a turban comes, I think I am blacklisted, for example.
S/he may have prejudices related to the topic.
I will think I will be blacklisted, like to be blacklisted for religious and political views...
If s/he has negative implications for alcohol consumption, as a reaction I will give responses that do not reflect the reality.
I will think s/he is not genuine.
I cannot talk about these issues comfortably with someone who has opposing political views.*

Appearance of the interviewer was not a matter of concern for 52.1%, and the individual and population health aspects of drinking were put forward as the main reasons, in free-text responses. If the importance of the study was kept in mind with a professional attitude, while performing data collection, the interviewer would be perceived as a member of the research team.

*Appearance is not important when it comes to health.
It is not shape but the content, which is important.
The views of the interviewer is not important to me, I can express myself to anyone.
I will tell the truth, no matter who, if I believe in the seriousness of the research.
Since I will take the research seriously, my answers will not change, but I feel uncomfortable when I give the answers.
I express my opinion thinking that s/he is assigned to take an independent opinion.
Someone else does not affect expression of my opinion.
What he thinks about me does not concern me, the appearance of the interviewer does not change my answer.
I have no reservations.
I think that the person doing this research will remain neutral.
Because I don't judge people like this.
Everyone's own choice, there should be no judgement.
Appearance is not important.
Appearance does not change my mind and action.*

Table 2.
Participant Preferences for Research Institution, Interview Location, and Interviewer Characteristics

	n=142	%
Institution		
World Health Organization	75	53.2
University/PG institute	56	39.4
Ministry of Health	54	38.0
International research	43	30.1
Green Crescent Society	39	27.5
Research company	20	14.1
Other	6	4.2
No response	1	0.7
Location		
Does not matter	52	36.6
Home	34	23.9
University	30	21.1
Cafe	29	20.4
Bar	28	19.7
Street	28	19.7
Bar/night club	18	12.7
Restaurant	18	12.7
Other	10	7.0
No response	1	0.7
Interviewer characteristics		
Medical student	88	62.0
University student	74	52.1
Research company interviewer	38	26.8
Other	15	10.6
No response	2	1.4

The majority of participants believed that the alcohol consumers from their own social environments would express their drinking status openly (72.5%) and report their consumption accurately (70.4%). A smaller group of participants thought that a few would conceal their drinking (11.3%) because of “community pressure,” “religious reasons,” and “reluctance” and added comments such as “people will not admit to it” and “I know people using alcohol secretly.” It was proposed by 16.9% of participants that drinkers would not report the amount of alcohol they consume accurately.

They may wish to hide that they drink too much. Thinking it is shameful, neighbourhood pressure etc.
I think they will be judged by the others depending on the answer.
People who drink a lot, hide.
Could exaggerate.
Because there may be exaggerators as well as those who hide from their families...
Due to the pressure...
They are afraid of their spouses.
Nobody wants to say that he is alcoholic.

The data collection tool included questions to elicit information on the frequency of drinking, types and amount of alcoholic drinks consumed, and consumption environments, to understand how the consumption was described by drinkers. More than half of the participants (66.9%) who agreed to respond to this question (95.8%) consumed alcohol at least once a week. “Twice weekly,” “once in two weeks,” “every other day,” “six days a week,” and “gourmet, tasting occasions” were added to the listed options by participants themselves (Table 3). Male participants mostly consumed “once weekly” (34.1%), females “on special occasions” (38.3%). At least once a week consumption was the habit of 84.2% of males but only 45.0% of females.

Beer, raki, and wine were consumed by a larger proportion of participants, and whiskey, vodka, tequila, gin, liquor, and cocktails were preferred by a smaller group. Beer was consumed using bottles, glasses, and liquor glasses, including in double measures. Raki was consumed using glasses, liquor glasses, Turkish tea glasses (100 mL), and bottles, including in double measures. Drinking mainly took place in homes (56.0%), in locations such as bars and night clubs (37.3%), and restaurants (33.6%). The

Table 3.
Participants’ Frequency of Alcohol Consumption

Drinking frequency	n	%
Every day	13	9.6
Six days a week	1	0.7
Every other day	1	0.7
Two-three times a week	37	27.2
Once a week	39	28.7
Once in two weeks	2	1.5
Once a month	13	9.6
Special occasions	27	19.8
Other (gourmet, tasting etc.)	3	2.2
Total	136	100.0

perceived societal pressure to abstain from alcohol was felt by 65.4%. Policies to discourage alcohol consumption were put forward in support of this argument.

Bans are added every day.
Banning the sale of drinks after 22.00 in the evening is a clear enough reason.
Too much increase in the price.
Government is raising taxes.
There cannot be such expensive drink in the world.
Not individually, but taxes are high, prices are high.
Taxes are high, prices are high. Community leaders’ speeches trying to shape people’s lives. But alcohol use in the uneducated sections can trigger violence.
They ban drinking everywhere. Public spots against alcohol, taxes, prices, political discourses - too unnecessary.
I think it is not pressure exactly but leading.

Other topics brought into the responses were community pressure and religious pressure.

Some because of health issues and some because of religious reasons and as it is thought to disrupt social order...
In our country, if not verbally, by glares, because we are raised in such environment.
The perception of something wrong is being done...
Women feel disturbed.
Community pressure, considering of every alcohol drinker as an alcoholic, people’s unawareness- each is pressure.
When people are drinking on the streets in Ramadan, the pressure of the society is where the cops are.
Warnings because it is harmful...
Unnecessary pressure by the society, it is met with negative attitudes.
There is a prejudice against women using alcohol.
I think there is pressure is because it is considered against religion and harmful to health.
Unnecessary pressure by the society, it is met with negative attitudes.
I think that religion and state affairs are not governed separately, and alcohol use condemned and is hidden by the drinkers as it is considered to be a sin by religion.
Thoughts are that drinkers have problems with religion and act as if we are irreligious. This is a lifestyle, nobody should interfere. Even the name of the questionnaire is exaggerated by saying “alcohol use” as if it is a drug.

A group of participants asserted that perceptions on alcohol consumption and pressures varied regionally because of the local prevailing cultures.

No in big cities, but moving the drinking locations out of cities in Anatolia could lead to pressure.
Carefree in Thrace, but there is in Turkey.
Depends on the district and community structure. I can not say there is always or never.
Traditions from the past ...

One participant agreed on the existence of pressure on alcohol use but argued that it is rather in the direction of encouraging alcohol consumption.

There is pressure to use in my social environment.

Challenges in the Field

Permission was sought from the managers of the locations of alcohol consumption by providing information on the study. Customer disturbance was the main concern of the management teams, and an untrusting attitude toward the interviewers were observed in some locations. The perception of the research institution generated reluctance to participate, or prejudice was experienced during the interview.

Presence of family members who had inaccurate information about the interviewee's abstinence or consumption habits caused undesired situations for both the interviewer and the interviewee. It was observed that the interviewers wearing symbols of religious or political views caused hesitance at times.

Discussion

The study aimed to elicit the views of drinkers to inform the methods of the IAC study of Turkey at its planning stage, which would strengthen the validity and reliability of results.

Alcohol consumption is known to have political and religious connotations, unlike some other addictive risk factors, and causes fear of stigmatization in some of the drinkers. Consequently, drinkers may question or be skeptical of participation in alcohol consumption research. Changes to regulations to prevent alcohol's adverse effects on the health of the population were perceived negatively by many drinkers. The prevailing attitude against these changes has been that drinking pertains to individual rights and freedom, and any interference in private lives is not acceptable. A group of participants, therefore, asserted that research into alcohol consumption is not necessary and should not be done at all. Instead, it was proposed that where necessary, total population consumption figures should be used to describe the population consumption. Despite all these opinions, more than half of the participants of the study believed in the importance of alcohol consumption research (54.9%), and the majority was willing to take part in such research (74.7%) to contribute to country's statistical data, to help determine and prevent health hazards from alcohol use, and to increase awareness in the population. In the IAC study, response rate has been 38.4% and 56.0% in two study areas, and 26% and 57% of the target population declined participation because of the topic, i.e., alcohol. (Balci Yapalak et al., 2018). Rejections could be attributed to the inconvenience of reporting alcohol use when privacy is not ensured in a household study, i.e., in the presence of another member (Akbar Haghdost, Reza Baneshi, Eybpoosh & Khajehkazemi, 2013). In the current study, the reasons for reluctance to take part in an alcohol consumption research or viewing such research as unnecessary indicate that alcohol consumption is regarded as an individual and not a general concern and that concerns of intrusion to private life prevail. The recruitment of subjects in studies of sensitive topics is reported to be challenging (Whitebird, Bliss, Hase & Savik, 2006; Zanjani & Rowles, 2012). The use of the word "alcohol" in the title may be discouraging participation, and the study faced difficulties in finding drinkers to interview even though the aim was to obtain views on alcohol research. Although the subjects were reached through consenting individuals, by snowballing, reaching the desired number and getting written consent has been challenging and use of fake names had to be allowed. It may be assumed that the sample of the current study

is more likely to represent those who regard alcohol research positively as many participants showed an interest in participating in alcohol research and believed in its importance.

The participants believed that the majority of drinkers around them would disclose their drinking status openly (72.5%) and report the amount they consume accurately (70.4%). The sensitivity of the topic is among the many determinants of reliability of the self-reported information (Marquis, Marquis & Polich, 1986). Perception of pressure in the society against alcohol consumption was held by the two thirds of the study population and could indicate some possible challenges in the field. In some societies, use of alcohol is associated with religious or political beliefs, which may lead to societal or political othering and to difficulties with talking about consumption. Raymond M. Lee, as the first researcher to discuss the important factors in research into sensitive topics (Lee, 1993), asserted that the sensitivity originates not from the topic itself but rather from the intimate questions asked or fear of disclosure of behaviors which are unusual for the prevailing culture. In the study, policies to reduce alcohol consumption were viewed as societal pressure against alcohol consumption. Legislation took precedence over societal and religious pressures in the study group, possibly because of the fact that the study was conducted in the geographical areas with higher prevalence of drinking; the importance of living in small closed communities and regional differences were also brought to attention. In a study of alcohol consumption frequency and distribution, the study population should consist of subjects with a variety of alcohol consumption habits to prevent introduction of bias into the study. Moreover, caution should be taken in the interpretation of findings if the amount is likely to be underreported. It may be assumed that the views expressed by the participants as their own or of others represent participants' own attitudes.

Existence of a relationship between the quality of information provided by the research subjects and interviewer characteristics, interview environment, perception of research institution, especially on sensitive topics research, has been discussed in the literature (Davis, Couper, Janz, Caldwell & Resnicow, 2010; Galesic & Tourangeau, 2007; Guéguen, 2015; Jäckle, Lynn, Sinibaldi & Tipping, 2012). In this study, the WHO, universities, and Ministry of Health were favored -in descending order- to conduct an alcohol consumption study, whereas research companies came last, possibly because of distrust. Strong student interviewer preference is a positive finding for some studies. Although the IAC study was conducted by a university, interviewers had to be recruited from a research company as recruitment of students was not possible. The reasons behind the approval of student interviewers were not scrutinized in the context of the current study. An agreement on the interview environment conducive to disclosure of drinking related information was not reached. Sex of the interviewer was suggested to be insignificant, although males were more in favor of male interviewers, possibly because of the convenience of disclosing sensitive information to a same sex person (Guéguen, 2015). A group of participants supported the collection of data by interviewers in the 26 – 35 age group interviewers. Use of political or religious symbols by the interviewers did not seem to matter for more than half of the study subjects if the study is conducted in a professional manner, although a non-negligible group have not agreed.

Alcoholic drink preferences and consumption locations elicited in the study were in agreement with that found in the IAC study, although the drinking frequency was found to be higher (Balci Yapalak et al., 2018). This could be attributed to the selection of sample from the drinking locations. Similarly, the educational level of participants was higher possibly because of the sampling methodology. In addition, drinking is more prevalent among the more educated; hence, the sample is more likely to have a higher-level educational attainment (T.C. Aile ve Sosyal Politikalar Bakanlığı, 2011). Underrepresentation of females—especially middle aged and above—in the sample may be related to both a smaller proportion of female drinkers and a smaller proportion of female drinkers in the higher age groups (DSÖ, 2018; T.C. Aile ve Sosyal Politikalar Bakanlığı, 2011). Males consumed alcohol more frequently, as suggested in national studies, although women consumed more frequently on special occasions (T.C. Aile ve Sosyal Politikalar Bakanlığı, 2011).

In order to promote health and prevent harmful effects of alcohol use, population studies should be conducted to monitor alcohol consumption and identify appropriate policies. The current body of research on alcohol mainly consists of studies on patients, visitors of health centers, students, or selected professionals (Yargıç & Özdemiroğlu, 2010). Alcohol use has not been scrutinized in the national panel studies (TÜİK, 2016). Understanding views and expectations of drinkers before conducting general population studies on alcohol use could help with increased participation in the study and increased reliability of findings.

Employment of non-probability sampling methods limits the generalizability of the findings of the current study. As the prevalence of drinking is low throughout the country (Sağlık Bakanlığı, 2013; TÜİK, 2016), the study was restricted to areas with increased prevalence, and therefore, the perception of alcohol research in areas with low prevalence was not studied. Interviews were conducted at different locations to increase representation of a variety of drinking habits and hence generalizability. Some problems were experienced while seeking permission from the management of places such as bars and beer houses and also when describing the study to convince potential participants. Further participants were recruited through interviewed individuals to increase participation. Although random sampling of the participants is the ideal approach to the selection of participants in general, it is not the case when studying human behavior, which is complex (Marshall, 1996). It may not always be desirable to select a representative sample or a sample may not be representative and findings may not be generalizable if a certain group of people choose to take part in the study (Shapiro et al., 1999). Generally speaking, non-probability sampling methodology is employed to reach individuals with behaviors hidden from the society (Clive, 2012). Convenience sampling facilitates the recruitment of a sample, and further sampling can be done using snowballing through the participants to increase the number of participants with a range of drinking habits (Bhattacharjee, 2012).

Close-ended questions of a quantitative study may restrict the responses on research perception, and pre-determined categories may fail to reflect the views of the participants fully or accurately. Researchers may have the opportunity of capturing and understanding the full views using responses to open-ended questions (Patton, 2014). Indeed, where both types of questions were used in

the questionnaire, the selected option was not in agreement with the response to the open-ended question in some cases, details were also elicited in the free-text responses. Both quantitative and qualitative approaches to research carry weaknesses, and mixed methodology may bring some advantages (Patton, 2014). Qualitative perspective on alcohol consumption studies may be widened by including decision makers, researchers, and sections of society in the study.

The findings of this exploratory study will inform the design and planning of field studies on alcohol consumption. Moreover, the study emphasizes the importance of eliciting views of the target population and of assessing challenges to be faced before conducting an epidemiological study on alcohol consumption and other sensitive topics; preliminary studies will be helpful with the assessment of the feasibility before conducting the main study.

Ethics Committee Approval: Ethics committee approval was received for this study from the Clinical Research Ethics Committee of the Bezmialem Vakıf University (date: 20 August 2014; no: 14/3).

Informed Consent: Verbal or written informed consent was obtained from each participant.

Peer-review: Externally peer-reviewed.

Acknowledgement: The authors would like to thank Ayşe Mine Özçelik and Emine Şeyda Teloğlu for their contribution to the data collection.

Author Contributions: Concept - P.T. Design - P.T., B.S.; Supervision - P.T.; Resources - P.T., B.S.; Materials - P.T., B.S., A.N.B.Y.; Data Collection and/or Processing - B.S., P.T., A.N.B.Y.; Analysis and/or Interpretation - B.S.; Literature Search - B.S., P.T.; Writing Manuscript - B.S., P.T., A.N.B.Y.; Critical Review - P.T., B.S.

Conflict of Interest: The authors have no conflicts of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

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