The following full text is a publisher’s version.

For additional information about this publication click this link.
http://hdl.handle.net/2066/174115

Please be advised that this information was generated on 2018-04-14 and may be subject to change.
Alcohol-related cognitions in children (aged 2–10) and how they are shaped by parental alcohol use: A systematic review

Carmen Voogt, Miriam Beusink, Marloes Kleinjan, Roy Otten, Rutger Engels, Koen Smit, Emmanuel Kuntsche

1. Introduction

Ample evidence has been presented on the distal and proximal factors that determine the full spectrum of alcohol use – from alcohol initiation to drinking – in adolescence and beyond (Ham and Hope, 2003; Kuntsche et al., 2004). However, an increasing number of longitudinal studies have demonstrated that proximal cognitive factors related to alcohol use are rooted in childhood (Schulenberg and Maggs, 2008). In childhood, parents are the principal socialization agents stimulating children’s development (Steinberg, 2002). Consequently, they are the primary source of their children’s alcohol-related knowledge (Zucker et al., 2008, 1995). The Cognitive Model of Intergenerational Transference (Campbell and Oei, 2010) assumes that parents’ verbal affirmations of the perceived benefits of alcohol and children’s observation of the effects of parental alcohol use are responsible for the intergenerational transference of alcohol-related cognitions, that is, what children a) know about alcohol (i.e., alcohol-related knowledge); b) know about alcohol use in adult culture (i.e., alcohol-related norms), and c) believe happens to others or themselves when drinking alcohol (i.e., alcohol expectancies).

A literature review conducted by Lang and Stritzke (1993) on children’s alcohol-related cognitions showed that children are not ‘innocent’ with respect to alcohol. Already at age three, children have alcohol-related knowledge, as they can recognize and identify alcoholic
beverages. From age five on, children seem to be aware of age-related alcohol norms (e.g., only adults consume alcohol), hold sex-specific alcohol norms (e.g., males like alcohol-related activities more than do females), and know socially acceptable amounts of alcohol use (e.g., small versus large alcohol dose). Finally, as early as six years of age, children have certain alcohol expectancies that seem to shift from primarily negative to primarily positive by the age of ten. Based on observed situational determinants, children seem to acquire knowledge of alcohol itself and the role of alcohol in the social environment (i.e., norms) based on which they eventually develop alcohol expectancies (Zucker et al., 2008, 1995). In this respect, it is essential to evaluate what is already known regarding the developmental sequence from knowledge and norms to expectancies.

Unfortunately, since the review by Lang and Stritzke (1993) conducted more than two decades ago did not follow guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Liberati et al., 2009; Moher et al., 2009), a comprehensive state-of-the-art knowledge of research on children’s alcohol-related cognitions is currently lacking. Besides, the impact of parental alcohol use on the acquisition of children’s alcohol-related cognitions was not considered in the previous review (Lang and Stritzke, 1993). It is crucial to understand this impact, as alcohol-related knowledge and alcohol-related norms are supposed to influence alcohol expectancies (e.g., ‘I expect that alcohol makes me sociable’) and the transition to drinking motives (e.g., ‘I drank (for the first time) to enjoy a party’). According to the Motivational Model of alcohol use (Cox and Klinger, 1990, 1988), the latter is thought to constitute the final pathway to alcohol initiation (Kuntsche and Müller, 2012) and subsequent drinking patterns (e.g., binge drinking) (Andrews et al., 2011; Donovan et al., 2004; Windle et al., 2008). Risky drinking among young people is particularly alarming, as childhood is a critical period of cortical development, and it is important for establishing lifelong adult characteristics, which drinking could disrupt (Crews et al., 2007). Therefore, this systematic review aimed to summarize the evidence of the impact of parental alcohol use on the acquisition of children’s alcohol-related cognitions (alcohol-related knowledge, alcohol-related norms, alcohol expectancies) in the developmental period from age two to ten. This particular age range was chosen to explore the development and increase of alcohol-related cognitions before adolescence. Scholars have suggested that the socialization into early alcohol use occurs before age ten (Zucker et al., 2008). This review builds on and extends the review of Lang and Stritzke (1993) by including studies published from 1976 to 2016 that focused on the acquisition of children’s alcohol-related cognitions and on the impact of parental alcohol use on this acquisition. Our review also adheres to PRISMA guidelines (Liberati et al., 2009; Moher et al., 2009), thus reporting the findings in a comprehensive and transparent manner.

2. Material and methods

A computer-assisted systematic literature search was performed in collaboration with an information expert in searches for systematic reviews and meta-analyses in PubMed, PsychINFO, ERIC, and EMBASE in accordance with the PRISMA guidelines (Liberati et al., 2009; Moher et al., 2009). The review was registered in the Prospero database of systematic reviews (registration number CRD42016051080). Inclusion criteria were: a) full-text original articles published in the last forty years (from 1976 to 2016) and written in English; b) studies including children in the developmental period from age two to ten; and c) studies assessing children’s alcohol-related knowledge, alcohol-related norms, and/or alcohol expectancies as outcomes only and/or in combination with parental alcohol use. The reviewed studies that comprised samples of children who were younger as well as older than the age of ten were included in the review. Of these studies, we only reviewed the results for the children within the age range between two and ten years (see Table 2 for specific information). Both explicit alcohol expectancies that rely on non-automatic cognitive motivational processes as well as implicit alcohol expectancies that rely on automatic underlying motivational processes were included (Thush and Wiers, 2007). Exclusion criteria were: a) full-text original articles published before 1976 and written in language other than English and b) commentaries, editorial notes, and study protocols. In addition, the reference sections of identified articles were cross-checked in order to find relevant articles meeting the above-mentioned inclusion criteria. If full-text articles were not available, we contacted their authors to obtain them.

2.1. Data selection process

Fig. 1. shows the PRISMA study flow diagram (Liberati et al., 2009; Moher et al., 2009). The keywords used to identify relevant articles were; e.g.; ‘knowledge’ or ‘schema’ or ‘awareness’; ‘norm’* or ‘appropriate*’; ‘expectanc*’ or ‘perceived benefits’; ‘child*’ or ‘younger*’ or ‘preschool*’; ‘parent*’ or ‘father*’ or ‘mother*’; in combination with ‘alcohol’ or ‘drinking’. We identified 3388 articles from the four search engines. Overall; 18 articles emerged from the screenings of the reference sections in the identified studies; resulting in 3406 unique articles (Fig. 1). Two authors (CV and MB) screened all articles independently based on their title and abstract to ascertain that they met the inclusion criteria. Articles that were published before 1976 (n = 14); commentaries (n = 10); editorials (n = 5); notes (n = 2); study protocols (n = 11); and those that did not focus on children’s alcohol-related cognitions (n = 3320) were excluded. For the 44 remaining articles; the full text was obtained to check the compliance with the inclusion criteria. Once again; the same two authors (CV and MB) performed this task independently. Any disagreement between the two authors was resolved by consensus or; if the disagreement persisted; by consulting a third researcher (EK). Articles that did not meet the inclusion criteria were excluded (n = 24). In total; 20 articles were retained for further analysis.

2.2. Data extraction process and critical appraisal

Using a predefined scheme based on the PRISMA checklist (Moher et al., 2009), the following data were extracted from the 20 selected studies: a) study characteristics (i.e., author(s) and year of publication); b) methods (i.e., sample characteristics, sampling strategy, study design, and outcomes); c) results (i.e., main results), and d) conclusions. The risk of bias of the selected studies was evaluated using the Newcastle Ottawa Scale (NOS) (Wells et al., 2000), a widely used tool for assessing the quality of observational studies (Stang, 2010) that has been adapted for cross-sectional studies (Herzog et al., 2013).

3. Results

Table 1 provides an overview of the characteristics of the 20 selected studies in this systematic review. Of the 20 studies, 16 focused on children’s alcohol-related knowledge (Austin and Nach-Ferguson, 1995; Casswell et al., 1988; Dalton et al., 2005; Flett et al., 1987; Fossey, 1993a, 1993b; Gaines et al., 1988; Greenberg et al., 1985; Hahn et al., 2000; Jahoda et al., 1980; Kuntsche et al., 2016; Mennella and Garcia, 2000; Noll et al., 1990; Tennant, 1979; Valentine et al., 2014; Zucker et al., 1995), five focused on children’s alcohol-related norms (Jahoda et al., 1980; Kuntsche et al., 2016; Noll et al., 1990; Spiegler, 1983; Zucker et al., 1995), four focused on children’s explicit alcohol expectancies (Austin and Nach-Ferguson, 1995; Flett et al., 1987; Kuntsche, 2017; Mares et al., 2015), and one focused on both explicit and implicit alcohol expectancies (Pieters et al., 2010). Eleven focused on the impact of parental alcohol use on the acquisition of children’s alcohol-related cognitions (Casswell et al., 1988; Dalton et al., 2005; Gaines et al., 1988; Greenberg et al., 1985; Hahn et al., 2000; Jahoda et al., 1980; Mares et al., 2015; Mennella and Garcia, 2000; Noll et al.,
Children (aged 3.0-6.0) could distinguish between alcoholic and non-alcoholic beverages. In addition, children could identify the content of alcoholic beverages and knew its use in adult culture. Sex and age differences in alcohol-related knowledge were found.

Concerning alcohol-related knowledge, children had higher positive rather than negative explicit AE. No age differences were noted for any of the 4 explicit AE factors. Children (aged 4.0-6.0) had higher positive rather than negative explicit AE. Sex differences were found in alcohol-related knowledge, yet no difference concerning arousal-negative, sedation-positive, sedation-negative) and demographic characteristics (sex, age). The outcomes were measured by the Berkeley Puppet Interview in which 2 identical dog hand puppets made opposing statements. Children were asked 'And how about you, what do you think?' The puppet with which the child agrees then repeats the child's answer, thereby appraising the child's knowledge.

Concerning alcohol-related content knowledge, children identified 68.1% of the beverages as alcoholic and 83.2% as non-alcoholic containing. These differences were noted for any of the 4 explicit AE factors. No sex differences emerged in the strength of positive and negative explicit AE. Older children had less positive and more negative explicit AE compared to younger children. In addition, more paternal alcohol use was related to less positive explicit AE while more maternal alcohol use was related to more positive explicit AE.

Ten families consisting of 18 children aged 5.0-12.0 recruited using a random sampling strategy. Children had limited knowledge of specific types/brands of beverages: a few recognized specific brands, yet the majority correctly identified only alcohol that they had seen advertised on television programs, yet the majority correctly identified only alcohol that their parents consumed products containing it, and the consumption of different beverages was determined by the children's age and media exposure. The puppet with which the child agrees then repeats the child's answer, thereby appraising the child's knowledge.

Children (aged 5.0-6.0) could distinguish the content of alcoholic beverages, whereas children (aged 5.0-12.0) could identify alcoholic beverages and the short-term health risks and social harms associated with drinking and social drinking. The alcohol-related knowledge was gained in the family context and with peer-oriented influences rather than health campaigns or school interventions targeted at them.
Table 1 (continued)

<table>
<thead>
<tr>
<th>Study (year)</th>
<th>Methods</th>
<th>Outcomes</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pieters et al. (2010)</td>
<td>99 children aged 9.0–12.0 (of which 23.0% non-drinkers and 67.0% drinkers) recruited using a convenience sampling strategy; 10.2% (SD = 8.45) alcohol purchases were related to parental alcohol use. Children’s explicit AE (positive and negative), implicit AE, and perceived parental alcohol use.</td>
<td>Children’s explicit AE (positive and negative), implicit AE, and perceived parental alcohol use.</td>
<td>Children’s alcohol-related outcomes were measured using a role-playing scenario involving grocery shopping and a social event for adults guided by a researcher. Parents reported on alcohol use and demographic characteristics (income, marital status). Children’s alcohol-related outcomes were measured using self-administered surveys.</td>
</tr>
<tr>
<td>Dalton et al. (2005)</td>
<td>120 children aged 5.0–6.0 (67.0% boys; 33.0% girls) of which 10.0% minority and 90.0% majority population. Parents reported on alcohol use and demographic characteristics (income, marital status). Children’s alcohol-related outcomes were measured using the Child Behavior Checklist (CBCL).</td>
<td>Children’s alcohol-related outcomes were measured using the CBCL.</td>
<td>Children’s alcohol-related outcomes were measured using the CBCL.</td>
</tr>
<tr>
<td>Hahn et al. (2000)</td>
<td>126 children aged 5.0–6.0 recruited using a random sampling strategy; 50.0% boys and 50.0% girls; 44.0% = 8.90) years old; 44.0% boys and 109 parents aged 32.4 (SD = 8.90) years old; 20.0% fathers; cross-sectional study; United States.</td>
<td>Children’s alcohol-related outcomes were measured using the CBCL.</td>
<td>Children’s alcohol-related outcomes were measured using the CBCL.</td>
</tr>
</tbody>
</table>

Concerning odor preferences, children preferred bubble gum (86.0%), followed by mineral oil (66.0%), beer (52.7%), and pyridine (11.3%), respectively. Children at the escape group were more likely to purchase alcohol compared to children at the non-escape group. No sex and ethnic differences in this alcohol-related knowledge were found. In addition, children’s alcohol-related knowledge was not related to parental alcohol use. Concerning odor preferences, children preferred bubble gum (86.0%), followed by mineral oil (66.0%), beer (52.7%), and pyridine (11.3%), respectively. Children at the escape group were more likely to purchase alcohol compared to children at the non-escape group. No sex and ethnic differences in this alcohol-related knowledge were found. In addition, children’s alcohol-related knowledge was not related to parental alcohol use.
Table 1 (continued)

<table>
<thead>
<tr>
<th>Study (year)</th>
<th>Authors</th>
<th>Methods</th>
<th>Outcomes</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferguson (1993)</td>
<td>238 children (aged 5.5–6.5; aged 7.5–10.5) aged 5.5–9.5 and 10.5–12.0</td>
<td>In the 1st trial, 47.4% correct identifications of the 10 odors were made; in the 2nd trial, 80.8% and 83.0% correct identifications of the 10 odors were made respectively. In addition, most children (60%) had negative explicit AE, as they disagreed that friends and adults would think I am not cool if I do not drink beer or wine.</td>
<td>Children's alcohol-related knowledge of the 226 children (of which 62% were COAs and 38% were NCOAs) aged 2.9–6.5; aged 7.5–10.5; aged 11.0–12.0 had more alcohol-related knowledge and alcohol-related norms than did NCOAs.</td>
<td>Children (aged 2.9–6.5) could distinguish between alcoholic and non-alcoholic beverages. This alcohol-related knowledge increased with age. Moreover, COAs were more often assigned alcoholic beverages compared to children aged 7–9 years old and 10–12 years old. Alcohol-related knowledge was associated with alcohol use. Alcohol-related knowledge was associated with alcohol use. This was true even when controlling for maternal alcohol use and maternal alcohol use was related to children's alcohol-related knowledge.</td>
</tr>
</tbody>
</table>
alcohol make you drunk') and negative information ('alcohol is bad for you') about alcohol. This alcohol-related knowledge started at age 5.5–6.5 and increased with age.

### Table 1 (continued)

<table>
<thead>
<tr>
<th>Study (year)</th>
<th>Methods</th>
<th>Outcomes</th>
<th>Results</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fossey (1993)</td>
<td>228 children (of which 33% aged 5.5–6.5; 34% aged 7.5–8.5; and 33% aged 9.5–10.5); 5.5–10.5 years old recruited using a random sampling strategy; mean age (SD) of participants; % of boys; study design; country</td>
<td>Children's alcohol-related knowledge and demographic characteristics (age). The outcomes were measured using a modified version of the Judgement of Photographs Task comprising 20 photographs (adults engaged in an alcohol/tobacco-related activity or a non-alcohol/tobacco-related activity). Children were asked a) what they could tell about the beverages (1 = factual information: 'alcohol make you drunk'; 2 = positive information: 'alcohol taste nice'; 3 = negative information: 'alcohol is bad for you') and b) to put each photograph into 1 of the 4 boxes (1 = like very much; 2 = like a little; 3 = do not like a little; 4 = do not like at all).</td>
<td>Children aged 5.5–6.5 were more likely to report that they knew nothing about alcohol compared to children aged 9.5–10.5. Of the 5.5–6.5 year olds, factual information about alcohol was reported more often compared to negative information about alcohol. Factual and negative information about alcohol increased with age.</td>
<td>Children (aged 5.5–10.5) could tell factual ('alcohol make you drunk') and negative information ('alcohol is bad for you') about alcohol. This alcohol-related knowledge started at age 5.5–6.5 and increased with age.</td>
</tr>
<tr>
<td>Noll et al. (1990)</td>
<td>57 children (of which 51.0% aged 2.6–4.0 and 49.0% aged 4.1–5.8); 2.5–6.0 recruited using a convenience sampling strategy; 4.1 (SD = 0.92) years old; and 92 parents; 38.0% fathers; cross-sectional study; United States.</td>
<td>Children's alcohol-related knowledge, alcohol-related norms, and demographic characteristics (sex, age). Parents reported on alcohol use and demographic characteristics. Children's outcomes were measured using a smelling task in which children attempted to identify alcoholic beverages based on smell (1st uncued trial) and by pointing to a picture of the substances that were not correctly identified on the 1st trial (2nd used trial). In the first trial, 9 jars with different odors (3 substances mainly used by children or by both children and adults = 'universal-use': apple juice, Play-doh, popcorn; 2 substances mainly used by adults = 'non-controlled adult-use': coffee, perfume; 4 substances whose use is legally limited to adults only = 'controlled adult-use': beer, whiskey, wine, cigarettes) were presented. Children were asked a) to identify what they smelled. In the second trial, 9 color photographs were presented. The responses were administered individually by trained examiners. Parental outcomes were measured using self-administered surveys.</td>
<td>Concerning alcohol-related knowledge, older children were better at identifying substances by smell compared to younger children in the 1st trial. Of the older children, 57% identified beer, wine, or whiskey compared to 21% of the younger children. When combining the 2 trials, 89%/69% of the older/younger children identified ≥1 alcoholic beverage. Children were better at identifying the universally used and the non-controlled adult-use substances compared to the controlled adult-use substances in both trials. Concerning alcohol-related norms, children reported that a) universal uses are used by adults and children (62%) and b) non-controlled adult-use substances (69%) and controlled adult-use substances (86%) are used by adults only. Age differences in alcohol-related norms are unknown. Moreover, parental alcohol use was related to children's ability to identify ≥1 alcoholic beverages. Those who were most successful at identifying ≥1 alcoholic beverage came from families in which both parents reported alcohol use. No sex differences in alcohol-related knowledge and alcohol-related norms emerged. Of the children, 6% knew nothing about alcohol effects; 94% gave ≥1 responses; 37% reported short-term effects, and 38% long-term effects. 'Getting drunk' was most often reported (71%). In addition, children's sources of alcohol-related knowledge were television (35%), parents or Peers.</td>
<td>Children (aged 2.6–6.0) could identify alcoholic beverages based on smell; this alcohol-related knowledge started at age 3.0–4.0 and increased with age. In addition, children also know alcohol use in adult culture, as they reported liking substances that are used mainly by children and adults and generally reported disliking substances the use of which is legally limited to adults only. No sex differences emerged in alcohol-related knowledge and alcohol-related norms.</td>
</tr>
<tr>
<td>Caswell et al. (1998)</td>
<td>743 children aged 8.0–9.0 recruited using a random sample strategy; mean age is unknown; 52.8% boys; and 740 mothers; cross-sectional study; New Zealand.</td>
<td>Children's alcohol-related knowledge. Mothers reported on their own and partner's alcohol use and alcohol-related problems in their children's social environment. Children's and maternal outcomes were measured using structured interviews administered by trained examiners.</td>
<td>Concerning alcohol-related knowledge, older children were better at identifying substances by smell compared to younger children. Of the older children, 57% identified beer, wine, or whiskey compared to 21% of the younger children. When combining the 2 trials, 89%/69% of the older/younger children identified ≥1 alcoholic beverage. Children were better at identifying the universally used and the non-controlled adult-use substances compared to the controlled adult-use substances in both trials. Concerning alcohol-related norms, children reported that a) universal uses are used by adults and children (62%) and b) non-controlled adult-use substances (69%) and controlled adult-use substances (86%) are used by adults only. Age differences in alcohol-related norms are unknown. Moreover, parental alcohol use was related to children's ability to identify ≥1 alcoholic beverages. Those who were most successful at identifying ≥1 alcoholic beverage came from families in which both parents reported alcohol use. No sex differences in alcohol-related knowledge and alcohol-related norms emerged. Of the children, 6% knew nothing about alcohol effects; 94% gave ≥1 responses; 37% reported short-term effects, and 38% long-term effects. 'Getting drunk' was most often reported (71%). In addition, children's sources of alcohol-related knowledge were television (35%), parents or Peers.</td>
<td>Children (aged 8.0–9.0) could describe the effects of alcohol and know the concept drunkenness. Television was the major source of alcohol-related knowledge.</td>
</tr>
</tbody>
</table>

(continued on next page)
### Table 1 (continued)

<table>
<thead>
<tr>
<th>Study (year)</th>
<th>Methods</th>
<th>Results</th>
<th>Conclusions</th>
</tr>
</thead>
</table>
| **Gaines et al.**  
(1988) | 80 children in kindergarten (5-year olds), grade 3 (8-year olds), grade 6 (11 year olds), and grade 8 (13 year olds) of which 25% in kindergarten and 29% in grade 3 recruited using a convenience sample strategy; 48.8% boys; and their parents; cross-sectional study; United States. | Children's alcohol-related knowledge (adult's drinking motives and society rules and drinking constraints) and demographic characteristics (sex, age). Parents reported on alcohol use.  
Children's outcomes were measured by administering 6 drinking vignettes that depicted drinking motives: coping (escape from painful effect), social (facilitation of social interaction), and enhancement (celebration of positive event). Children were asked about the actor's drinking motives: a) why s/he drank, b) whether s/he intended to drink, c) how s/he felt before s/he drank, and d) how s/he felt after s/he drank. In addition, children were asked a) where do you see people drink (place), b) how old do you have to be to buy alcohol (rule), c) how old do you have to be to drink alcohol (rule), d) how old do boys/girls need to be to buy alcohol (rule), e) who says how old you have to be to drink (rule), and f) how much is a small/medium/large amount of beer, wine, or whiskey. The responses were administered individually by staff. Parental outcomes were measured by phone interviews administered by a graduate psychology student experienced in alcohol counselling.  
The outcomes were measured using structured interviews administered by trained interviewers.  
Children were asked a) what they know about what happens to people who drink beer, whiskey, wine, or any other beverage; b) how they know this, and c) the meaning of 'being drunk'. |  
Sex and age differences were noted in alcohol-related knowledge: girls and 8-year olds knew more about adults' drinking motives compared to 5-year olds and boys, respectively. Overall, children knew more about social motives rather than coping and enhancement motives. In addition, the mean number of places named where adults drink was 2.9 (SD = 0.72) and 3.1 (SD = 0.75) for 5- and 8-year olds, respectively. Most children were not aware of the legal age for public consumption. Sex and age differences in alcohol-related knowledge indicated that girls and 8-year olds know more about adults' drinking motives compared to 5-year olds and boys, respectively. Parental alcohol use was related to alcohol-related knowledge concerning adult's drinking motives of 8-year olds.  
Children (5- and 8-year olds) had knowledge about adult's drinking motives, the amount of a small or large amount of wine and whiskey, and the places where adult's drink, but they were not well aware of the legal age for public consumption. Sex and age differences in alcohol-related knowledge indicated that girls and 8-year olds know more about adults' drinking motives compared to 5-year olds and boys, respectively. Parental alcohol use was related to alcohol-related knowledge concerning adult's drinking motives of 8-year olds. | Children (5- and 8-year olds) had knowledge about adult's drinking motives, the amount of a small or large amount of wine and whiskey, and the places where adult's drink, but they were not well aware of the legal age for public consumption. Sex and age differences in alcohol-related knowledge indicated that girls and 8-year olds know more about adults' drinking motives compared to 5-year olds and boys, respectively. Parental alcohol use was related to alcohol-related knowledge concerning adult's drinking motives of 8-year olds.  
Children (aged 9.0) could describe the effects of alcohol and have negative explicit AE.  
Children (aged 2.5-6.0) could identify alcoholic beverages based on smell. This alcohol-related knowledge was higher among older children compared to younger children and among children with heavy drinking parents compared to children with moderate/light drinking parents. | |
| **Flett et al.**  
(1987) | 743 children aged 9.0 recruited using a random sample strategy; 52.8% boys; cross-sectional study; New-Zealand. | Children's alcohol-related knowledge and explicit AE (positive and negative). The outcomes were measured using structured interviews administered by trained interviewers.  
Children were asked a) what they know about what happens to people who drink beer, whiskey, wine, or any other beverage; b) how they know this, and c) the meaning of 'being drunk'.  
Most children identified substances by smell alone: older children were more successful in identifying alcoholic and non-alcoholic beverages compared to younger children. Of the young children 76% identified at least 1 of the 3 alcoholic beverages, and 89% of the older children correctly identified beer, wine, or whiskey. No sex differences emerged in identifying alcoholic beverages by smell. Parental alcohol use was related to children's identification of alcoholic beverages by smell: children with heavy | |
| **Greenberg et al.**  
(1985) | 57 children (of which 50.9% aged 2.5-4.0 = young and 49.1% aged 4.0-6.0 = old) aged 2.5-6.0 recruited using a convenience sampling strategy; 4.1 (SD = 0.92) years old; % of boys is unknown; and 57 parents (of which 40.4% were heavy drinkers, 26.3% moderate drinkers, and 33.3% light drinkers/ abstainers); cross-sectional study; United States. | Children's alcohol-related knowledge and demographic characteristics (age). Parents reported on alcohol use, motivations for drinking, and demographic characteristics.  
Children's outcomes were measured using a smelling task game. In the 1st trial, opaque jars containing 9 different substances (3 alcoholic: beer, wine, whiskey: 6 non-alcoholic: apple juice, cigarette butts, coffee, playdoh, perfume, popcorn) were presented. Children were told to close their eyes and try to identify what | |
<table>
<thead>
<tr>
<th>Study (year)</th>
<th>Methods</th>
<th>Results</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of participants; age range of participants; sampling strategy; mean age (SD) of participants; % of boys; study design; country</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiegler (1983)</td>
<td>60 children (of which 20.0% aged 5.5–6.5; 20.0% aged 6.5–7.5; 20.0% aged 7.5–8.5; 20.0% aged 8.5–9.5; and 20.0% aged 9.5–10.5) aged 5.5–10.5 recruited using a convenience sampling strategy; mean age is unknown; 50.0% boys; cross-sectional study; United States.</td>
<td>Children's alcohol-related norms and demographic characteristics (sex, age). The outcomes were measured using a pictorial interview consisting of 24 photographs (4 with alcohol: drinking beer, drinking whiskey, going to a bar, being drunk; 19 with eating food or drinking non-alcoholic beverages, and 1 with smoking) showing activities that people can do. Children were shown a box with 4 compartments ('like very much', 'like a little', 'dislike a little', 'dislike very much') and a picture of a same-sex child/male/female in front of the box. Children were asked to put the photograph in the box that asked how do they think a boy/girl/male/female like them/their father/their mother or like the boy/male/female is the picture feels about doing these activities.</td>
<td>Drinking parents were more often successful at exact identification of alcoholic beverages compared to children with moderate or light drinking parents in the 1st trial. Yet, across both trials of the smell task, 82% of the children successfully identified alcoholic beverages.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children (aged 5.5–10.5) acquired alcohol-related norms as early as age 6. No sex differences were observed, yet age differences in alcohol-related norms were noted.</td>
<td></td>
</tr>
<tr>
<td>Jahoda et al. (1980)</td>
<td>113 children (of which 32.7% aged 4.0–5.6; 35.4% aged 5.7–6.6; and 31.9% aged 6.7–7.6) aged 4.0–7.6 recruited using a convenience sample strategy; mean age is unknown; 52.2% boys; and 113 parents; cross-sectional study; United States.</td>
<td>Children's alcohol-related knowledge, alcohol-related norms, and demographic characteristics (sex, age). Parents reported on alcohol use and demographic characteristics. Children's outcomes were measured using a pictorial interview consisting of 12 color photographs of bottles (6 alcoholic; 6 non-alcoholic), and 4 drawings (boy, girl, male, female engaged in the act of drinking). The bottle photographs were shown on a table. Children were asked to a) choose 3 bottle photographs, which contained the beverages the person depicted in the drawing 'would like the most', b) name each bottle photograph that was shown in a random order, and c) explain the difference between the alcohol and non-alcohol grouping of the bottle photographs. The responses were administered individually by student assistants. Parental outcomes were measured using self-administered surveys. Concerning alcohol-related knowledge, about half of the 4.0-5.6 year olds correctly named an 'alcohol' label to the bottle photographs and about half of them correctly explained the differences between the alcohol and non-alcohol grouping of the bottle photographs. Concerning alcohol-related norms, more than 1/3 of the 4.0-5.6 year olds reported that adults prefer alcoholic beverages and children prefer non-alcoholic beverages. No sex differences in alcohol-related knowledge and alcohol-related norms emerged, yet age differences showed that 6.7–7.6 year olds had more knowledge about alcohol and its norms compared to the younger children.</td>
<td>Children (aged 5.5–10.5) acquired alcohol-related knowledge and alcohol-related norms. No sex differences emerged, yet age differences were found. No relation was found between parental alcohol use and children’s alcohol-related knowledge and alcohol-related norms.</td>
</tr>
</tbody>
</table>

(continued on next page)
The 16 studies that focused on children’s alcohol-related knowledge indicated that children as young as age two start to acquire knowledge of alcohol. Of these 16 studies, a) eleven revealed that children (aged 2.0–10.0) can distinguish between alcoholic and non-alcoholic beverages based on smell (Fossey, 1993a; Greenberg et al., 1985; Mennella and Garcia, 2000; Noll et al., 1990; Valentine et al., 2014), photographs (Austin and Nach-Ferguson, 1995; Hahn et al., 2000; Jahoda et al., 1980; Kuntsche et al., 2016; Zucker et al., 1995), or a role-playing scenario involving grocery shopping (Dalton et al., 2005). b) One study revealed that from age five and half on, children can tell factual (‘alcohol makes you drunk’) and negative (‘alcohol is bad for you’) information about alcohol (Fossey, 1993b). c) Three studies revealed that from age five on, children can describe the effects of alcohol (e.g., getting drunk, having accidents) (Casswell et al., 1988; Flett et al., 1987; Tennant, 1979), and d) one study revealed that from age five on, children know adults’ drinking motives, drinking places, and the quantity of a small or large amount of wine and whiskey (Gaines et al., 1988). Of the seven studies that examined sex differences in alcohol-related knowledge, two revealed that girls had more knowledge compared to boys (Austin and Nach-Ferguson, 1995; Gaines et al., 1988), yet five studies revealed no sex differences (Hahn et al., 2000; Jahoda et al., 1980; Kuntsche et al., 2016; Noll et al., 1990; Tennant, 1979). All nine studies that examined age differences in alcohol-related knowledge revealed that the knowledge of alcohol increased with age (Austin and Nach-Ferguson, 1995; Fossey, 1993a, 1993b; Gaines et al., 1988; Greenberg et al., 1985; Jahoda et al., 1980; Kuntsche et al., 2016; Noll et al., 1990; Zucker et al., 1995).

3.1. Children’s alcohol-related cognitions

3.1.1. Alcohol-related knowledge

The 16 studies that focused on children’s alcohol-related knowledge indicated that children as young as age two start to acquire knowledge of alcohol. Of these 16 studies, a) eleven revealed that children (aged 2.0–10.0) can distinguish between alcoholic and non-alcoholic beverages based on smell (Fossey, 1993a; Greenberg et al., 1985; Mennella and Garcia, 2000; Noll et al., 1990; Valentine et al., 2014), photographs (Austin and Nach-Ferguson, 1995; Hahn et al., 2000; Jahoda et al., 1980; Kuntsche et al., 2016; Zucker et al., 1995), or a role-playing scenario involving grocery shopping (Dalton et al., 2005). b) One study revealed that from age five and half on, children can tell factual (‘alcohol makes you drunk’) and negative (‘alcohol is bad for you’) information about alcohol (Fossey, 1993b). c) Three studies revealed that from age five on, children can describe the effects of alcohol (e.g., getting drunk, having accidents) (Casswell et al., 1988; Flett et al., 1987; Tennant, 1979), and d) one study revealed that from age five on, children know adults’ drinking motives, drinking places, and the quantity of a small or large amount of wine and whiskey (Gaines et al., 1988). Of the seven studies that examined sex differences in alcohol-related knowledge, two revealed that girls had more knowledge compared to boys (Austin and Nach-Ferguson, 1995; Gaines et al., 1988), yet five studies revealed no sex differences (Hahn et al., 2000; Jahoda et al., 1980; Kuntsche et al., 2016; Noll et al., 1990; Tennant, 1979). All nine studies that examined age differences in alcohol-related knowledge revealed that the knowledge of alcohol increased with age (Austin and Nach-Ferguson, 1995; Fossey, 1993a, 1993b; Gaines et al., 1988; Greenberg et al., 1985; Jahoda et al., 1980; Kuntsche et al., 2016; Noll et al., 1990; Zucker et al., 1995).
Table 2
Results of the critical appraisal of the 20 selected studies.

<table>
<thead>
<tr>
<th>Author's</th>
<th>Selection: total 5 stars</th>
<th>Comparability: total 2 stars</th>
<th>Outcome: total 3 stars</th>
<th>Total stars</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Representativeness of the samplea</td>
<td>Sample sizeb</td>
<td>Non-respondentsc</td>
<td>Ascertainment of the exposured</td>
</tr>
<tr>
<td>Kuntsche (2017)</td>
<td>*</td>
<td>*</td>
<td>**</td>
<td>*</td>
</tr>
<tr>
<td>Kuntsche et al. (2016)</td>
<td>*</td>
<td>*</td>
<td>**</td>
<td>*</td>
</tr>
<tr>
<td>Mares et al. (2015)</td>
<td>*</td>
<td>*</td>
<td>**</td>
<td>*</td>
</tr>
<tr>
<td>Valentine et al. (2014)*</td>
<td>*</td>
<td>*</td>
<td>**</td>
<td>*</td>
</tr>
<tr>
<td>Pieters et al. (2010)</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dalton et al. (2005)</td>
<td></td>
<td>*</td>
<td>**</td>
<td>*</td>
</tr>
<tr>
<td>Hahn et al. (2000)</td>
<td>*</td>
<td>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mennella and Garcia (2000)</td>
<td></td>
<td>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Austin and Nach-Ferguson (1995)</td>
<td></td>
<td>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zucker et al. (1995)</td>
<td></td>
<td>*</td>
<td>**</td>
<td>*</td>
</tr>
<tr>
<td>Fossey (1993a)</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fossey (1993b)</td>
<td></td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Noll et al. (1990)</td>
<td></td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Caswell et al. (1988)</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gaines et al. (1988)</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flett et al. (1987)</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greenberg et al. (1985)</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiegel (1983)</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jahoda et al. (1980)</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennant (1979)</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: *This study used a case study design, while the other 19 studies used cross-sectional study designs. NA: Not applicable. 1) Truly representative of the average in the target population (all participants or random sampling)*, 2) Somewhat representative of the average in the target population (non-random sampling)*, 3) Selected group of users, 4) No description of the sampling strategy; *1) Justified and satisfactory*, 2) Not justified, *1) Comparability between respondents and non-respondents characteristics is established, and the response rate is satisfactory*, 2) The response rate is unsatisfactory, or the comparability between respondents and non-respondents is unsatisfactory, 3) No description of the response rate or the characteristics of the respondents and the non-respondents; *1) Validated measurement tool**, 2) Non-validated measurement tool, but the tool is available or described*, 3) No description of the measurement tool; *1) The study controls for the most important factor (select one)*, 2) The study controls for any additional factor; *1) Independent blind assessment**, 2) Record linkage**, 3) Self-report*, 4) No description; *1) The statistical test used to analyze the data is clearly described and appropriate, and the measurement of the association is presented, including confidence intervals and the probability level (p-value)*, 2) The statistical test is not appropriate, not described or incomplete.
3.1.2. Alcohol-related norms

The five studies that focused on children’s alcohol-related norms indicated that children as young as age four have knowledge of alcohol use in adult culture. For instance, children (aged 2.9–10.0) assigned alcoholic beverages more often to males (Kuntsche et al., 2016; Zucker et al., 1995) and perceived males as liking alcohol-related activities more often (Spiegler, 1983) compared to females and children. Children (aged 2.6–7.0) also reported that alcoholic beverages, such as beer, wine, or whiskey, are consumed by adults only (Noll et al., 1990) and that adults prefer alcoholic beverages while children prefer non-alcoholic beverages (Jahoda et al., 1980). Besides having knowledge of these sex-specific and age-related alcohol norms, children (aged 3.0–6.0 years) can indicate that adults drink in specific situations. For example, adults were more often assigned alcoholic beverages at a party rather than when playing outdoors (Kuntsche et al., 2016). Of the four studies that examined sex differences in alcohol-related norms, only one study revealed that girls had more knowledge of alcohol-related norms compared to boys, as they less often assigned alcoholic beverages to children (Kuntsche et al., 2016). The other three studies did not find any sex differences in children’s alcohol-related norms (Jahoda et al., 1980; Noll et al., 1990; Spiegler, 1983). All four studies that examined age differences in alcohol-related norms revealed that knowledge of alcohol use in adult culture increased with age (Jahoda et al., 1980; Kuntsche et al., 2016; Spiegler, 1983; Zucker et al., 1995).

3.1.3. Alcohol expectancies

Of the five studies that focused on children’s alcohol expectancies, two revealed that children, from age six on, have positive explicit alcohol expectancies (e.g., ‘I think adults become friendly when they drink alcohol’) (Mares et al., 2015; Pieters et al., 2010). Four studies revealed that children, from age six on, have negative explicit alcohol expectancies (e.g., ‘I think adults become mean when they drink alcohol’) (Austin and Nach-Ferguson, 1995; Flett et al., 1987; Mares et al., 2015; Pieters et al., 2010). One study revealed that children, from age four on, have higher positive rather than negative explicit alcohol expectancies (Kuntsche, 2017). Lastly, one study indicated that children, from age nine on, have negative implicit alcohol expectancies, as they associated alcohol more strongly with angry faces rather than with happy faces (Pieters et al., 2010). The two studies that examined sex and age differences in explicit alcohol expectancies showed opposite effects. A recent Dutch study showed that boys and girls had equally strong positive and negative explicit alcohol expectancies, yet older children had less positive and more negative explicit alcohol expectancies compared to younger children (Mares et al., 2015). In contrast, a recent Swiss study showed that girls have more positive explicit alcohol expectancies compared to boys, yet no age differences emerged.
for explicit alcohol expectancies (Kuntsche, 2017).

3.2. The impact of parental alcohol use on the acquisition of children’s alcohol-related cognitions

Of the eleven studies that focused on the impact of parental alcohol use on the acquisition of children’s alcohol-related cognitions, nine focused on alcohol-related knowledge (Casswell et al., 1988; Dalton et al., 2005; Gaines et al., 1988; Greenberg et al., 1985; Hahn et al., 2000; Jahoda et al., 1980; Mennella and Garcia, 2000; Noll et al., 1990; Zucker et al., 1995), three focused on alcohol-related norms (Jahoda et al., 1980; Noll et al., 1990; Zucker et al., 1995), and two focused on alcohol expectancies (Mares et al., 2015; Pieters et al., 2010). The results revealed that the impact of parental alcohol use on the acquisition of children’s alcohol-related cognitions is ambiguous. In some studies, parental alcohol use was positively related to children’s alcohol-related knowledge (Casswell et al., 1988; Gaines et al., 1988; Greenberg et al., 1985; Mennella and Garcia, 2000; Noll et al., 1990; Zucker et al., 1995), alcohol-related norms (Dalton et al., 2005; Zucker et al., 1995), and explicit alcohol expectancies (Mares et al., 2015), yet other studies indicated no effect of parental alcohol use on children’s alcohol-related cognitions (Greenberg et al., 1985; Hahn et al., 2000; Jahoda et al., 1980; Pieters et al., 2010).

4. Discussion

This systematic review aimed to summarize the evidence from the past forty years (1976–2016) on children’s alcohol-related cognitions (alcohol-related knowledge, alcohol-related norms, alcohol expectancies) and the impact of parental alcohol use on the acquisition of these cognitions in the developmental period from age two to ten. This review showed that children already at age two start to acquire knowledge about alcohol, as they are able to distinguish alcoholic from non-alcoholic beverages; to distinguish factual and negative alcohol information; to describe alcohol effects; and to name drinking motives, places, and amounts of alcohol use (Austin and Nach-Ferguson, 1995; Casswell et al., 1988; Dalton et al., 2005; Flett et al., 1987; Fossey, 1993a, 1993b; Gaines et al., 1988; Greenberg et al., 1985; Hahn et al., 2000; Jahoda et al., 1980; Kuntsche et al., 2016; Mennella and Garcia, 2000; Noll et al., 1990; Tennant, 1979; Valiente et al., 2014; Zucker et al., 1995). From age four on, children start to understand that alcohol is usually restricted to adults and consumed in specific situations (Jahoda et al., 1980; Kuntsche et al., 2016; Noll et al., 1990; Spiegler, 1983; Zucker et al., 1995). By the age of four, children have certain, predominantly negative, explicit and implicit alcohol expectancies (Austin and Nach-Ferguson, 1995; Flett et al., 1987; Kuntsche, 2017; Mares et al., 2015; Pieters et al., 2010). The results of this review of children’s alcohol-related cognitions are quite consistent with findings of the literature review of Lang and Stritzke (1993) conducted twenty-four years ago, thereby underscoring the need to conduct more studies in this area of research. The alcohol-related cognitions of children increase with age due to improved cognitive and language abilities (Berk, 2013; Dalton et al., 2005; Flavell, 1999; Ross et al., 2005). Although girls are biologically and social-culturally more mature and more advanced in their language development (Berk, 2013; Gaines et al., 1988), the evidence of sex differences in children’s alcohol-related cognitions was inconsistent. One explanation may be that the alcohol-related cognitions depend more strongly on parental drinking habits and specific environmental factors rather than children’s sex.

The evidence of the impact of parental alcohol use on the acquisition of children’s alcohol-related cognitions has also been inconsistent so far, with some studies reporting a positive effect (Casswell et al., 1988; Dalton et al., 2005; Gaines et al., 1988; Greenberg et al., 1985; Mares et al., 2015; Mennella and Garcia, 2000; Noll et al., 1990; Zucker et al., 1995) and other studies finding no effects (Greenberg et al., 1985; Hahn et al., 2000; Jahoda et al., 1980; Pieters et al., 2010). The existing studies examined only parental alcohol use and not its visibility, that is, children’s exposure to it. According to the Social Learning Theory (Bandura, 1977; Maisto et al., 1999), the degree to which the behavior of others is observable determines the acquisition of new knowledge. For example, some parents might drink frequently, that is, with colleagues after work or later in the evening when their children are in bed but not when their children are present. Other parents consume alcohol less frequently, but in presence of their children, in family-specific situations, such as when having meals, when playing a game, or when watching television. Therefore, children’s exposure to alcohol use (Zucker et al., 2008) and observed situational determinants and personal consequences, such as mood change among drinkers, are more likely to affect children’s alcohol-related cognitions rather than parental alcohol use per se. Possible differences in children’s exposure to parental alcohol use across studies may explain why study findings diverge, as the existing studies measured the effects of parental alcohol use and not children’s exposure to it on the acquisition of their alcohol-related cognitions.

The evidence of the impact of parental alcohol use on the acquisition of children’s alcohol-related cognitions should be interpreted with caution due to methodological flaws of the selected studies in this systematic review. First, evidence is limited (i.e., only 20 studies were conducted in the past forty years), outdated (i.e., only 6 out of 20 studies were conducted after the year 2000), and comes almost exclusively from the United States (i.e., 11 out of 20 studies). Therefore, the degree to which the reported findings still apply today and the degree to which they apply to a broader cultural context remains unclear. The methodological challenges encountered when studying this population with limited reading and/or writing skills and undeveloped language skills that can be easily influenced by the researcher or by the ways in which questions are phrased might explain this undeveloped area of research on children’s alcohol-related cognitions (Dalton et al., 2005). Besides, age-appropriate measurement tools for children tend to be costly and time and labor-intensive (Kuntsche and Zucker, 2016). Nonetheless, these methodological challenges do not justify the lack of knowledge of the development of children’s alcohol-related cognitions. Another explanation for the undeveloped area of research on children’s alcohol-related cognitions is the low prevalence of alcohol use among children (Zucker et al., 2009). Since most children start to drink alcohol during adolescence (Monsbouwer et al., 2007; Van Dorsselaer et al., 2010), alcohol prevention and policies are mainly focusing on this age period. Scholars have argued, for instance, that postponing the age of alcohol initiation is crucial to prevent risky drinking and alcohol-related problems in adolescence and later in life (DeWit et al., 2000; Gruber et al., 1996; Hingson et al., 2000; Pitkänen et al., 2005). Although alcohol prevention should start early (Zucker, 2008), not much is known about what ‘early’ actually means. This is because the vast majority of studies on alcohol have been conducted among drinkers. Second, all evidence was obtained from cross-sectional study designs, which largely restricts conclusions about the causal impact of parental alcohol use on the acquisition of children’s alcohol-related cognitions. Third, most evidence was collected from non-representative samples recruited through convenience sampling strategies that enhance the risk of selection bias, which is a systematic error in the deliberate selection of study participants (Kunz et al., 2007). Selection bias impairs the external validity, that is, the extent to which study findings can be generalized to other situations and populations. Safeguarding the external validity by using representative samples recruited through random sampling strategies is important particularly in the undeveloped area of research on children’s alcohol-related cognitions to ascertain that study findings can be applied to a broader cultural context. Finally, no studies were identified that focused on the possible role of genetics in the acquisition of alcohol-related cognitions within the family context. Family, twin, and adoption studies have convincingly demonstrated that genes play an important role in the development of alcohol misuse and dependence, with heritability estimates in the range
References


Conflict of interest

All authors declare that they have no conflict of interest.

Contributors

CV was responsible for the literature search, the data selection and extraction process, the critical appraisal, and writing the manuscript. EK and MB also contributed to the literature search and the data selection process, respectively. MK, RO, RE, KS, and EK reviewed drafts and revisions of the manuscript and contributed to writing. All authors contributed to and have approved the final manuscript.

Role of funding source

This work was supported by the Netherlands Organization for Scientific Research (NWO) [grant number 452-13-003]. NWO had no further role in study design, in the collection, analysis and interpretation of data; in the writing of the report; or in the decision to submit the paper for publication.

Acknowledgement

The authors would like to thank Angita Peterse for performing the computer-assisted systematic literature search.


