

FACTORS RELATED TO THE PATTERN OF ALCOHOL CONSUMPTION IN RURAL WOMEN

FATORES RELACIONADOS AO PADRÃO DE CONSUMO DE BEBIDA ALCOÓLICA EM MULHERES RURAIS

FACTORES RELACIONADOS CON EL PATRÓN DE CONSUMO DE ALCOHOL ENTRE LAS MUJERES RURALES

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ABSTRACT

Objective: to investigate factors related to the pattern of alcohol consumption in rural women. **Method:** this is a quantitative study of non-probabilistic convenience sampling carried out with 259 women from a rural community in Bahia in primary health care. A structured form and the Alcohol Use Disorders Identification Test were used. Data were analyzed using descriptive statistics to estimate the independent contribution of each variable to the probability of outcomes related to alcohol consumption. Logistic regression analysis was applied using the R 4.0.2 software for Windows, with variables in decreasing order of statistical significance. **Results:** the sample was composed of women between 30 and 49 years old, predominantly black, with religion, with a partner, who complete high school, remunerated activity, family income less than one minimum wage, and living in their own or assigned home. Having a religion reduces the chance of consuming alcohol by 0.15%. Living in a house with up to 3 residents, “not being injured because of drinking” and having a religion increase, respectively, by 89.1, 21.7, and 8.43% the chances of staying in the low-risk zone. Not having a religion increases the chances of moderate drinking by 97.4%. Being injured because of drinking increases the chances of making harmful consumption of alcoholic beverages by 98.9%. Not having a religion and being injured because of drinking increases the chances of using alcohol with probable dependence by 99.7%. **Conclusion:** religion proved to be a protective factor for greater consumption of alcoholic beverages. On the other hand, being injured or hurting someone because of drinking was characterized as a risk factor.

Keywords: Alcoholism; Women; Rural Population; Alcohol Drinking.

RESUMO

Objetivo: investigar fatores relacionados ao padrão de consumo de bebida alcoólica em mulheres rurais. **Método:** estudo quantitativo de amostragem não probabilística por conveniência realizado com 259 mulheres de comunidade rural da Bahia na atenção primária à saúde. Utilizou-se formulário estruturado e o Alcohol Use Disorders Identification Test. Os dados foram analisados empregando estatísticas descritivas para estimar a contribuição independente de cada variável na probabilidade dos desfechos relacionados ao consumo de bebida alcoólica. Aplicou-se a análise de regressão logística pelo software R 4.0.2 for Windows, com variáveis em ordem decrescente de significância estatística. **Resultados:** amostra composta por mulheres de 30 a 49 anos, predominantemente pretas, com religião, com companheiro, ensino médio completo, atividade remunerada, renda familiar menor que um salário mínimo, residentes em casa própria ou cedida. Ter religião diminui em 0,15% a chance de consumir bebida alcoólica. Morar em habitação com até 3 residentes, “não ficar ferida porque bebeu” e ter religião aumentam, respectivamente, em 89,1, 21,7 e 8,43% as chances de se manter na zona de baixo risco. Não possuir religião aumenta em 97,4% as chances de beber moderadamente. Ficar ferida porque bebeu aumenta em 98,9% as chances de fazer uso nocivo de bebida alcoólica. Não ter religião e ficar ferida porque bebeu aumentam em 99,7% as chances de fazer uso de bebida alcoólica com provável dependência. **Conclusão:** a religião evidenciou-se como fator de proteção para o maior consumo de bebida alcoólica. Por outro lado, ficar ferida ou ferir alguém porque bebeu, se caracterizou como fator de risco.

Palavras-chave: Alcoolismo; Mulheres; População Rural; Consumo de Bebidas Alcoólicas.

RESUMEN

Objetivo: investigar los factores relacionados con el patrón de consumo de alcohol entre las mujeres rurales. **Método:** estudio cuantitativo de muestreo no probabilístico por conveniencia, con 259 mujeres de una comunidad rural de Bahía, en atención primaria de salud. Se utilizó un formulario estructurado y el Test de Identificación de Trastornos por Consumo de Alcohol. Los datos se analizaron mediante estadísticas descriptivas para estimar la contribución independiente de cada variable en la probabilidad de resultados relacionados con el consumo de alcohol. El análisis de regresión logística se aplicó utilizando el programa informático R 4.0.2 para Windows, con

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las variables en orden descendente de significación estadística. **Resultados:** muestra compuesta por mujeres de 30 a 49 años, predominantemente negras, religiosas, con pareja, educación secundaria completa, actividad remunerada, ingresos familiares inferiores a un salario mínimo, que viven en casa propia o asignada. Tener una religión disminuye la posibilidad de consumir bebidas alcohólicas en un 0,15%. Tener hasta 03 residentes, “no haber sufrido daños por la bebida” y tener una religión aumentan las posibilidades de permanecer en la zona de bajo riesgo en un 89,1, 21,7 y 8,43 veces. El hecho de no tener una religión aumenta las posibilidades de beber con moderación en un 97,4%. Sufrir un accidente a causa de la bebida aumenta en un 98,9% las probabilidades de que el consumo de alcohol sea perjudicial. No tener religión y ser perjudicado por la bebida aumentó en un 99,7% las posibilidades de consumo de bebidas alcohólicas con probable dependencia. **Conclusión:** la religión se evidenció como un factor de protección para el aumento del consumo de bebidas alcohólicas, y resultar herido o lesionado por beber se caracterizó como un factor de riesgo.

Palabras clave: Alcoholismo; Mujeres; Población Rural; Consumo de Bebidas Alcohólicas.

INTRODUCTION

The consumption of alcoholic beverages has grown exponentially among the world population, especially in the female population. In general, the increase in the consumption of alcoholic beverages by women is associated with female achievements over the years, in the search for equality between the genders and, consequently, with the tendency of the female population to adopt behaviors socially regarded as masculine. Leaving the private space and going to the public space, assuming positions and functions that were previously considered male, entailed - and still entails - overload for women with double or triple working hours, guided by competition between them and between them and men.¹

These daily challenges cause a greater probability of physical and psychological illness in the female population, caused by the consumption of alcohol and other drugs, among other factors. This consumption consists of a strategy to face adversity, leading to an increase in morbidity and mortality rates and disability among population groups.² International epidemiological data reveal that the consumption of alcoholic beverages is associated with causes of death in which 21% are related to digestive disorders, 19% to cardiovascular diseases, and 28% to injuries from traffic accidents, in addition to self-injuries and interpersonal violence.²⁻⁴

The consumption of alcoholic beverages, regardless of the dosage, carries health risks. However, not all consumption leads to dependence, characterized as a disease, whose diagnosis requires careful evaluation. The pattern of consumption of alcohol and other drugs is established by the frequency and volume of use.^{1,5} Thus, the different levels of consumption vary between experimental, recreational, controlled/social/functional, harmful/abusive, and dependency. Harmful/abusive use is considered risky use, comprising the consumption of 5 or more doses for men

and 4 or more doses for women on a single occasion in the last 30 days.^{5,4} This definition also corresponds to the term “heavy drinking” or binge drinking.^{6,7}

In the international context, binge drinking has been standing out in the rural scenario, as pointed out by a survey carried out in Poland.⁸ This research showed that the less favored population, with lower educational levels, when compared to other populations in better living conditions, is susceptible to compulsive alcohol use behavior. The research concluded that, in the poorest settings, the frequency of alcohol use is lower, but heavy drinking is more common.

This heavy drinking among women in the city of Salvador, a city surrounding the rural area studied, had a prevalence of 11% in 2018, with a projection increased to 13.3% in 2019. In 2020, this rate increased to 21.6%.^{6,7,9} Therefore, there is a growing behavior of heavy use of alcohol by women, currently, double the percentage of 2018. This reality is associated with several factors, such as changes in the lifestyle of the female population — a reflection of social achievements in recent decades, with an overload of responsibilities — and specific living conditions, such as rural areas.¹⁰

Rural women express different complaints when they seek health services. A study carried out with rural women in Primary Care revealed that, during consultations, issues related to alcohol consumption are hidden by both women and professionals, for different reasons. This concealment leads to the non-recognition of the heavy use of alcoholic beverages by this population, as well as the problems arising from this behavior.¹¹ The structural inequalities that are observed in rural areas highlight that this population is at disadvantages related to the consumption of alcohol, given the association with disproportionate sociocultural situations. This has repercussions on psychosocial aspects, in addition to limitations of access to health and social protection services when compared to the higher-level population. The situation is exacerbated by other health risks, such as an unhealthy diet, smoking, low access to education and quality health care, and poverty.¹²

As we presented here, the structure and difficulties of accessing the quality of life in this scenario are factors that interfere with and influence the daily lives of people living in rural areas, contributing to the use of alcohol. Thus, given the relevance of epidemiological studies and the scarcity of scientific production on alcohol consumption in the rural population, especially with a focus on women, this study aimed to investigate factors related to the pattern of alcohol consumption in rural women.

METHOD

This is a quantitative, cross-sectional study, developed in a rural community located in a city in the interior of Bahia, in northeastern Brazil, between June 2019 and February 2020. For the selection of research participants, we adopted the following inclusion criteria: being a woman older than 18 years old and being registered at the Family Health Unit. The exclusion criterion was not having conditions of social interaction that would allow communication with the researchers at the time of the interview. Considering the characteristics of the population and access to participants for data collection, a non-probabilistic convenience sample was chosen. The power of the study was estimated through the prevalence of alcohol consumption by women of 11%, adopting a significance level of 5%, finding a study power of 99%.⁷

During data collection, women were approached at the health unit while waiting for consultations and procedures. In this initial contact, the research was presented, and, in case of acceptance to participate, a home visit was scheduled to apply the collection instruments. The visits were carried out by two master's and two undergraduate students accompanied by Community Health Agents (CHA), due to the difficulty of accessing the houses because of the geographical conditions. During the home visit, with a signed term, we carried out the interview and recorded the data in the instruments, which were the sociodemographic form and the Alcohol Use Disorders Identification Test, applied by the researchers.

The sociodemographic form, designed by members of the research group, contained closed and semi-structured questions about age in years, self-reported race/color, marital status, economic information — such as income and housing — and health information. To verify the consumption of alcoholic beverages, we used the Alcohol Use Disorders Identification Test (AUDIT). It is an instrument developed by the World Health Organization (WHO) composed of 10 questions, which aims to identify the probable dependence in the consumption of alcoholic drinks in the last 12 months, with scores ranging from 0 to 4, totaling a maximum value of 40 points. The intervention was defined according to this result score: low risk – 0 to 7 points; risky use – 8 to 15 points; harmful use – 16 to 19 points; probable dependence – 20 to 40 points. His questions refer to the frequency and amount of alcohol consumption, as well as the possibility of dependence on consumption and the damage to health resulting from excessive consumption.¹³

We processed data using statistical software R 4.0.2 for Windows on the Windows platform. Descriptive analyzes of sociodemographic characteristics were performed. To estimate the independent contribution of each variable to the probability of outcomes related to alcohol abuse, the stepwise forward selection procedure was applied. That is, the model was started with the variable with the highest statistical significance in the bivariate analysis ($p < 0.20$), and then the other variables were added, one by one, in decreasing order of statistical significance. Variables with a level of significance observed in the bivariate analysis entered the multiple logistic regression analysis. For bivariate analyses, we applied Pearson's Chi-Square and/or Fisher's Exact tests. The probability measure was demonstrated by the odds ratio. We adopted a statistical significance level of 5% ($p < 0.05$).

The study was approved by the Research Ethics Committee of the School of Nursing of the Federal University of Bahia under Opinion 3.825.203/2020. The investigation complied with the ethical and bioethical precepts of research with human beings at a national and international level. All participants signed the Informed Consent Form.

RESULTS

The sample consisted of 259 women, mostly aged between 30 and 49 years old (47.5%), self-declared black (89.2%), with religious beliefs (74.5%), with a partner (64.4%), with complete secondary education (53.7%), in a paid job (67.6%), who received less than the minimum wage (34.4%) and who lived in their own or assigned home (85, 3%).

Regarding the use of alcoholic beverages, we observed that most women (56.5%) consumed alcohol heavily. Although they said they never drank more than 6 drinks on a single occasion (39.2%), the frequency of alcohol consumption of those who drank two to three times a week (26.1%) was highlighted, with also heavy use of zones on the Alcohol Use Disorders Identification Test is configured. When asked about the doses consumed, the frequency was higher among those who drank up to four (43.8%), followed by five to nine (37%) and 10 or more (19.2%).

To assess the association of outcomes in the covariates — doses and risk zones I, II, III, and IV — a logistic model was used, considering an adjusted confidence interval of 95%, with a p-value of up to 0.05. According to Table 1, related to the abusive use of alcoholic beverages, religion was the predictor variable that adapted to the model. Having religion was characterized as a protective

factor (OR = 0.15; 0.07; 0.36) for abusive use of alcoholic beverages.

In zone I, families with up to three residents are 2.19 times more likely to be in zone I (OR = 2.19; 1.10; 4.34). The variable “being injured because of drinking” had a 21.7-fold increased probability for zone I (OR = 21.7; 5.21; 91.03) than women who were not injured due to alcohol use. Religion was configured as a risk factor for those who have a religious belief (OR = 8.43; 4.21; 16.88), since having a religion increases the chances of being in zone I by 8.43 times. IN zone II, religion was the only predictor variable that suited the final model. In this case, it was a protective factor (OR =

0.26; 0.13; 0.52), since not having a religious belief increases the chances of being in zone II by 97.4% (Tables 2 e 3).

As for zone III, the variable “being injured because of drinking” was established as a protection factor (OR = 0.04; 0.00; 0.20), highlighting that women who are not injured by alcohol are 99.6% more likely to be in zone III. Having a religion is a protective factor for zone IV (OR = 0.11; 0.018; 0.713), as well as the variable “being injured because of drinking” (OR = 0.03; 0.005; 0.174). Women with no religious belief are 98.9% more likely to be in zone IV, and those who are not injured by alcohol have a 99.7% chance of being in zone IV (Table 3).

Table 1 - Screening of alcohol consumption and its relationship with doses of alcohol. *Camaçari, Bahia, Brazil, 2019-2020*

Predictor Variable	β	SE	p-value	OR (CI 95%)
Religion	-1.87	0.43	<0.01	0.15 (0.07;0.36)

β - Regression Coefficient; p-value < 0.05; OR (CI 95%) = *odds ratio* (Adjusted 95% confidence interval).

Table 2 - Screening of alcohol consumption and its relationship with residents, “being injured because of drinking” and religion and zone I and zone II. *Camaçari, Bahia, Brazil, 2019-2020*

Zone I predictor variables	β	SE	p-value	OR (CI 95%)
Residents	0.78	0.35	0.02	2.19 (1.10;4.34)
“being injured because of drinking”	3.08	0.73	<0.01	21.7 (5.21; 91.03)
Religion	2.13	0.35	<0.01	8.43 (4.21;16.88)
Zone II Predictor Variables				
Religion	-1.32	0.34	<0.01	0.26 (0.13;0.52)

β - Regression coefficient; p-value < 0.05; OR (95% CI) = *odds ratio* (adjusted 95% confidence interval).

Table 3 - Screening of alcohol consumption and its relationship with “being injured because of drinking” and religion and zone III and zone IV. *Camaçari, Bahia, Brazil, 2019-2020*

Zone III predictor variable	β	SE	p-value	OR (CI 95%)
“Being injured because of drinking”	-3.15	0.81	<0.01	0,04(0.00;0.20)
Zone IV predictor variable				
Religion	-2.16	0,93	0.02	0,11 (0.018;0.713)
“Being injured because of drinking”	-3.51	0.90	<0.01	0.03(0.005;0.174)

β - Regression Coefficient; p-value < 0.05; OR (95% CI) = *odds ratio* (Adjusted 95% confidence interval).

DISCUSSION

Zones I and II do not indicate heavy use of alcoholic beverages, but present consumption results and guide their use and health education. Families with up to three residents are more likely to drink, as well as “being injured because of drinking” and having a religious belief (zone

D). Not having a religion increases the chances of being in zone II by 97.4%. As for the factors related to heavy use of alcoholic beverages, “not being injured because of drinking” and not having a religion were shown to be risk elements for zones III and IV, requiring monitoring, diagnosis, referral, and treatment.

Although most women did not have favorable socioeconomic conditions, heavy drinking represented a strong influence on the way of life and health of these women. The data obtained for this study, by demonstrating a rate of 56.5% for heavy alcohol use, reinforce what the literature, especially the Brazilian one, points out: an increasing behavior of alcohol use by women, with high rates of binge drinking that grew from 11% in 2018 to 13.3% in 2019.^{6,7}

A similar study — despite having been carried out with women in the state of Piauí — found a similar prevalence of the use of alcoholic beverages (50.1%). Thus, this type of consumption reiterates the damages in various spheres of the female context, not limited only to women, as it also affects their intra and extra-family relationships, which can be fragile, conflicting, and violent.¹⁴

However, as observed in a similar study carried out with rural women, the behavior of alcohol use, even at levels considered to be risky, does not indicate dependence or physical characteristics of weakness, such as thinness.¹¹ On the other hand, this raises questions about the approach to health services, especially because many visits are based on complaints related to aspects considered acceptable, and elements of a stigmatizing level are not addressed.

Although income was not a factor related to alcohol use, this aspect was statistically significant in another study carried out with rural women, in which the lower the income, the greater the consumption of alcoholic beverages, especially in binge drinking.¹⁵ Linked to this, a study carried out in Poland, with a socially disadvantaged population, in which more than 90% were from rural areas, highlighted that the educational level was very low and, among those who claimed to have a job, the functions were directed to manual work and agriculture. WHO data from 2018 emphasize that risky consumption is often higher among manual workers.^{4,8}

Heavy use of alcohol may also be related to age, since, comparing men and women, especially young women, they have easier access to free alcohol. This observation is consistent with data from an international survey carried out with women in Colombia, which points to an increase in the frequency of alcohol consumption by young women. Women who are socially seen as light drinkers are neglected and have their needs denied, instead of obtaining care measures — mainly because they are reaching compulsive patterns of alcohol consumption just like men, according to a study carried out in Recife.^{2,16,17} Compared to men, women's consumption tends to decrease from the age of 35 and increase with

the advancement of schooling levels. Therefore, age was presented as a factor associated with alcohol use among rural women.^{7,15}

We observed that the decrease in heavy drinking occurs as age increases, since individuals between 18 and 29 years old have a prevalence of binge drinking at around 8.1%, and people 60 years old or older show a decrease to 2.2%. For education, between 2013 and 2019, the highest rates of binge drinking were among individuals with complete elementary school and incomplete high school, but people with complete high school also showed a significant increase.¹⁸

Color becomes a relevant factor when discussing alcohol use behavior. Although this study did not point to a significant association between color and heavy drinking, national prevalence rates from 2013 to 2019 indicated that black-skinned people have high rates of heavy alcohol use compared to white and brown people.¹⁸

Among the results presented, still in heavy drinking, religion, and “being injured or hurting someone because of drinking” stand out. Religion is highlighted as a protective factor for the use of alcoholic beverages. Religion is pointed out by studies as an element that reinforces the idea that going to church would distance people from harmful and/or abusive consumption of alcoholic beverages since it would be following religious precepts and would feel the presence of God.¹⁹

This perspective can also be observed in our study, mainly because, although religion has been a risk factor for zone I, that is, women with religious beliefs consume alcoholic beverages in a low-risk consumption pattern, the same factor proved to be protective for the areas of greatest risk — III and IV —, which represent heavy drinking, which can lead to dependence. These data indicate that not having a religious belief increases the chances of being in zone II by 97.4% and by 98.9% of being in zone IV.

The factor “being injured or hurting someone because of drinking” had a relevant impact in the highest risk zones (III and IV). A survey of a study carried out in the state of Bahia indicates that heavy drinking may be correlated with vulnerabilities linked to situations of social inequalities, and factors of violence, especially intrafamily violence.²⁰

The same study reiterated that the chances of women experiencing violence increased 13 times as the amount of alcohol also increased. In theory, this occurs in cases of consumption of 4 or more doses of alcoholic beverage at a given time, as it reiterates that hurting or being injured by alcohol is a risk factor for heavy use of alcoholic beverages. Thus, the researchers concluded that heavy drinking at a

given time, as a cut-off point, makes the positive association more frequent compared to those who adopt another cut-off point for alcohol consumption.²⁰

Heavy drinking and/or dependence permeates the entire family context, affecting not only the user but their entire social environment, as observed in a study carried out with children of alcoholic parents. The study pointed out that, in these contexts, the difficulty of interpersonal relationships and the manifestations of multiple violence prevailed, emphasizing domestic violence against women, who ended up assuming the role of the alcoholic partner and found themselves in a condition of overload of attributions.²¹

Considering the global context crossed by covid-19, a study carried out in the United States showed that these elements discussed require increased attention, mainly because, in 2020, the consumption of alcoholic beverages increased by 29%, as well as the chances of using alcohol by 64% among people with depressive symptoms, triggering a public health crisis on an unprecedented scale.²² Alcohol has been playing a role of social buffer, since the impression and dimension of suffering, anxiety, and differences are attenuated and, historically, the meanings and representations of this use provide contentment.²³

Thus, based on the data discussed, they are subsidies for the expansion of studies that work on the consumption of alcoholic beverages, especially among women. Although this study cannot be generalized — since it is a non-probabilistic and convenience sample —. We expect that other methodological designs can reach other contexts based on the information described in this study, so that it can be applied to teaching, research, and/or practices based on the data obtained.

During the investigation, we identified some limitations such as the selection of participants having occurred by non-probabilistic and convenience sample, making it impossible to represent the population and generalize the data.

CONCLUSION

Among the factors related to the consumption of alcoholic beverages in rural women, religion proved to be a protective element, while the element “being injured or hurting someone because of an alcoholic beverage” proved to be a risk factor. Religion was also identified as a protective factor for the heavy use pattern, and it was even suggested that alliances be made with religious communities so that this behavior can be maintained. The element “being injured or hurting someone

because of drinking” reinforces the relationship between abusive use and violence, showing the need for practical and resolute measures that prevent the abusive use of alcohol and dependence.

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