



PREVALENCE, PATTERNS AND FACTORS INFLUENCING ALCOHOL CONSUMPTION AMONG MOTHERS OF REPRODUCTIVE AGE IN SOME SELECTED SOCIETIES: LESSONS FOR INTERVENTION AGENCIES

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Abstract.

There rate of alcohol use and misuse among women in Nigeria and beyond is worrisome with several social and health implications. This paper which is an empirical review of literature focuses primarily on female related issues with regard to drinking. Using Symbolic interactionism paradigm complemented by Normalization theory, the paper reviewed scholarly works related to prevalence, patterns and factors that influence drinking among mothers of reproductive age (and its effects) across some societies. Being a review paper, the authors relied completely on secondary data which were analysed using theme driven manual content analysis techniques. The reviewed research reports documented that factors such as partner involvement, social acceptance, sexual stimulation, desire to induce sleep constitute social factors that influence consumption of alcohol among mothers of reproductive age. Other reasons why mothers drink alcohol include to get high, to ward off boredom or idleness, as well as ignorance about the outcome, emotional imbalance and for enjoyment. The paper recommended adequate sensitization of women folk on the dangers of alcohol consumption. There is also the need to regulate alcohol production, marketing and consumption across age and gender, especially among mothers of reproductive age.

Keywords; Alcohol, Mothers, Reproductive age, Consumption, Mixed research,

Introduction

Alcohol consumption among mothers of reproductive age is a public health concern, considering its adverse outcomes for both mother and the children. Harmful use of alcohol is one of the leading risk factors for population health worldwide and has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs), including those for maternal and child health. (W.H.O 2018). Consumption of alcohol and problems related to alcohol vary widely around the world, but the burden of disease and death remains significant (Thepal et al., 2016). Despite the efforts put in place by World



Health Organization and other international agencies towards reducing heavy drinking and the effects associated with alcohol misuse, consumption of alcohol remains a significant global phenomenon. In 2012, about 3.3 million deaths or 5.9% of all global deaths were attributed to alcohol consumption (WHO, 2014). There are however significant sex differences in the proportion of global deaths attributable to alcohol. For example in 2012 13.9 million DALYs (Disability Adjusted to Life Years) or 5.1% of the global burden of disease and injury were attributable to alcohol consumption (WHO, 2014). In 2016, the harmful use of alcohol resulted in some 3 million deaths (5.3% of all deaths) worldwide and 132.6 million disability-adjusted life years (DALYs) – i.e. 5.1% of all DALYs in that year. Mortality resulting from alcohol consumption is higher than that caused by diseases such as tuberculosis, HIV/AIDS and diabetes (WHO, 2018). . Among men in 2016, an estimated 2.3 million deaths and 106.5 million DALYs were attributable to the consumption of alcohol. Women experienced 0.7 million deaths and 26.1 million DALYs attributable to alcohol consumption.

According to the official data provided by the Chukwuemeka Odimegwu Ojukwu University teaching hospital Awka, several alcohol related disease conditions have been diagnosed among women who fall within the reproductive age and others. Examples of such disease include fibrosis and cirrhosis of liver, malignant neoplasm of corpus, congestive heart failure, benign neoplasm of breast, disorders of brain (Postrachatonancephalopathy osteoporosis and others. Most of the patients diagnosed with such cases are either from Anambra or live within Anambra State. Between 2012 and 2014 study period, the progress in Clinical and Biological Research (PCBR) reported 4,336 cancer cases in Nigeria of which 1,627 occurred in males and 2,709 occurred in females, out of these, they found a total of 1,808 cancer cases that were associated with alcohol intake with 339 in males and 1,469 in females.

Consumption rate among women has become a significant public health problem worldwide and it varies by country and region (Thepal et al., 2016). Alcohol consumption by women has changed particularly for younger women (Hall & Hunter 1995, Roche & Deedan 2002, Summers 1994, Nam tran 2016). It has been suggested that perception of women (mothers) consuming and becoming intoxicated has also significantly changed



(Schmidt 2014; Nam Tran 2016). Despite the negative impact of alcohol on human health, a substantial proportion of pregnant women and women of reproductive age (young mothers) consume alcohol despite it being established as a teratogen (A drug or chemical which affects the development of the foetus or causes birth defects) since 19th century.

In Nigeria, alcoholic drinks are the most widely abused psychoactive substance and the Nigerian government had recognized the need to establish policies to control both alcohol production and consumption. In 1920, measures were established to control the importation, sale, local fermentation and distillation of alcohol, including the requirement for a special permit (Oshodin, 1995). In contrast, drinking is an integral part of daily and ceremonial lives of those Nigerians who are not Muslims, so government efforts to establish control measures have had little effect. Moreover, because of the position of Nigerian women in regard to alcohol production and consumption, alcohol related problem is particularly difficult. As observed by Ikuesan (1994). Women in some rural areas are strongly involved in the production of alcoholic beverages, which are likely to promote drinking.

Alcohol consumption among mothers of reproductive age has social and psychological implications, expectant mothers who take alcohol for instance represent many ethical and legal problems including, their reproductive rights, their responsibility for their children's health and the way in which they behave during child rearing (Mondoza et al 2005). Lyons and Willot (2008) suggest that femininity equates motherhood and heavy drinking among women especially mothers is viewed as deviant, breaking traditional codes of femininity. Drinking among women cause great disruption to their families and result in stigmatization by the community (Ikuesan, 1994). Women are more vulnerable than men to alcohol effect even after drinking smaller amounts. Heavy drinking can lead to increased risk of health problems affecting the liver, brain damage and leading to breast cancer (Harvard Health Publications 2014). In pregnant women alcohol effect has been associated with miscarriage, premature birth still birth, low birth weight and diagnosis that are encompassed by the umbrella term fetal Alcohol spectrum Disorders



(FASD). In children we observe characteristics facial features prenatal or post-natal growth retardation and central nervous system. Alcohol related neuro developmental disorder and alcohol related birth defects are other diagnosis covered by FASD (Peadon, Payne Nadine, Antoine, Collen, Oleary & Elliot 2010). A number of studies conclude that women are less likely than men to enter into treatment programs for substance abuse problems including those involving alcohol (Harvard Health Publications). This is due to issues concerning social expectation and social desirability in societies especially in a patriarchal society like Anambra State. Moreover, women may be unwilling to go for rehabilitation especially those with younger children because they may be concerned about losing custody of their children if they reveal that they have alcohol problems (Harvard Health Publications, 2014). In Anambra State, there are issues associated with stigmatization which may affect health seeking behavior of the woman

A number of factors have been identified as influencing alcohol consumption among mothers of reproductive age. Only few countries within Africa have policies to regulate alcohol use and misuse, those that have policies regulating alcohol use may have vested interest which will affect maintenance and implementation of such policies. (Barbor et al., 2010, Bakke & Endal 2010, Miller et al 2011 Dumbili 2013). Still, Nigeria and other African countries contribute to global burden of alcohol related problems due to increasing harmful use.

There are currently no programmes to control the production, marketing, advertising and availability of alcohol in Nigeria, this tend to influence the changing pattern of alcohol consumption. (Dumbili 2013). Oshodin (1995), had earlier maintained that existing laws for alcohol regulation are not strictly enforced and no age restrictions. The country relies on self-regulatory drink responsibly campaign by brewers. This campaign is never comprehensive because it involves awareness programmes via poster, placards to disseminate information that recommends drinking for all, rather than abstinence (Obot, 2007). Media adverts tend to normalize drinking across gender. Some alcohol beverage brands portray these drinks as vitality enhancing beverage, thus attracting increasing number of consumers including women and mothers.



Given the relatively more adverse effects of drinking on women compared to their male counterparts due to their biological composition, and despite all the health and social problems associated with the abuse of alcohol, much of the literatures concerned with alcohol use and misuse has focused for understandable reason on male drinking. Much of the research on women and alcohol consumption has paid relatively little attention to social and psychological aspects of maternal drinking behaviour. Klingeman and Gmel (2001), opined that bio-medical consequences associated with alcohol have dominated discussions on alcohol and its related problem while the social consequences associated with it have received lesser attention. Moreover, the ones that have been discussed are mostly western based. It is against this background that the researcher reviewed relevant empirical literature on patterns and consequences of alcohol consumption among mothers of reproductive age in Anambra state, Southeast Nigeria.

Review Objectives/Themes

The major thrusts of this empirical review of literature are as listed hereunder:

1. How often do Mothers (of reproductive age) Consume Alcohol
2. Patterns of Alcohol Consumption among Mothers of Reproductive Age
3. Mothers' Perception of fellow women who indulge in alcohol Consumption
4. Factors Influencing Alcohol consumption among Mothers of Reproductive Age
5. Consequences associated with alcohol intake among Mothers of reproductive Age
6. Measures Recommended by Scholars for Reducing the Rate of Alcohol Consumption among Mothers of Reproductive Age

Theoretical Framework

Two theories complement each other as the theoretical thrust of this review paper. They are a Symbolic Interactionist theory and Normalization theory.

It is one of the offshoots of the Social Action Perspective, it is a micro theoretical view of society (Nnonyelu 2009, p.259). It is a distinctly American branch of sociology (Haralambos, Holburn and Heald 2008, p.881). It offers a wide range of interesting and important ideas. It developed from the work of a group of American philosophers who



included John Dewey (1859-1952) William I Thomas (1863 1947) George Herbert Mead, (1863-1931) Charles Horton Cooley (1864-1929). Herbert Blumer (1900-1987) and Erving Goltman (1922-1982). George Herbert Mead is generally regarded as the fonder of symbolic interactionism (Haralambos, Holborn and Heald 2008,p.881). This idea is also supported by Chris 2005; Joas cited by Ritzer and Stepnisky 2014,p.336) who opined that Mead is the most important thinker in the history of Symbolic Interactionism and his book *Mind, Self, and Society* is the most important work in that tradition.

In mead's view, human thought experience and conduct are essentially social (Mead 1934; Haralambos, Holborn&Heald 2008). They owe their nature to the fact that human beings interact in terms of symbol, the most important of which are contained in language. Mead argued that humans rely on shared symbols and understanding in their interactions with one another (Giddens 2006). A symbol does not simply stand for an object, it defines it in a particular way and indicates a response to it. Symbols impose a particular meaning on objects and events, and in doing so largely exclude other possible meanings symbols provide the means whereby humans can interact meaningfully with their natural and social environment.

Blumer summarized symbolic interaction in terms of three basic assumption/propositions.

1. Human beings act towards things on the basis of the meaning the things have for them.
2. The meanings are derived from or arise act of the social interaction one has with others.
3. There meanings are handled in, and modified through an interpretive process used by the person in dealings with the things he encounters (Nnonyelu 2009, p.261).

Alcohol consumption is a symbolic characteristic of human behavior. It is a symbolic vehicle for identifying, describing constructing and manipulating cultural values and interactional pattern. It is a symbolic tool in the worship of deities, it indicates hospitality and consumed at almost all ceremonies festivals child dedication etc, that its absence or



lack may elicit ridicule and mockery among people and the meaning attached to it stems from social interaction. Alcohol consumption also has a different meaning for individuals taking alcohol,

Symbolic interactionism provides the best explanation for the subject of discourse because alcohol consumption is a symbolic characteristic of human behavior, it seems a cultural universal and almost inevitable in our social and cultural activities. Alcohol consumption is a symbolic tool in our everyday life that is essential in almost all our social or religious activities. In Nigeria the symbolic importance of alcohol consumption cannot be undermined and despite the multi-ethnic nature of the society alcohol is an essential part of the social system and in social integration.

The meanings we attach to the status of a woman as a mother is borne out of social interaction. Those meanings can also be modified and changed to suit the changing patterns in the ever evolving social system. The status of a mother is also symbolic it depicts love, virtue responsibility and maturity for the conformist mothers while also depicting irresponsibility, immaturity or selfishness among mothers who are alcohol addicts or heavy consumers.

Furthermore, whether it is taking as a way of fighting gender imbalance, deriving pleasure, celebrations or manipulations the symbolic importance of alcohol can never be undermined and the meanings individuals attached to taking alcohol stems from social interaction. The expectations mothers attached to alcohol consumption that influence them in taking alcohol is also borne out of the social interaction and the meanings attached to it by the society. The level of reinforcement attached to a particular action is influenced by the language of the society and the meaning which the environment attaches to such action. Because mothers and their immediate society constructs and live in a world of meaning which the society offers and which they create by themselves, therefore whether alcohol consumption will be reduced or eradicated it will be influenced by the level of importance attached to it by the society and the meaning attached to the symbolic status of a mother.



On the other hand, Normalization theory is a middle range theory used mainly in medical sociology, science and technology studies to provide a framework for understanding the social process by which new ways of thinking, working, and organization become routinely incorporated in everyday work life. Normalization however refers to social process through which ideas and actions come to be seen as normal or natural in everyday life. In sociological theory, normalization appears in two forms, first the concept of normalization is found in the work of Michel Foucault (1926-1984) in his work *Discipline and Punish* (Foucault, 1990)

The second form, approach or interpretation is the Normalization Process Theory. A sociological theory in the field of science and technology studies (STS). The theory deals with the adoption of technologies in health care. It was developed by May, Mair, Finch Macfarlane, Dowrick, & Treweek (2009). to address the observed difficulty of implementing and integrating technology, new treatment modalities and ways of organizing in health care settings.

The model provides framework for understanding the dynamics of implementing and integrating some new technology, complex interventions or new way of life. Therefore, with normalization the relation between female alcohol consumption, drunkenness is dependent on the distribution (acceptance/ rejection) of these behaviours in the larger population. Normalization provides framework for understanding contemporary drug issues and changes in the drug use trend. The way technological innovations are incorporated and integrated into the health care system is also the way alcohol consumption among mothers of reproductive age has gradually gained acceptance and integration into the social system. Alcohol has taken its time to seep into the mainstream culture

Normalization theory is thus adopted as one of the theoretical frameworks because the increasing trend of female alcohol consumption is influenced by normalization and gradual acceptance of female alcohol intake. It is normalization that influences the ever presence and availability of alcohol in rural and urban areas. People are constantly exposed to a wide variety of alcohol products, marketing and promotions that reduces



the stigmatization level associated with female alcohol consumption. Thus, it has drastically reduced the negative label in such away that women can drink in public domain or social gatherings without thinking of the social and health implications.

Whether it is consumption as a result of expectancy, social reinforcements or as way of expressing gender equality. The gradual incorporation and integration of alcohol life into the social system exerts so much impact on consumption of alcohol among women especially those of reproductive age.

Review of Relevant Empirical Review

How often Mothers (of reproductive age) Consume Alcohol Consumption In a study by Benegal et al., (2005), collaborative multi-national study designed by the International Research Group on Gender and Alcohol (IRGGA) study in the Southern part of India revealed that heavy drinking was reported by 1.3% of the female population, 46.5% of women reported heavy drinking on typical drinking occasions. In another study (cross-sectional) by Wangeci (2011) on the patterns and effects of women's alcohol consumption on family cohesiveness in Kirinyaga country west constituency Kenya; Nearly eighteen percent 17.5% of the women consumed alcohol daily where as 36.5% did so frequently.

In a hospital based cross-sectional survey conducted in Ghana by Adeyiga, Emilia, Udofia & Alfred (2014), on factors Associated with Alcohol consumption A Survey of Women of Childbearing at National Referral Hospital in Accra Ghana in which data were collected through structured questionnaire. A sample size of 394 was obtained in which 37.6% of women acknowledged drinking alcohol, 36.3% did not consume alcohol, 26.9% drink alcohol daily. They also discovered that most women drink during events both the type and number of events attended. More than half of the women attended certain events at least once a month; naming ceremony wedding and funeral. Based on the sum of events attended per month one third of the women had little risk of alcohol ingestion while two thirds had moderate to high risk of alcohol consumption 24.4% of the women acknowledged that they had taken any local herbal brews containing alcoholic drinks.



According to Meurk, Broom, Adam, and Jayne (2014), in a Semi-structured face-to-face interviews conducted with 40 women in their homes with a sample that comprised women aged 34–39, drawn from the Australian longitudinal study on women's wealth, living in then Greater Brisbane Area who were pregnant, or had recently given birth, 80% of Australian women will drink alcohol at some point during their pregnancy, describing drinking small amounts of alcohol during pregnancy as being a low risk activity that is important to their social lives.

According to a cross-sectional survey conducted by Ordinioha & Brisibe (2015) on alcohol consumption among pregnant women attending ante-natal clinic of the University of Port Harcourt Teaching Hospital Nigeria, in which a total of 221 subjects were studied with an average age of 29.5 ± 4.6 years. The study revealed that 59.2% of the respondents had taken alcohol during the index pregnancy, the study found that 22.17% of the respondents took alcohol frequently at a weekly average 6.5 4.69 units with 10.20% exceeding the 14 units for non-pregnant women. The prevalence of alcohol intake among pregnant women is 42.8%.

In a cross-sectional study carried out in Benin (Nigeria) by Adebowale & Bawo (2018) to ascertain psycho-active substance use and psychiatric morbidity among pregnant women. A total of 412 pregnant women attending the ante-natal clinic were approached for consent to participate in this study. Participants were aged between 16 and 44 years with a mean age (standard deviation [SD]) of 30.05 (5.3) years. Alcohol was the most frequently used psycho-active substance with a lifetime prevalence of 50.4%, that is, over 50.4% reported a life history (17%) had used alcohol the preceding 3 months.

These reports reaffirm what scholars had earlier pointed out about increasing rate of female/maternal alcohol consumption, however it may not serve as a perfect representation to ascertain the extent of maternal alcohol intake because of relativity in time and location, nevertheless, it will serve as an ultimate guide for what to expect in the field and research outcome. Therefore, one can rightly say that, to a large extent, there is an increasing trend of alcohol consumption among mothers of reproductive age.



Patterns of Alcohol Consumption among Mothers of Reproductive Age Benegal et al (2005), in a collaborative multi-national study designed by the International Research Group on Gender and Alcohol observed that women who drink at all have patterns of equally heavy alcohol use. A study from the Southern India found that average intake on typical drinking occasion was five standards (12 gm of ethanol per drink). Ibanga, Adetula and Zubairu, Haruna and Ochiyna (2005) in a cross sectional Nigerian study on the context of alcohol in Nigeria where the sample was drawn from two out of the six political zones in the country, 40 participants were chosen randomly, they observed that places where women hardly drink were work places 85.7% while 77.5% said they rarely drink at restaurants. However, women habitually drink at home and their most common confidantes when taking alcohol are mainly friends, family members and work mates. It is no surprise that women avoid drinking at work places, it is advisable to have a clear distinct between fun places and work organizational setting. Moreover, women will hardly drink at bars and restaurants because no matter the level of civilization and westernization observed in African societies and Nigeria, issues of social expectation labelling and social desirability are still being influenced by patriarchal orientation.

According to Wangeci (2011), in a cross-sectional survey in Kirinyaga Kenya on patterns and effects of women alcohol consumption on family cohesiveness, where respondents who fall within 19 to 45 years from each of the sampled villages were picked. A total of 125 women were used as respondents in her study. Twenty men were involved in the study as participants and were picked purposively. Sunday afternoon was recognized as the heaviest alcohol consumption time for heavy//regular drinkers. Majority of the respondents preferred drinking with a male friend 42.1%, 43.9% with male and female friends. The study revealed that some women use the day of worship for some other purposes such as drinking. When women prefer drinking with male friends it goes to tell us of the influence of men in a male dominated society, choosing to drink with friends is a reminder of the symbolic nature of alcohol as tool for social gathering and celebrations. Her findings further revealed that most of the women consume alcohol either at home 23.7% or in illegal dens 38.6%, very few drink in clubs and bars. This may be attributed to the fact that such places have been the domain of men. The findings also revealed the



main drinking times for the respondents are nights (3.2%) and evening 51.8%. twenty six (26.3%) in the afternoon (lunchtime).

In a study conducted by Baker (2017) to ascertain patterns and perceptions of maternal alcohol use among women with pre-school aged children in United Kingdom, where four focus groups were conducted with mothers from advantaged and disadvantaged backgrounds. The location in which mothers drinking took place varied and suggest that social situation might be influential. It influences their pattern of drinking. Several mothers describe drinking at home more often and did not associate motherhood with decreased alcohol use, rather a change in their drinking venue. These mothers tendency to drink at home appeared to be related to their belief that it was acceptable to consume alcohol in front of their children. Some of the mothers are of the view that children should witness parental alcohol use in order for them to understand that alcohol is to be enjoyed in moderation rather than a forbidden substance that children may become inquisitive about and drink in excess. In contrast there were a number of mothers who indicated that they were much less likely to drink at home especially when children were present. These varied opinions expressed by the respondents remind us of the dynamic nature of man, individual differences and perspectives

Adebowele&Bawo(2018), in a cross-sectional study in Benin to ascertain psycho-active substance use and psychiatric morbidity among pregnant women where a semi-structured socio-demographic questionnaire was designed to elicit information. They observed that with the continued westernization, African women are now more liberal and consumed alcohol in social setting. They also discovered that pregnant women often use alcohol based herbal mixture, due to the myth that it thwarts abortions and untimely labour, improves sleep and enable them have a strong and healthy baby.

As pointed out earlier, alcohol has had continual presence in African social/communal life for decades, as it has in most societies of the world (Isidore, 2006), and these patterns of consumption reported by these researchers is a reflection of the universality of the alcohol lifestyle especially among women of reproductive age we also observe culture and cultural orientations influencing the location and time women choose to



drink. Ascertaining patterns of alcohol intake is one of the objectives that this research intends to actualize especially with particular reference to Anambra State, as some of the patterns reported earlier might not be obtainable in the choice location of research.

Mothers' Perception of fellow women who indulge in alcohol Consumption Wangeci (2011), in a cross-sectional study on the patterns and effects of women's alcohol consumption on family cohesiveness in Kirinyaga, Kenya discovered in her study that women who frequently visit bars and drinking joints are viewed as prostitutes by men, who also see them as extremely accessible sexually. However, whichever way we look at it, the different perceptions are influenced by cultural orientations and socializations received by members of the society.

In a computer assisted telephone interview (cross sectional survey) of 1103 Australian women aged 18 to 45 years, conducted by Peadonet al., (2010) in Australia 79.2% of respondents have negative feelings towards pregnant women/ mothers drinking alcohol. Elek et al (2013), carried out 20 focus groups of 149 reproductive-age women in Atlanta and Chicago; U.S.A segmented by age, pregnancy status, and race/ethnicity research, they surveyed and observed that respondents expressed a negative opinion of pregnant women who drink alcohol and provided a variety of powerful harsh comments to describe these women such as irresponsible, selfish stupid uneducated and uninformed to show their discontentment. However, one in 8 of the groups one or more participants expressed support for drinking in limited quantities. No contributor expressed the safety of alcohol consumption in larger quantities. Most of the women appears to agree that it was better to refrain from alcohol to avoid the risk associated with heavy or light ingestion.

Adeyiga et al (2014) carried out a hospital based cross-sectional survey in Ghana, a survey of women childbearing at National Referral hospital in Ghana, majority of the women (respondents) expressed strong disagreement with the statement that it is acceptable for a pregnant women to be taking alcohol, 68.3% of the women disagreed that pregnant women should take alcohol while 63.2% also disagreed that maternal alcohol consumption cannot affect the unborn child. In addition 55% disagreed that



women can drink more than 3.4 units of alcohol per day. In all, data from the survey showed that majority of the women had a negative attitude towards maternal alcohol consumptions as 31.5% expressed that observing a pregnant women drink alcohol made them feel concerned while 24.1% said it make them angry. In a related development

A critical look at the views expressed by the respondents and as reported by these researchers, most of the respondents expressed negative feelings about female alcohol intake, however considering that there is an increasing rate of consumption, the question remains, who is taking the alcohol and who are those expressing negative feelings towards women's alcohol intake. Why then is the trend increasing as the day goes by. These and other questions are some of the areas the researcher tends to interrogate.

Factors Influencing Alcohol consumption among Mothers of Reproductive Age

Scholars have revealed several factors influencing alcohol consumption among women/mothers of reproductive age. In a structured interview session conducted by Dimelu et al, (2011), in Enugu to ascertain patterns of alcohol consumption and its effects on selected rural community in Enugu state, they indicated that choice of alcohol beverage consumed was influenced by availability (53%), ability to produce the beverage type (50 %), cost/relative prices (46.7 %) and prestige (43.3%). Lesser proportion (25.0, 33.3, and 16.7%) of the respondents said they were influenced by taste, suitability for the body and advertisement, respectively.

According to Wangeci (2011), in a cross-sectional survey in Kirinyaga Kenya on patterns and effects of women alcohol consumption on family cohesiveness, where respondents who fall within 19 to 45 years from each of the sampled villages were picked, Nearly fifty percent (47.4%) of respondents take alcohol as way to meet people or be more comfortable with others and 44.7%. to have fun the findings revealed that majority of the respondents take alcohol for social purposes 60.9% percent find it hard to resist if someone offered or brought them a drink or offered to do so. However psychologically, the findings show that financial frustration coerce women to consume alcohol, 41.2% of the women consume alcohol when they could not afford something they were in need of 57.9% acknowledged taken alcohol by guilt about not being good providers to their



wards. The findings further revealed that women tend to consume alcohol when under physiological stress, fatigue restless, sleepless and while experiencing physical pain. The study therefore concluded that accrued stress and exhaustion from serving as casual lecturers parents and wives wear women out thereby causing bodily aches and pains. These lure women into consuming alcohol which they pursue as a therapy.

In a focus group research study examined by Elek et al (2013) conducted in Atlanta and Chicago, United States of America, a focus group discussion on women's knowledge, views and expectancy regarding alcohol use and improved pregnancy; the findings related that women partners, families and friends impact women resolution to drink or abstain from alcohol. In a related discovery, Baker (2017) conducted a qualitative study (Focus Group Discussion) in United Kingdom on the patterns and perceptions of maternal alcohol use among women with pre-school aged children where majority of the mothers who took part in the focus Group agreed that their perception of what was acceptable behavior among mothers and fear of disapproval from others impact their actions including alcohol consumption.

In a related development, Elek et al(2013), conducted a focus group discussion on women's knowledge, views and expectancy regarding alcohol use and improved pregnancy; and revealed that aside social pressure, the alcohol use behavior of a woman's companion, family and friends play a key role in women's drinking by providing them with acquaintance with alcohol and modeling of alcohol use. A woman's partner, her family and her friends all act either as strong supporter of the woman's effort not to drink or as negative influences by pressurizing them to drink. They also emphasized other commonly mentioned motivations for drinking during pregnancy which include unawareness about the outcome, peer pressure, selfishness, immaturity and irresponsibility, having an unplanned pregnancy or desire to abort the child. Participating in celebrations or social settings that the mother doesn't care about the baby and depression has also been revealed as a major factor influencing alcohol consumption. This idea also corroborates with Adeyiga et al (2014) revelation in a cross sectional study in Ghana, that most women drink during events, both the type and number of events attended.



Economic independence has also been identified as a major factor influencing alcohol consumption among women (mothers) of reproductive age. This was revealed by Wangeci 2011 in her cross-sectional study in Kirinyaga Kenya. The freedom economic independence offers influence alcohol consumption. The study observe that even if the incomes are inadequate they are able to plan their roles, determine amounts, where and when to drink.

In a related report provided by Organization for Economic Cooperation and Development (2015), Educated women are more likely to be hazardous drinkers. It is said that growing numbers of professional women are drinking at dangerous level to keep up with men and further their careers. In what has become the dark side of equality, their drinking habit is now similar to those of men, one in five women graduates repeatedly drink hazardously compared with one in ten for those with lower levels of education. According to OECD(2015) study, women now consume alcohol regularly with male colleague in the public after work, not only has it became more socially tolerable, many feel pressure to enhance their career prospects, they have adjusted to the male culture in the labor market. This report further reaffirms what scholars had earlier pointed out; that modifications associated with women's education, employment, social status and economic independence have been implicated in the convergence of male and female drinking.

Wangeci(2011), in her study also revealed that neglect in the implementation of the alcoholic drinks control act on non-sale hours and licensing of production retail establishment that sells alcoholics. Such negligence implied that even age and gender restrictions was ignored too since alcohol is sold to many willing persons. These factors revealed may not be very correct or not obtainable in all occasions however their importance can never be undermined as they will guide and form the premise upon which this research is based.

Consequences associated with alcohol intake among Mothers of reproductive Age

In a qualitative study by Muckle, Laflamme Gagnon, Boncher Jacobson and Jacobson (2011) in Nunavik Quebec Canada they revealed that postpartum distress and violence



were more likely to be experienced by women who used alcohol during pregnancy. Wangeci in a cross-sectional study in a cross-sectional survey in Kirinyaga Kenya on patterns and effects of women alcohol consumption on family cohesiveness, where respondents who fall within 19 to 45 years from each of the sampled villages were picked, the findings revealed that most of the marriages where women were regular alcohol consumers ended in divorce, 80% of the respondents observed that part of what led to this was the failure to perform some gender based roles. The study observed that non-performance of gender based roles such as not feeding the husband, laziness and discourtesy were common consequences associated with alcohol consumption among mothers who take alcohol. Furthermore, 55% of the respondents noted that families where mothers consume alcohol lost social reputation; they are also labelled as rough, rude and insulting and could not easily escape quarrels and fights which were common in their homes. The study further revealed that alcohol consumption makes women vulnerable to risky sexual behavior or immorality.

Elek et al (2013) in a focus group study revealed that the most frequent cited consequence opined by respondents include brain damage, learning problems developmental delays, miscarriage or premature birth and low birth weight or growth problems. Chukwunonye et al 2013, in a rural and urban cross sectional study of alcohol consumption among adult Nigerians in Abia state, they revealed that heavy alcohol consumption impacts on the relationship between those who do so and their close relatives and friends. These disclosures remind us that the consequences associated with heavy alcohol use goes beyond the bio-medical effects and are inclusive of social and psychological effects

Measures Recommended by some Scholars for Reducing the Rate of Alcohol Consumption among Mothers of Reproductive Age

Alcohol problems among women are caused by a complex combination of social, economic and individual factors therefore preventions/reductions requires sustained combination of synergistic evidence based structural and community measures.



Wangeci (2011), in a cross-sectional survey in Kirinyaga Kenya on patterns and effects of women alcohol consumption on family cohesiveness, where respondents who fall within 19 to 45 years from each of the sampled villages were picked where she revealed that 85% of the participant felt that the status of women education in the area makes them unemployable and therefore they engage in production and sale of alcohol, they therefore felt that government should offer short courses to enable women acquire skills for them to be incorporated into the formal employment sector. The community needed integration too, because it often fails to offer the required support to the victims of regular alcohol consumption. Wangeci (2011) recommended the provision of free health service as essential instrument, since some of the women had developed addiction and needed treatment and rehabilitation and reintegration which may not be accessible and affordable to their families. How good these scholars recommendations can be, they were ultimately built from their various research endeavours which means they may not be relevant in the area of study for the instant research because of issues associated with cultural relativity, however they can be impactful in providing blue print for further recommendations

Elek et al, (2013), conducted a focus group study and recommended that the education should target the partner's family members and friends of women and encourage them to support women's decision to abstain from alcohol. This education should also address common myths and misconceptions provide specific messages about the risk of all forms of alcohol use. The education and campaign against alcohol intake should be inclusive of electronic media, internet based message should be developed to reach women of all age. They also suggested the provision of alternative means of handling stress and social pressures that might lead women to drink when they are pregnant or trying to get pregnant.

Adeyiga et al (2014) conducted a cross sectional survey of women attending ante natal clinic in Ghana and emphasized the need to educate adolescent girls (in and out of school) and pregnant women during ante-natal clinics visit to promote awareness about the potential harm of alcohol consumption. They further revealed that availability of alcohol consumption is rife in African communities, through information education and



communication the possible harm of local unregulated preparations should be intensified through public channels , gate keepers, educational and established women group, churches, community based health planning services centres and media. According to Dumbili (2013),alcohol adverts, marketing and promotions are becoming increasingly aggressive and brewer sponsored promotion are rife, Adeyiga et al(2014), therefore revealed/suggested advertisements promoting alcohol use should be regulated in the light of overall evidence and country specific. Moreover regulating bodies can establish peripheral partnership with community volunteers to identify sellers of alcoholic drinks that are unapproved

Ordinioha&Brisibe (2015) conducted a cross-sectional study of pregnant women attending ante-natal clinic of University of Portharcourt Teaching hospital,where they revealed that alcohol consumption among the pregnant women could be attributed to the poor knowledge of harmful effects of alcohol on the focus, they therefore revealed that public education, campaigns should encouraged women to abstain from alcohol. When they wish to become pregnant is contained. They therefore recommended that health education is likely to be effective in Nigeria because Nigerian women are likely to stop drinking alcohol if they are encouraged by their sponsors and their significant others.

World Health Organisation (2018) recommended that concerted actions are needed to achieve at least stabilization of increasing trends in alcohol consumption, partnerships and appropriate engagement of all relevant stakeholders are needed to support the implementation of alcohol policy regulation because Addressing the harmful use of alcohol requires “whole of government” and “whole of society” approaches with appropriate engagement of public health-oriented NGOs, professional associations and civil society groups

Conclusion

The central theme behind this review paper was to examine patterns and consequences of alcohol consumption among mothers of reproductive age as documented via empirical studies across in Anambra State, South Eastern Nigeria and beyond. The reviewed research reports have added to our understanding of the patterns, causes and



consequences of increasing alcohol consumption among mothers of reproductive age. Indeed, female alcohol consumption from the empirical works reviewed, has gradually permeated the social system. The key patterns of alcohol intake among mothers revealed by the reviewed studies include taking one brand at a time, mixing spirits (local gins/kai-kai) with herbs, mixing alcohol with soft drinks, etc.

The most preferred alcohol brand (beer). The research reports also revealed bio-medical consequences such as low birth weight, brain damage for the mother and the child, miscarriage, developmental delay for the foetus and vulnerability to sexually transmitted diseases. Some of the social consequences as espoused by scholars include divorce in marriages, loss of social prestige and stigmatization of the woman or her children, among others. Above all, the reviewed research reports and their findings also have clear implications for policy and future research.

Recommendations

Based on the findings of reviewed empirical works, the following recommendations are made.

- 1 There is need for the government and non-governmental organizations to sensitize the public against heavy alcohol consumption among adolescent girls, unmarried women and mothers of reproductive age. This will call their attention to the dangers associated with excessive alcohol intake. The sensitization should be made wider and projected to the rural areas through electronic and print media.
- 2 There is a need for serious re-orientation of mothers, especially as regards to their misconceptions about the medicinal value of alcohol. Therefore, health institutions and other agents of socialization agents have a role to play in re-emphasizing and educating mothers and pregnant women to abstain from alcohol intake, especially when they are pregnant and after delivery.
- 3 Government and Non governmental Organisations can partner to provide alternative means of emotional stress and other psycho-social issues, such as providing accessible medical/psychotherapeutic services such that people facing emotional problems can access social welfare services.



- 4 Production, distribution and sale of alcohol should be monitored and regulated effectively especially during festivals or celebrations, such that people of certain age,sex, health or social conditions(Pregnant women/nursing mothers) should not have access to it, as the consequences to a large extent can outweigh the few minutes of enjoyment
- 5 Government should enact policies that will ensure that alcohol advertisements/promotions are regulated effectively, such that consumers will be informed of the dangers associated with heavy drinking, as dangers associated with heavy consumption can be linked to other forms of social vices like rape, violence, accidents, sexually transmitted diseases etc.
- 6 All these policies can be effective through active incorporation/participation of members of Anambra State and other people residing in the state in campaigns against heavy alcohol consumption across all age and sex.



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