


The use of alcoholic beverage among pregnant teens

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Objective: to identify the consumption of alcoholic beverages among pregnant adolescents. Method: quantitative, descriptive and cross-sectional study. The participants were 27 pregnant adolescents enrolled in the Family Health Strategy. Results: 54% reported using alcohol in the last 12 months and 7.4% had a chance of being diagnosed with alcohol dependence. Of the 5 participants who reported being in the second gestation, 80% reported having used alcohol in the previous pregnancy. Regarding the risk on alcohol consumption pattern, it was identified that 81.4% are in zone I, 14.8% in zone II and 7.4% in zone IV. Conclusion: the need for actions to prevent alcohol use during gestation and the relevance of the role of nurses in the integral follow-up during prenatal care is reaffirmed.

Descriptors: Adolescent; Alcoholic Beverages; Pregnant Women; Nursing.

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O uso de bebida alcoólica entre gestantes adolescentes

Objetivo: identificar o consumo de bebida alcoólica entre as adolescentes gestantes. Método: estudo de abordagem quantitativa, descritiva e de corte transversal. Os participantes foram 27 adolescentes gestantes adscritas nas Estratégia de Saúde da Família. Resultados: constatou-se que 54% referiram fazer uso de bebida alcoólica nos últimos 12 meses e 7,4% apresentavam chance de ter diagnóstico de dependência alcoólica. Das 5 participantes que relataram ser a segunda gestação, 80% afirmaram ter utilizado álcool na gravidez anterior. Identificou-se que em relação de risco sobre o padrão de consumo de álcool 81,4% se enquadram na zona I, 14,8% na zona II e 7,4% na zona IV. Conclusão: reafirma-se a necessidade de ações de prevenção do uso de álcool na gestação e a relevância do papel do enfermeiro no acompanhamento integral durante o pré-natal.

Descritores: Adolescente; Bebidas Alcoólicas; Gestantes; Enfermagem.

El uso de bebidas alcohólicas entre las adolescentes embarazadas

Objetivo: identificar el consumo de alcohol entre adolescentes embarazadas. Método: estudio enfoque cuantitativo, descriptivo y transversal. Los participantes fueron 27 adolescentes embarazadas adscritas en la Estrategia Salud de la Familia. Resultados: se encontró que el 54% informó haciendo uso de alcohol en los últimos 12 meses y el 7,4% eran propensos a tener un diagnóstico de dependencia del alcohol. De 5 participantes que reportaron ser el segundo embarazo, el 80% dijeron que habían consumido alcohol en el embarazo anterior. Se encontró que 81,4% de disminución en la zona I, 14,8% en la zona II y 7,4% en IV. Conclusión: se reafirma la necesidad de acciones para prevenir el uso de alcohol durante el embarazo y la importancia del papel de las enfermeras en la atención integral durante el período prenatal.

Descriptorios: Adolescente; Bebidas Alcohólica; Mujeres Embarazadas; Enfermería.

Introduction

Adolescence is the delimited period between 10 and 19 years old⁽¹⁾, being a phase of constant concerns, since it can reflect in new behaviors and positions in the face of the modifications of the body, the new social environment, the group pressure, the family conflicts, which alone or together may result in the search for new experiences⁽²⁾.

Because it is a period of several changes, adolescents are extremely vulnerable to the use of psychoactive substances, since in this period there is a greater tendency of insertion into social groups, assuming new attitudes and postures to be accepted. At the same time, there may be family conflicts, since parents may lose control and power over their children, who seek in the group of friends the image of an adult⁽³⁾.

Thus, in addition to the characteristics of one's own personality, the family scope and the external environment can influence the adolescent to try other experiences, such as drug use, behavior problems, early onset of sexual life and, therefore, unplanned pregnancy and sexually transmitted infections⁽⁴⁾.

Adolescent pregnancy has become a relevant aspect in public health, since it can cause obstetric complications with maternal-fetal repercussions. In addition, studies emphasize that it is more incident in low-income population with little schooling⁽⁵⁻⁶⁾.

Gestation, in this period, may be related to risk behaviors, as well as to the consumption of alcohol and other drugs or even non-adherence of prenatal follow-up⁽⁷⁾. In this way, obstetric care must be enhanced by a multidisciplinary team with a fundamental premise for humanization. To this end, health professionals should be prepared and committed to the approach of adolescent pregnant women, aiming to promote awareness on the problems arising from the use of drugs for both the mother and the child.

Thus, among the psychotropic substances most consumed in adolescence, alcohol is of particular importance, since it consists of a licit drug that is easily accessible, low cost, with greater tendency and opportunity to use⁽⁵⁾. In addition, the media elicits such beverage as synonymous with joy, youth and satisfaction.

Alcohol consumption during the gestation period can have consequences that influence the development of the fetus, such as growth restriction, cognitive deficits, increased morbidity and mortality and other disorders, such as Fetal Alcohol Syndrome⁽⁸⁾.

The objective of the present study is to identify the consumption of alcohol among pregnant adolescents and to verify which of these need interventions in relation to their consumption.

Method

This is a descriptive study with quantitative and cross-cohort approach. The study was approved by the Ethics and Research Committee of the Federal University of Alfenas/MG (UNIFAL), under opinion No. 164.705 and carried out in accordance with Resolution No. 466/12 of the National Health Council, which deals with research involving human beings.

The research was authorized by the Health Department of the city and the parents of participants under 18 were asked to sign the Informed Consent Form (ICF). Participants who agreed to participate in the study after the consent of their parents signed the Agreement Form (AF). In situations in which the adolescents were older than 18 years and married adolescents in any age group, only the Informed Consent Form was applied, since in these conditions they are considered responsible in the decision making before the law. It is important to emphasize that the definition of adolescence adopted in this study was that of the World Health Organization and the Ministry of Health that implies in the age group from 10 to 19 years^(1,9).

The population of pregnant women enrolled in the FHS was 227, of whom 50 (22%) comprised the age group of 10 to 19 years. Among these adolescents, 23 (46%) did not participate in the study, since 13 reported not having consumed alcohol in the last 12 months, 9 were not found by the researchers in the address registered in the health unit and 1 did not sign the Informed Consent Form. Therefore, the study sample of pregnant adolescents who reported having used alcohol in the last 12 months consisted of 27 (54%).

The study was conducted from January to May 2013. The research scenario was a city in the south of Minas Gerais, which had 227 pregnant women enrolled in the 12 units of the Family Health Strategy (FHS). The survey of the addresses was through the FHS records, and the collection of data took place in their respective households.

For the data collection, researchers developed a questionnaire to characterize the participants and used the AUDIT (The Alcohol Use Disorder Identification Test), which was validated in Brazil⁽¹⁰⁾.

The data collection instrument (AUDIT) applied to adolescent pregnant women contributes to the identification of problems related to the use of alcohol, since it allows classification in a score and in a risk zone under the level of alcohol use.

Zone I corresponds to the scores from 0 to 7, and the type of intervention performed is primary prevention. Zone II corresponds to the scores from 8 to 15, and the basic orientation is the intervention method. Zone III corresponds to the scores from 16 to 19, and brief intervention and monitoring are programmed. Finally, in

zone IV the sum of the scores should reach from 20 to 40, and the intervention performed is the referral to a specialized service⁽¹¹⁾.

Zone I encompasses those who make low-risk use of alcohol, i.e., they consume less than two standard doses per day or do not exceed five standard doses on a single occasion. Zone II is composed of individuals called risk users, i.e., people who use above two standard doses every day or more than five standard doses on a single occasion and who present no current problem⁽¹²⁾.

In zone III are the individuals with a pattern of use considered harmful, that is, they consume alcohol in quantity and frequency above the low risk standards and present problems due to the use of alcohol, maintaining regular consumption, exceeding the limits⁽¹²⁾. However, they show no signs of dependence. Zone IV is characterized by individuals who present a high probability of having a diagnosis of dependence⁽¹¹⁾.

The information collected was grouped into a database using the Microsoft Office Excel application (2007) and analyzed using the statistical program Statistical Package for the Social Sciences (SPSS), version 17.0. The data were analyzed and tabulated in absolute and percentage frequencies.

Results

It was evidenced that 27 (54%) of the adolescent pregnant women reported the consumption of alcohol during the gestational period. Regarding the age of the adolescent pregnant woman who reported the consumption of alcohol, it was found that 23 (85.1%) were in the age group of 16 to 19 years. Regarding Gestational Age, there was a higher incidence, as 23 (85.1%) of adolescents reported being in the second and third trimester of pregnancy. When investigating the number of pregnancies, 22 (81.5%) of the adolescents reported being primigravida and, among those who reported being multiparous, five (18.5%) reported being experiencing a second pregnancy.

Of the five pregnant adolescents who were experiencing the second gestation, all belonged to the age group of 18 to 19 years. The study showed that of the adolescents who reported being the second gestation, four (80%) reported having consumed alcohol in their previous gestation.

When questioning the marital status, 13 (48.1%) reported being single, 12 (44.4%), married and two (7.5%) of the participants mentioned a stable union. Regarding schooling, there is a higher prevalence of incomplete elementary and high school, being eight (29.6%) and nine (33.3%) participants, respectively. Regarding the religious belief, there was prevalence of Catholic adolescents, 23 (85.2%), and four (14.8%) reported being evangelicals.

The predominant family income was one to two minimum wages (88.8%). It is worth mentioning that a research participant reported family income less than one minimum wage per month and also mentioned being experiencing the second gestation. Regarding the current working situation, 25 (92.6%) pregnant teenagers reported being unemployed. The two (7.4%) who mentioned having an employment relationship work as housemaids.

When analyzing the results of the AUDIT instrument regarding the frequency of alcohol consumption by the participants of the research, 21 (77.8%) of the adolescent pregnant women reported using alcohol once a month or in a higher frequency than once a month, and four (14.8%) reported consuming 2 to 4 times a month. None of them reported consuming alcohol 4 or more times per week.

Regarding the number of doses ingested at the time of alcohol use, 18 (66.7%) pregnant adolescents reported consuming one or two doses; 6 (22.2%) reported 3 or 4 doses. Although the questioning is related to occasional use, about 3 (11.1%) of the adolescent pregnant women reported a consumption considered abusive, that is, 5 to 10 doses at a single time (binge drinking).

When questioned about how often they ingest 5 doses or more at one time (binge drinking), 19 (70.4%) of the participants reported never having consumed this amount, six (22.2%) of them said they had ingested this dose less than once in a month, one (3.7%) once a month, one (3.7%) once a week and none mentioned drinking alcohol every or almost every day.

On the number of times, during the last twelve months, they could not stop drinking, once they had started, 22 (81.5%) pregnant adolescents answered as never, two (7.4%), less than once a month and two (7.4%) reported almost or every day after use. These two teenagers are single and refer monthly family income of a minimum wage.

When investigating the need for morning alcohol consumption to feel good during the day after drinking a large amount of alcoholic beverages on the previous day, 25 (92.6%) pregnant women mentioned never, one (3.7%), less than once a month and one (3.7%), once a month. This participant who affirmed once a month was classified as zone IV (score 20) of the AUDIT instrument.

Regarding how many times during the last 12 months, the participant felt guilty or remorse after drinking, 22 (81.5%) pregnant women answered never, two (7.4%) mentioned less than once month (3.7%), one said once a month, one (3.7%), once a week and one (3.7%), every day or almost every day.

When asked how many times over the past 12 months, they were unable to remember what happened due to drinking, 21 (77.8%) pregnant

teenagers answered never, four (14.8%), less than once a month, one (3.7%), once a week and one (3.7%), every day or almost every day. The woman who said that she used alcohol every day or almost every day is 18, in the second trimester of pregnancy, married, has incomplete elementary school and was classified in zone IV.

When asking whether they had ever injured or injured themselves or anyone else after drinking, 24 (88.9%) of the adolescent pregnant women said that never, and three (11.1%) said yes, but not in the last 12 months. An important point is the fact that two of the participants who reported yes were classified as zone II and the other was as zone I of the AUDIT instrument.

When asked whether a relative, friend, or health professional had ever worried about their drinking habits or suggested them to stop, 22 (81.5%) answered never, four (14.8%) reported yes, but not in the last 12 months, and one (3.7%) said yes, in the last 12 months. It was observed that the adolescent who answered yes in the last 12 months is 19 years old, single, primigravida, lives in a neighborhood near downtown, is unemployed, has family income of a minimum wage and was classified in ZONA II.

Finally, according to the classification of the instrument, 21 (81.4%) of the participants fit in zone I, four (14.8%) in zone II and two (7.4%) in zone IV. It is worth noting that the study did not show adolescent pregnant women who fit into zone III.

Discussion

It was found that 85.1% of the pregnant women were in the age group of 16 to 19 years, which corroborates the study carried out in a Basic Health Unit of Belo Horizonte, since it identified the predominance of pregnant women in this age group⁽¹³⁾.

It was evidenced that 54% of adolescents reported having used alcohol in the last 12 months and 18.5% of them were experiencing a second pregnancy. A study conducted in Londrina - Paraná found that 15% of adolescent pregnant women were classified as at risk for alcohol consumption⁽¹⁴⁾. A research conducted with the AUDIT in the Southeast region of the country found that 23.1% of pregnant women consumed alcoholic beverages during pregnancy⁽¹⁵⁾. Another study detected the prevalence of 32.4% for alcohol consumption during pregnancy among adolescents⁽⁶⁾.

In the present study, 54% of pregnant adolescents reported consuming alcohol. One must consider that the consumption of alcoholic beverages in adolescence is due to several factors, such as the ease in its acquisition and the fact that it is socially tolerated, culturally valued and legally allowed⁽¹⁶⁾. It is also associated with the stimulation of consumption by the media through

commercial advertisements⁽⁶⁾, influence of peers and sociocultural and family context⁽¹⁷⁾.

Another important fact to be mentioned was the repetition of pregnancy during adolescence, which is a multifactorial process due to the biological, psychosocial, cultural and economic aspects⁽¹⁶⁾. The literature reports that impulsivity, magical thinking and emotional immaturity are relevant factors in adolescence, which directly influence the gestation process, as well as other vulnerabilities⁽¹³⁾. Therefore, public policies are essential to minimize this situation⁽¹⁶⁾.

It is relevant to consider that 80% of these adolescents mentioned the consumption of alcohol in the previous gestation, which does not differ from a study conducted in Teresina-PI, that revealed that pregnant adolescents who had consumed alcohol during pregnancy had 3.85 times more chances to consume it again⁽⁶⁾. It should be emphasized that many pregnant women assume that the use of psychoactive substances in previous pregnancies did not bring any visible intercurrent, which may reinforce that these substances are innocuous to the fetus⁽¹⁸⁾.

Within this context, it is important to mention that, during prenatal care, health professionals should also emphasize the consequences of alcohol consumption for both the mother and the child, with the objective of reducing or ceasing the consumption of this substance. It must be emphasized that alcohol is one of the main avoidable causes of congenital defects⁽¹⁹⁾. In addition to the congenital effects, the exposure to this substance in the embryonic phase is a supporting factor in alcohol dependence⁽¹⁷⁾.

However, the present study revealed that the vulnerability to alcohol consumption is persistent during gestations, which leads us to conclude that prenatal care in relation to this issue has not been effective. This has been confirmed by studies carried out in the country, which states that care during this period is based only on examinations, which reflects the need for the use of instruments to assist professionals in diagnosing the use of this substance^(6,17).

In the present study, the consumption of alcohol was higher in single adolescents (48.1%), with a low level of schooling (62.9%) and of economic conditions (88.8%). This does not differ from other studies conducted in the country, which have concluded that not having a partner and presenting low income are risk factors for alcohol consumption among pregnant women^(6,15). This correlation between economic level and alcohol consumption was demonstrated in another study, which verified that among the disadvantaged socioeconomic classes the harmful use of alcohol is more expressive⁽¹⁴⁾.

Another factor worth mentioning is the rate of 77.8% of adolescent pregnant women who reported

drinking alcoholic beverages once a month or in a frequency higher than once a month, and 4 (14.8%) reported consuming it 2 to 4 times a month. This situation ends up reflecting important outcomes in pregnancy, with a greater chance of negative results for the children of adolescents. Despite the existence of norms that prohibit to sell alcoholic beverages to people under 18 years of age in Brazil, it is evident that this law is not being complied with. This is also associated with the fact that there is an abusive stimulus to the consumption of this substance by the media⁽⁶⁻²⁰⁾.

Some issues are relevant in the prenatal care with the objective of ensuring the healthy development of the child and maternal health. Within this context, investigations and interventions on alcohol consumption are important to minimize disorders in maternal and child health and to improve the quality of life of this binomial^(18,21).

Regarding the number of doses ingested, 11.1% of adolescent pregnant women reported a consumption considered abusive, that is, from 5 to 10 doses at a single time. These results are in agreement with a study carried out with adolescents in which 22% of pregnant women referred to consumption in the binge pattern⁽¹⁵⁾. As already described, there is evidence that many pregnant women do not believe that alcohol causes problems for the fetus and do not know how to describe the possible adverse effects of that substance⁽²²⁻²³⁾.

In this context, it is important to mention that 81.5% of pregnant adolescents said they had never tried to stop drinking alcohol in the last year. This fact was justified because they considered the ingestion of alcoholic beverage during pregnancy as natural⁽¹⁷⁾, which adds to the negligence of health professionals in guiding them to stop using alcohol in this period and on the negative effects of consumption^(15,22).

Despite this situation, it is important to note that 92.6% of the interviewed women do not feel the need to use alcohol in the morning. This result is in line with research conducted with pregnant adolescents in a hospital in Rio de Janeiro, in which most pregnant women who had the habit of ingesting alcoholic beverages during pregnancy did it in the presence of friends, family, thus implying a recreational character⁽²³⁾. There is a banalization regarding the consumption of alcohol among pregnant women, so it is essential that health professionals, when conducting education actions, address the deleterious effects of alcohol during the gestational period.

One pregnant woman (3.7%) who stated the need for alcohol in the morning once a month was classified in zone IV. So, the conclusion was that this pregnant woman has a probable dependency and requires follow-up and interventions of health professionals.

Another investigation carried out on the consumption of alcoholic beverages in the Southeast region identified that 14.8% of the pregnant women interviewed had a risk behavior and 5.1% a harmful behavior or had a probable dependence on alcohol⁽¹⁵⁾. For this reason, it is crucial to guide them about the total abstinence of this substance since, regardless of the amount consumed, the risks of alcohol use for the both the mother and the fetus are evident⁽²³⁾.

The fact of ingesting alcohol during pregnancy does not cause concern to the pregnant women and, thus, 81.5% of them do not show remorse for doing this. On the contrary, they report that this is a pleasurable and happy moment. This result differs from a study that investigated the consumption of alcohol during the gestational period and found that 37.7% of the pregnant women referred to remorse after alcohol consumption⁽¹⁵⁾. What may justify this situation is that, in the present study, pregnant women are adolescents and, because of the characteristics of this phase, they carry out many activities without thinking about the consequences. In this sense, the consumption of alcoholic beverages is referenced by the adolescents as something inherent to young people, that makes part of their leisure, and that social peers influences such practice⁽¹⁷⁾.

However, a thorough evaluation is necessary in relation to this issue, since these pregnant women have said not to worry about leaving the impression they were doing something wrong and harmful to their child and thus did not worry about a possible rebuke or disapproval. In this way, health professionals must first develop the process of empathy⁽¹⁷⁾ and, during this process, carry out the approach on the subject with the use of instruments for the screening of consumption and recognize the risk factors of adolescents and not be attached to the stereotypes, very common in daily care⁽¹⁵⁾.

It was found that 3.7% of pregnant adolescents had been instructed in relation to not consuming alcoholic beverages in the last 12 months prior to the study. This finding is described in another study, which pointed out that less than half of the pregnant women who reported alcohol consumption were guided by professionals⁽¹⁵⁾. Another investigation detected that although all the pregnant women had been attended during the prenatal period, neither one of the pregnant women were guided on this subject⁽²²⁾.

As previously mentioned, prenatal care is restricted to exams, prevention and follow-up of diseases; however, an important educational work that addresses the consequences of alcohol use during this period is necessary⁽¹⁷⁾. To do so, prenatal practices should be reformulated, especially in relation to the lack of instruments that help in the identification of alcohol consumption during pregnancy⁽⁶⁾. Universal screening

of alcohol consumption should be carried out periodically for all women, and if the pregnant woman uses alcoholic beverages, interventions to reduce consumption should be encouraged⁽²⁴⁾.

In view of the above, the importance of nurses and other health professionals in the comprehensive care to pregnant women is indisputable, with the incorporation of promotion and prevention actions, and also in the search for support to stop the alcohol consumption⁽²⁵⁾. But, for this purpose, these professionals should take a critical look at this problem, since alcohol consumption is a reality experienced by pregnant adolescents⁽¹⁷⁾. Through this context, it is important to incorporate the issues of the use of alcohol and other drugs into the curricula of health professionals in order to intervene positively in this reality⁽¹⁵⁾.

Conclusion

The present study evidences the presence of alcohol consumption among pregnant adolescents. It is worth noting that, in multiparous women, alcohol consumption was evident in the previous and current gestations. It is highlighted the lack of knowledge of these adolescents on the risks of alcohol consumption.

Through this scenario, health professionals should be prepared to evaluate alcohol use and consumption among pregnant adolescents and to propose prevention and treatment actions. These professionals should welcome this pregnant adolescent without making judgments, a practice that requires training and practice, but that will facilitate the dialogue between professional and adolescent.

The discussions carried out in this study reaffirm the need for actions to prevent alcohol consumption during pregnancy and reaffirm the relevance of the role of nurses in the integral follow-up of pregnant women during prenatal care.


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