

SOCIAL AND HEALTH IMPLICATIONS OF ALCOHOL CONSUMPTION AMONG WOMEN OF REPRODUCTIVE AGE IN ANAMBRA STATE, SOUTHEAST NIGERIA

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ABSTRACT

Much of the research concerning women's alcohol use and misuse has focused on biomedical issues associated with female drinking; In contrast, little attention has been paid to the social dimensions of maternal drinking. Using the Symbolic interactionist's paradigm, this paper interrogates the social and health consequences of drinking among women of reproductive age. Data were collected using a concurrent mixed research approach (quantitative and qualitative data) Three hundred and seventy-three (373) close-ended questionnaires were analysed, and in-depth interviews were conducted among 12 mothers randomly selected from different occupational backgrounds. Findings reveal that heavy alcohol intake can cause divorce in marriages, loss of social respect, stigmatisation for the children, and loss of social bonds within the family. The researcher concluded that health and social issues relating to alcohol use can only be understood within the social and cultural context. However, the paper recommends an all-encompassing approach which involves continuous sensitization of women (especially of reproductive age) on the dangers of maternal alcohol use and the need to implement policies to regulate the production, marketing, and consumption of alcohol.

Keywords: Alcohol, Mothers, Reproductive Age, Social, Health, Consequences

INTRODUCTION

Alcohol consumption is a symbolic feature of human life, and it is almost inevitable in the religious and social practices of many African societies (Oshodin,

1995). In the Nigerian context, alcohol consumption was originally reserved for men, and it played a crucial role in social gatherings, political, religious, and socio-economic relationships (Odejide, 2006). The impact of alcohol use on population

health is nevertheless complex, as alcohol may both benefit and harm people. The moderate use of alcohol may have health and social benefits (Bray, 2005; Stampfer et al., 2005). However, Bresford (2015) stressed that despite the huge social importance of alcohol, its inappropriate use is now widely seen as a global problem.

According to the World Health Organisation (2018 WHO), hazardous alcohol intake is one of the principal risk factors for global health; it has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs), including maternal and child health, infectious diseases (HIV, Viral hepatitis, Tuberculosis), non-communicable diseases such as mental health, injuries, and poisonings (WHO, 2018). The World Health Organisation (2018) reported that the harmful use of alcohol resulted in about three million deaths in 2016. They also revealed that women experienced 0.7 million deaths and 26.1 million DALYs (disability-adjusted life.) resulting from alcohol consumption. Alcohol-related mortalities exceeded those caused by diseases such as tuberculosis, HIV/AIDS, and diabetes. (WHO, 2018)

Generally, it is believed that women are more vulnerable than men to alcohol effects even after drinking smaller amounts. Nilsen et al. (2008) pointed out that even small amounts of alcohol can cause adverse neuro-behavioural effects on children. In pregnant women, effects of alcohol has been linked to miscarriages, premature births, stillbirths, low birth weight, prenatal or postnatal growth retardation, and other diagnoses that are encompassed by the umbrella term Fetal Alcohol Spectrum Disorders (FASD) (Peadon et al, 2010). Socially, children are the most severely affected since

they cannot protect themselves from the direct or indirect consequences of parental drinking (Klingeman & Gmel, 2001). Additionally, children tend to suffer stigmatisation and other social abuses. As espoused by Ikuesan (1994), drinking of alcohol among women causes significant disruption to their families and results in stigmatisation by the community. Lyons and Willot (2008) argue that femininity equates to motherhood, and heavy drinking among women, especially mothers, is viewed as deviant, breaking traditional femininity codes. Heavy drinking can lead to an increased risk of health problems affecting the liver, brain damage, and breast cancer (Harvard Health Publications, 2014). There are relatively more adverse effects of drinking on women than their male counterparts due to their biological composition. Scholars have also revealed that women are more likely not to enter into treatment programs for substance abuse problems, including those involving alcohol (Harvard Health Publications, 2014). This is due to issues concerning social expectation and social desirability in societies, especially in patriarchal societies.

Moreover, women may be unwilling to go for rehabilitation, especially those with younger children, because they might be worried about losing custody of their children when they disclose their alcohol status (Harvard Health Publications, 2014).

Despite all the health and social issues linked to alcohol misuse, much of the research has focused on male drinking. Fama et al. (2020) argued that the earliest reports of the consequences of alcohol concentrated on men and suffered from statistical weakness in trying to ascertain sex-related differences because of insignificant number of female participants

which makes generalisation to women difficult. Considerable research on women and alcohol consumption has paid relatively little attention to maternal drinking behaviour's social aspects. Klingeman and Gmel (2001) opined that research into the consequences of alcohol consumption has hitherto been concerned mainly with those that affect health or are more readily quantifiable. Additionally, most of the studies on female alcohol use are Western based. Relatedly, Kroll and Neri (2009) argue that when there is deficient information available in the literature, exploratory research is suggested. Therefore, this work interrogates the social and health consequences of alcohol among women of reproductive age in Anambra State.

Literature Review

Every society has specific behavioural patterns categorized as either masculine or feminine, which is often borne out of consensus (Dumbili, 2015). In the consumption of alcoholic beverages, drinking norms vary among different countries, ethnic groups, ages, and sex. According to Bennet et al. (1998), variations in drinking patterns include, for example, the types of beverages consumed preferentially, occasions in which consumption typically occurs, drinking levels that are considered normal, and population sub-groups for whom drinking is acceptable.

In traditional Nigerian society, there was no codified social justice system. Nevertheless, there was a general consciousness of the social control regulating all forms of behaviour (Ikuesan, 1994). Alcohol consumption was gender and age-based (Dumbili, 2013). It was absurd for women to drink, and intoxication among women was unheard of. There was

however exceptions for events such as the traditional religious festivals, christenings, and related social functions, which were culturally suitable for all present to drink alcohol (Ikuesan, 1994). It was a consistent characteristic of the society that alcohol consumption among women was not widespread (Odejide et al., 1989, Dumbili 2013). For example, Ikuesan (1994, p.942) noted that:

An alcoholic woman is usually stigmatized and insulted by the people; she would become an object of ridicule and gossip and would be socially distanced and would lose respect. It is likely that her sins would be visited on her children as they would be looked on as contaminated children of an alcoholic woman. Such an attitude may also create problems for the children in their social relationship; for instance, with marriage and friendship, they might be distanced, and this could, in turn, lead to adjustment difficulties for them.

In today's Nigeria, we have not observed striking changes. However, the womenfolk have taken on more social roles and are now more socially mobile, with society generally seeming tolerant, still traditional social control have not completely lost their grip (Ikuesan, 1994). However, according to Adelekan (1993), there is a new trend in alcohol consumption, which increases alcohol consumption by females in Nigeria. Ikuesan (1993) also emphasized a silent increase in female drinking that is believed to preserve some educated, westernised female city dwellers and female socialites. In more recent work, Adebawale and Bawo (2018) opined that psychoactive substance use

is now common among Nigeria women, not excluding those pregnant, and its use during pregnancy has been a major public health issue. There is an observable change in the pattern of psychoactive substance use that significant proportions of females that are involved in this act are of reproductive age group (Sulyman et al., 2021)

According to Obot (2007), the growing influence of globalisation and feminism has impacted in women that they began to challenge the status quo that relegated them to the background. This appears to have influenced their alcohol lifestyle. Dumbili (2013) further stressed that women challenge gender roles through alcohol consumption.

In recent years, reports of more women drinking what surpasses moderate drinking have been conveyed in Nigeria, South Africa, and Ethiopia (Obot, 2006). Women have acquired education and other skills that enabled them to gain access to paid work; consequently, many can afford to purchase and consume alcohol. These are some of the concerns that this work will provide answers.

Consequences associated with alcohol intake among Mothers of reproductive Age

A qualitative study by Muckle et al. (2011) in Nunavik Quebec, Canada revealed that women who drink during pregnancy are more likely to experience postpartum distress and violence. Elek et al. (2013), in a focus group study, indicated that the most frequently cited consequence opined by respondents includes brain damage, learning problems, developmental delays, miscarriage or premature birth, and low birth weight or growth problems. Again, Leketey et al.

(2017) conducted a survey among 250 pregnant women sampled from James Town, an urban community in the greater Accra region of Ghana. Data were collected through face-to-face interviews and descriptive statistics used for the analysis. The study revealed that majority of both current alcohol drinkers (78%) and non-current users (74%) were aware that prenatal alcohol consumption can lead to spontaneous abortion. Relatedly, Ibebuike et al. (2019) conducted a cross-sectional study of the knowledge of the effect of alcohol during pregnancy among women of reproductive age (18-45) in Owerri Ebi-ri community Orlu L.G.A Imo State, added that out of 112 respondents studied, the most possible effects of alcohol consumption on the unborn child is miscarriage, followed by stillbirth, then low birth weight, growth development, brain damage and mental disorder. The study also revealed that the least possible effect of alcohol consumption on the unborn child is an alcohol related neurodevelopmental disorder (ARND) which accounts about 0.89%. Furthermore, among women aged 20–24, 25–29 and 30–34, the proportion of disability adjusted life years (DALYs) attributable to alcohol were 9%, 9% and 11%, respectively, indicating a significant impact on morbidity in women of reproductive age (GBD 2016 Alcohol Collaborators, Scholin et al., 2019).

In the past, the rates of alcohol use disorder were higher in men than women, but over the past ten years, the difference between sexes in prevalence of alcohol use disorder and binge drinking has narrowed (Finn, 2020). White (2020) stressed that alcohol-related deaths were highest for males and females in the age range of 45 to 74. However, deaths related to injuries and overdoses increased significantly

for females ages 16 to 20 but did not change for males. Similarly, Fama et al. (2020) did a narrative review on alcohol's unique effect on cognition in women to envision future research and treatment. The study revealed that the rate of alcohol use disorder in women increased by 84% in the last ten years, compare to a 35% increase in men.

Socially, Wangeci (2011), adopted cross-sectional design in studying patterns and effects of women alcohol consumption on family cohesiveness in Kirinyaga Kenya, 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 are common in their homes. Wangeci (2011), in a study, further revealed that alcohol consumption makes women vulnerable to risky sexual behavior or immorality. Chukwunonye et al. (2013), in a rural and urban cross-sectional study of alcohol consumption among adult Nigerians in Abia state, discovered that heavy alcohol consumption impacts 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 go beyond the bio-medical effects and are inclusive of social and psychological impacts.

Theoretical Framework: Symbolic interactionism

Symbolic interactionism is one of the offshoots of the Social Action Perspective; it is a micro theoretical view of society (Nnonyelu, 2009). The theory is a distinctly American branch of sociology (Haralambos et al, 2008) that offers a wide range of interesting and important ideas. It was advanced from the work of a group of American theorists 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 considered the major proponent of symbolic interactionism (Haralambos et al. 2008). This idea is also supported by Chriss (2005), Joas (2001), Ritzer and Stepnisky (2008); 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 critical work in that tradition. Symbolic interactionists maintain that social reality is constructed on a micro-level by individuals interacting with one another on the basis of shared symbolic meanings. Human beings were seen to possess the capacity to think, define situations, and construct their behaviour on the basis of their definitions and interpretations

This theory provides the best explanation for the subject of discourse because alcohol consumption is a symbolic characteristic of human behaviour. It is cultural, universal and almost unavoidable in our

social and traditional activities. Alcohol consumption is a symbolic tool in our everyday life that is essential in nearly all our social or religious activities. In Nigeria, the symbolic significance of alcohol cannot be understated. Despite the multi-ethnic nature of the society, alcohol is an essential part of the social system and in social and economic relationships (Bennet et al., 1998).

The meanings we attach to a woman's status are borne out of social interaction. Those connotations can be modified to fit into the ever-evolving social system. The status of women especially a mother is also symbolic; it depicts love, virtue, responsibility, and maturity for the conformist mothers. It also depicts irresponsibility, immaturity, or selfishness among women who are alcohol addicts or heavy consumers. It was considered an absurdity for a woman to drink, and female alcoholic intoxication was unheard of (Ikuesan 1994). With the rising influence of globalisation and the rise of feminism in the country, the meanings attached to the status of a woman have changed. Women in recent times have started challenging the status quo that relegated them to the background, and this seems to have been extended to drinking (Obot, 2007).

Furthermore, whether it is taking away from fighting gender imbalance, deriving pleasure, celebrations, or manipulations, alcohol's symbolic importance should not be undermined. The meanings individuals attach to taking alcohol, ultimately stem from social interaction. The beliefs women attached to alcohol consumption that influence them in drinking are also borne out of the social interaction and the meanings attached to it by society. The level of support dedicated to a specific social action is influenced by society's language

and the meaning that the people attach to such action. Symbolic interaction made us to understand that women and their immediate society construct and live in a world of meaning which the society offers and which they create by themselves; the social and health consequences associated with alcohol intake are borne out of symbolic definitions and meaning an individual gives to action and the language of the society. Whether alcohol consumption will be regulated, reduced or eradicated, it will be influenced by the level of importance attached to it by the society and the meaning attached to a woman's symbolic status.

METHOD

The study adopted a concurrent mixed research approach (Kroll & Neri 2009), where quantitative and qualitative data collection methods are used simultaneously to gather information. This approach is adopted because much of the research on women's alcohol consumption has focused on biomedical issues associated with female drinking. In contrast, little attention has been paid to the social aspects. These methods helped in gaining deeper insights while interrogating the social and health issues associated with female drinking.

The study location is Anambra State, Southeast Nigeria. Through the multistage sampling procedure that involves successive random sampling complemented by cluster techniques, Anambra State was grouped into her three Senatorial Districts (South, North, and Central), then two local governments were selected to represent each senatorial district; Nnewi North and Ihiala representing Anambra

South, Onitsha North and Anambra East for Anambra North, and Awka South and Idemili North for Anambra Central.) Towns and Communities were selected to ensure equal representation of women from all walks of life. The study targeted women within their reproductive age because; it is believed that women are more vulnerable than men to alcohol effect even after drinking smaller amounts; moreover, it appears that the “stigma” attached to female alcohol may be fading among younger women. Neve et al. (1996) revealed that modifications associated with women’s education, employment, social status, and economic independence had impacted the convergence of male and female drinking patterns. In Anambra State, for instance, it is logical to conclude that younger women are more educated and has a diversity of lifestyles and experiences. This might influence their disposition towards alcohol intake, the socio-psychological influence women can have on their children and their families, which will ultimately extend to the social system. Data were collected between May and July 2019, and a sample size of 400 was drawn from the projected population (1,036,251) of married women using Taro Yamane’s (1967) guideline. The instruments were pre-tested to ensure that all forms of ambiguity were removed and to improve the research’s validity and certainty. Four hundred structured (close-ended) questionnaire schedules were shared through proportionate sampling of women groups in different churches, hospitals, civil service ministries, markets and teachers who fall within the reproductive age (the age between menarche and menopause roughly from age 12 to 49) and 373 questionnaires were correctly filled and returned. These were

considered valid for the analysis and data presentation. The quantitative data was processed with the help of the Statistical Package for Social Sciences (SPSS). The data were analysed with descriptive statistics such as frequency distribution tables and percentages. The qualitative data gave room for women of reproductive age, female medical practitioners, teachers, and other informed persons (12 in number) who were randomly selected and who fall within the target respondents’ category to express their opinions. The in-depth interview guide (IDI) aided in gaining deeper insights into issues associated with women’s alcohol intake. Some of the specific questions are: do you think alcohol consumption among women of reproductive age has negative effect? What do you think are the consequences? How does it affect women of reproductive age? Does alcohol consumption affect the stability of your marriage? Have you experienced sexual abuse because of alcohol intake? How does alcohol consumption affect your child/children of the woman taking alcohol? Who are those being abused? What is the most significant effect of a woman’s alcohol consumption on her child/children? What implications do you think it has on the society if women (mothers) especially those of reproductive age, consume alcohol?

The recordings were transcribed, the transcripts derived from the In-depth interviews were thoroughly read, coded, and manually analysed thematically. It is expected that the manual thematic analysis will help provide rich, detailed simplified information on the complex nature of the mixed research approach. Welsh (2002) argued that in some instances, it might be better but not always to use manual analysis rather than computer-based methods,

stressing that software might not prove as helpful as one may expect, especially in terms of addressing problems of validity and reliability in thematic ideas that may arise during the data analysis process and this is due to the fluid and creative way in which these themes emerge.

FINDINGS

The Findings are presented as they relate to the structure of the questionnaire and the objectives of this work; which is to provide answers to issues on social and health consequences of alcohol consumption among mothers of reproductive age.

As observed in table 1, the majority of the respondents 67.8% are of the view that alcohol consumption among women of reproductive age has adverse effects, 16.6% said they don't think so, in comparison, 15.5% of the women said they don't know if women's alcohol consumption has negative consequences. These opinions expressed by the respondents left the researcher wondering who are those encouraging alcohol consumption. If most of the respondents agree that alcohol consumption has negative consequences, why is the level of consumption increasing? Why are contemporary women of reproductive age increasingly embracing alcohol consumption as part of their social lives and social activities? The

answer lays in the fact that social change and education has impacted in the social dimensions of alcohol.

Figure 1 clearly shows that majority (59.0%) of the respondents believe that miscarriage/ premature birth or low birth weight among pregnant women is a significant health consequence, this is followed by 19.0% who posited that growth or developmental delay of the baby is the health challenge 16.1% said it is brain damage of the woman, whereas 5.6% said the women would be vulnerable to sexually transmitted disease.

Respondents from the in depth interview expressed concern and revealed some of the health dangers of women's alcohol consumption. One of the respondents reiterated that alcohol intake could be detrimental, she expressed that the local dry gin can be dangerous to health. In her words;

Fat people drink local gin (kai-kai) believing that it will burn fats for them and make them slim, it does not make people lean it however, sucks blood and causes problem for the woman taking it. It makes the person to be shaking and shrink the person's skin by then; the person has no blood in her system all the time. For instance, if you bring fresh meat and pour "kai kai" on it, you will see what it will do to the raw meat, compare

Table 1. Do you think consumption of alcohol among women of reproductive age has negative consequences?

Variables	Frequency	Percent
I think so	253	67.8
I don't think so	62	16.6
I don't know	58	15.5
Total	373	100.0

it with you as a human being who drinks it and how hot you feel inside whenever you drink it.(42-year-old trader in Aguleri)

cause rise of sugar in the body of which you know can lead to diabetes”. (44 year old nurse in Nnewi)

Another respondent added: “You know alcohol is made with so much sugar, it can

Respondents expressed different view on the social consequences of alcohol consumption among women of reproductive age as 37.8% believe that it can cause

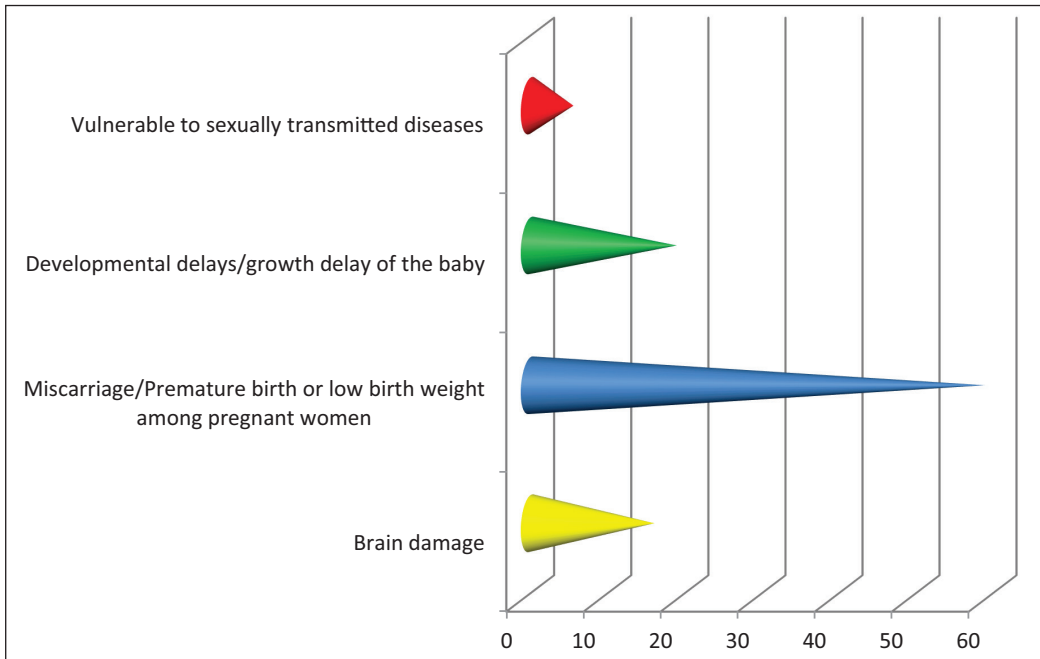


Figure 1. Showing health consequence of alcohol consumption among women of reproductive age

Table 2. Respondents views on social consequences of alcohol consumption among women of reproductive age

Variables	Responses		Percent of Cases
	N	Percent	
It could cause divorce in marriage	127	26.3%	37.8%
It could lead to non-performance of gender roles	57	11.8%	17.0%
Loss of social respect/prestige for the woman	156	32.4%	46.4%
Stigmatisation/Labelling of the woman	71	14.7%	21.1%
Loss of social bond/closeness between partners and between mothers and their children	32	6.6%	9.5%
Vulnerability to sexual immorality	39	8.1%	11.6%
Total	482	100.0%	143.5%

a. Dichotomy group tabulated at value 1.

divorce in marriage, 32.4% said it could lead to loss of social respect/ prestige when she drinks regularly or gets drunk, another 11.8% stressed that it can lead to non-performance of gender roles 14.7% believe that it would lead to stigmatisation of the woman. Also 6.6% of the respondents opined that it would cause loss of social bonds between spouses and between the woman and her child/ children; 8.1% said it would expose the woman to sexually transmitted disease.

Respondents in the IDI expressed different views on the social consequences of alcohol consumption among women of reproductive age. One of the respondents revealed that;

Drinking too much can make a woman do what she is not expected to; if you begin to join your peers to drink, you will start keeping lousy company that can lure you into promiscuity or adultery because men have a way of interpreting women who drink as people who know “what’s up” sometimes even if it’s not what you want to do, in order not to be considered weak or out of pride you may do what you are not expected to do. Some of them, after drinking, they might go home and beat their house help mercilessly, which you know is child abuse. (30-year-old teacher in Onitsha)

Another interviewee added

Drinking excessively can make women have low self-esteem, you know women like assessing each other, if you are someone that drinks and after drinking you start misbehaving, because you are drunk, it can make people not to regard you, even when you are saying something important or making sense, people will be making cajole of you, and stigmatisation sets in, thereby leading to an inferiority complex, but when they know that you don’t drink excessively and don’t misbehave nobody will disrespect you. (29-year-old business-woman in Nnewi)

Respondents expressed different views on whether alcohol consumption affects the stability of their marriage. In table 3, majority of the respondents, 66.5% said alcohol consumption does not affect the stability of their marriages while 33.2% said alcohol intake does affect the stability of their marriages. However, the question is why are there inconsistencies in the responses of the respondents? A larger proportion of the research participants believe that women’s alcohol intake has adverse effects and also aligning with the options in the social and health consequences, they are however, saying it does

Table 3. Respondents views on whether alcohol consumption affects the stability of their marriage

Variables	Frequency	Percent
Yes	124	33.2
No	248	66.5
Total	372	99.7
No response	1	.3
Total	373	100.0

not affect the stability of their marriages, maybe because the question of affecting peace and stability is more direct and sensitive. Some of them are avoiding disclosing personal details; the qualitative data will tell us more.

The interviewees expressed their views on whether alcohol consumption affects the stability of their marriage. One of the respondents added:

Drinking can make a woman challenge her husband at home; it can make her not to play her role as a mother. You will see a woman saying the things she is not supposed to say in the family due to heavy alcohol consumption. (40-year-old trader in Aguleri)

More than half of the respondents 82.6% said they had never been sexually abused as a result of their alcohol intake. In comparison, 16.6% admitted that they had been sexually abused because of their alcohol consumption.

Participants from the IDI session did not admit being sexually abuse. They however revealed they have heard or witness cases of abuse resulting from alcohol intoxication.

Qualitative responses reveal that mothers who are habitual drinkers are vulnerable to sexual vices/immoralities.

A critical look at table 4 above indicate that respondents expressed diverse views on the most significant effects of a woman's alcohol consumption on her children as 67(18.0%) of the respondents opined that it will affect mental development of the child/children, 44(11.8%) believe it will affect social development of the child/children, 70(18.8%) said it will cause wrong labelling of the children, another significant proportion of the respondents 131(35.1%) posited that woman's alcohol intake can expose the child/children to early alcohol consumption that can make them to become addicts, another 32(8.6%), aligned with the view that it can expose the children to sexual violence and sexual immoralities, 28(7.5%) believe that it will affect family social/bond between mother and child.

Participants from the interview further reveal the most significant effect of a woman's alcohol consumption on her children. Most of the respondents virtually pointed their attention towards the impact a woman's alcohol consumption will have on their offspring.

One of the respondents argued that; "If a pregnant woman is drinking alcohol, the baby will have a dull brain; it will affect the foetus brain," (44-year-old nurse in Nnewi).

Another interviewee revealed, "The children will start disrespecting their

Table 4. Respondents views on whether they have experienced sexual abuse as a result of their alcohol intake

Variables	Frequency	Percent
Yes	62	16.6
No	308	82.6
Total	370	99.2
No response	3	.8
Total	373	100.0

Table 5. Respondents views on the most significant effect of a woman's alcohol consumption on her children

Variables	Frequency	Percent
It would affect the mental development of the child/children	67	18.0
It would affect the social development/socialisation of the child/children	44	11.8
It could cause social stigmatisation/wrong labelling of the child/children	70	18.8
It would expose the child/children to early alcohol consumption or becoming addicts	131	35.1
It could expose them to danger such as becoming vulnerable to violence and sexual immoralities	32	8.6
It could affect family/social bond between mother and child	28	7.5
Total	372	99.7
No response	1	.3
Total	373	100.0

mother, I have seen a situation where children of a woman who drinks alcohol do not have much regards for the woman" (46-year-old public servant in Onitsha)

Another respondent added;

It will make the children to start drinking at a tender age, because children are there to copy anything they see their parents doing including the good and bad ones, if you are doing the bad one, they are learning, if you are doing the good one they are copying it too. For how long will you hide while drinking in your house? (29-year-old businesswoman in Nkpor)

However another respondent argued that it is wrong for a woman to drink before her children. In her words:

How will a woman be drinking in her children's presence? Is something wrong with the person, I drink but not in my children's presence, sometimes I pour it in a different container that they don't know what I am taking, except my house help,

so my children cannot drink because I am drinking (38-year-old trader in Onitsha).

DISCUSSION

The research revealed women's varied opinions about the consequences associated with their alcohol intake. The findings indicate that it can cause loss of social bond/closeness between partners and between women and their children. This view is consistent with Chukwunonye et al.'s (2013) study of alcohol consumption among Nigerian adults in Abia state, which revealed that heavy alcohol consumption impacts the relationship between alcohol consumers and their close relatives/friends.

Findings further show that a woman's steady drinking can lead to non-performance of gender roles and divorce in marriage. This view is in line with Wange-ci's (2011) report from a cross-sectional study in Kirinyaga, Kenya, which revealed that most marriages where women were regular alcohol consumers ended in divorce; with 80% of the respondents

observing that part of what led to this was the failure to perform some gender-based roles. It is also in agreement with Mamman, Brieger, and Oshiname's (1994) survey where respondents identified issues associated with drinking alcohol such as illnesses, mental problems, children learning to drink, and child neglect. This implies that a woman who cannot take care of her children is not performing a traditional gender role; this could cause disunity in families and may lead to divorce. One may wonder why alcohol, which is supposedly an agent of social cohesion and social integration, is causing problems and influencing divorce. The answer lies in the fact that the outcome of alcohol intake yields different results for different people, so also is the motivation for drinking, which is subjective and is influenced by personal idiosyncrasies and social dynamics. This also explains why the symbolic interactionist perspective was adopted as the theoretical framework.

The research further reveals that stigmatization and loss of social respect for the woman will set in, especially when a woman drinks in excess. This view supports Wangechi's (2011) finding where 55% of her respondents noted families where mothers consume alcohol and lose social reputation.

Again, the findings reveal that women who are habitual drinkers become vulnerable to sexual vices/immorality. This view corroborates Mamman, Brieger, and Oshiname's (1994) survey, where respondents revealed that alcohol consumption among women might expose them to rape or tarnish their image. The problem is not just in the physical and psychological harm; it may cause the victim and in the societal label.

The findings also identified some of the bio-medical issues associated with mothers' alcohol consumption; such as causing miscarriage for the pregnant ones, hampering foetus growth and development as well as deterring the mental development of the offspring. These views were supported by Elek et al.'s (2013) study of women's knowledge, views and experiences regarding alcohol use and pregnancy, and Ibebuikwe et al.'s. (2019) cross-sectional descriptive survey of the knowledge of the effect of alcohol during pregnancy among women of reproductive age where the possible effects of women's alcohol consumption are miscarriage, premature birth, low birth weight, developmental delays, brain damage (learning problem) and mental disorder.

Interestingly, this research revealed that women are aware of the dangers of alcohol consumption and agreed with findings that it leads to serious health problems, violence, and family problems such as divorce and stigmatization. Respondents are also aware that drinking during reproductive age is unsafe. This is consistent with Lekettey et al.'s (2017) survey conducted among 250 pregnant women, where the study reveals that majority of both current alcohol drinkers and non-current alcohol drinkers were aware that drinking alcohol during pregnancy could lead to unplanned abortion. Still, it is perplexing to find that current drinkers appeared not to perceive such as dangerous despite the obvious consequences. Apparently, issues relating to alcohol use, social definitions, or stigmatisation across age and gender are borne out of the consumers' social environment. In this research, the respondents' opinions are culturally-based; how women alcohol consumption is defined, understood, or

misunderstood mirrors how the larger society is structured.

CONCLUSION

The complex nature of alcohol is in a significant position it occupies in social and religious activities despite its negative impact on health and social situations. Issues relating to alcohol intake can only be understood within the consumer's social and cultural contexts. This study's central theme was to interrogate social and health consequences emanating from alcohol consumption among women of reproductive age in Anambra State, South-east Nigeria. The study became necessary because women's exposure to alcohol has become increasingly common, while health consequences have dominated discussions on alcohol-related problems. Comparatively, less attention is given to the social dimensions, which can impact the morbidity and mortality rate from individuals to society at large. The need to bridge the gap created by the dearth of studies and literature on social dimensions became of paramount importance. The study succeeded in bridging the gap created by the lack of studies and literature on the issue of maternal alcohol consumption. The study yielded important findings, ranging from bio-medical consequences such as low birth weight, brain damage for the child, developmental delay for the foetus or the child, miscarriage, and other vulnerabilities, especially as it relates to the implication for women. Some of the social consequences espoused by the respondents includes; divorce in marriages, loss of social prestige, and stigmatization of the woman or her children. The findings have further

added to our understanding of the social and health consequences of alcohol consumption among women of reproductive age. The study has clear implications for future research, policymakers, and society at large.

RECOMMENDATIONS

This study recommends an all-encompassing approach. The need for the government and non-governmental organizations to sensitize women and people across all age and gender against heavy alcohol consumption is of paramount importance. Women need to be abreast with the dangers of alcohol lifestyle, which may affect their health and that of their children. Health practitioners who are likely to meet women of reproductive age during ante-natal and post-natal years should help in ensuring that alcohol lifestyle among mothers of reproductive age is regulated and reduced to its barest minimum. Other social institutions (Church, Media), social groups, and family members need to be informed on the dangers of maternal alcohol consumption, which can help sensitize, regulate, and monitor pregnant women and nursing mothers' lifestyle.

The social implications associated with alcohol use and misuse has far-reaching consequences that might not be easily predictable. Therefore, production, distribution, sale, and alcohol consumption should be monitored and regulated effectively, especially during social and religious gatherings. The government and Nongovernmental Organisations can partner to provide alternative means of handling emotional stress and other psycho-social issues, such as providing

accessible medical and psychotherapeutic services.

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