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# Attitudes toward alcohol use during pregnancy among women recruited from alcohol-serving venues in Cape Town, South Africa: A mixed-methods study

Olivia V. Fletcher[a], Philip A. May[b], Soraya Seedat[c], Kathleen J. Sikkema[a,d], Melissa H. Watt[a,*]

[a] Duke University, Duke Global Health Institute, Durham, NC, USA
[b] University of North Carolina, Nutrition Research Institute, Kannapolis, NC, USA
[c] Stellenbosch University, Department of Psychiatry, Cape Town, South Africa
[d] Duke University, Department of Psychology and Neuroscience, Durham, NC, USA

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ABSTRACT

*Background:* The Western Cape Province of South Africa has one of the highest rates of fetal alcohol spectrum disorder (FASD) globally. Effective prevention of FASD requires understanding women's attitudes about alcohol use during pregnancy and whether these attitudes translate into behavior.
*Objective:* The goal of this mixed-methods study was to describe attitudes toward alcohol use during pregnancy and examine how these attitudes influence drinking behaviors during pregnancy.
*Method:* Over a five month period, 200 women were recruited from alcohol-serving venues in a township in Cape Town; a sub-set of 23 also completed in-depth interviews. Potential gaps between attitudes and behavior were described, and logistic regression models examined predictors of harmful attitudes toward alcohol use during pregnancy. Interviews were reviewed and coded for emergent themes.
*Results:* Most women ($n$ = 176) reported at least one pregnancy. Among these, the majority (83%) had positive preventive attitudes, but more than half of these still reported alcohol use during a previous pregnancy. The strongest predictors of harmful attitudes were a history of physical or sexual abuse and drinking during a previous pregnancy. Qualitative analysis revealed several themes that contributed to alcohol use during pregnancy: 1) having an unplanned pregnancy; 2) drinking because of stress or to cope with abuse/trauma; 3) reliance on the venue for support; 4) socialization; and 5) feelings of invincibility.
*Conclusions:* The findings highlight an attitude-behavior gap and suggest that positive preventive attitudes are insufficient to elicit FASD preventive behavior. Interventions are needed that go beyond education to build intrinsic motivation and structural support to refrain from alcohol use during pregnancy.

## 1. Introduction

Prenatal alcohol exposure is the leading preventable cause of intellectual disability in the United States and is seen as a leading cause of intellectual impairment globally (Gass, 2014; Rendall-Mkosi et al., 2008). Fetal alcohol spectrum disorders (FASD) describe a cluster of birth defects caused by alcohol exposure in utero, while fetal alcohol syndrome (FAS) describes a diagnosable disorder at the severe end of the FASD spectrum, with abnormalities in growth, central nervous dysfunction, and facial dysmorphia (Astley and Clarren, 2000; Stratton et al., 1996). Globally, it is estimated that 9.8% of women consume alcohol during pregnancy, and that nearly 120,000 children are born with FAS every year (Popova et al., 2017).

The Western Cape Province of South Africa has one of the highest documented rates of FASD in the world, recently estimated in one setting at 18%–26% (May et al., 2016), compared to estimates of 2%–5% in the United States (May et al., 2009). The high prevalence of FASD in the Western Cape Province is closely linked to drinking norms in the community. Per capita alcohol consumption among drinkers in South Africa is among the highest globally; although the proportion of women who drink alcohol is relatively low (13.5%), a third of women who drink report risky single-occasion drinking episodes (five or more drinks) on at least a weekly basis (Parry, 2010; Rehm et al., 2003; Martinez et al., 2011). A relatively common culture of binge drinking sets the stage for alcohol use during pregnancy. In the Western Cape, patterns of binge drinking among pregnant women have been

* Corresponding author. Duke Global Health Institute, Box 90519, Durham, NC, 27708, USA.
*E-mail address:* melissa.watt@duke.edu (M.H. Watt).

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documented, consistent with the aforementioned subculture of binge drinking on the weekends (Croxford and Viljoen, 1999; Watt et al., 2016). One study in the Western Cape found that nearly half (42.8%) of pregnant women admitted to drinking alcohol, and 55% of those women reported alcohol intake at a level that was placing their unborn child at high risk for FAS (Croxford and Viljoen, 1999). Binge drinking conveys acute risk for FASD, because the fetus is exposed to high blood alcohol concentrations over relatively short periods of time (Maier and West, 2001).

Research has identified distal predictors of maternal drinking and subsequent FASD in the Western Cape, including low educational attainment, low socioeconomic status, being unmarried, higher parity, higher levels of depression, a history of intimate partner violence, and living with a partner with a drinking problem (May et al., 2008; O'Connor et al., 2011). Qualitative research has suggested that women may use alcohol as a strategy to cope with a constellation of stressful life events to maintain social connections during difficult times, to adhere to social norms in this setting that often supports drinking during pregnancy, because of low attachment to the pregnancy, or due to chronic addiction (May et al., 2005; Watt et al., 2014). Delayed recognition of pregnancy also contributes to alcohol exposure in utero. In a setting where a large proportion of pregnancies are unplanned (Choi et al., 2014), women may not be aware of their pregnancy status until well into the first trimester (Cheng et al., 2009; O'Connor et al., 2011), leading to early exposure to large quantities of alcohol.

Inaccurate beliefs about the harms of alcohol use during pregnancy may partly explain why women continue to drink during pregnancy. In a study in Russia, knowledge about FASD was associated with lower rates of alcohol use during pregnancy, although knowledge had no effect on risky drinking among non-pregnant women, even if they were at risk for pregnancy or trying to conceive (Balachova et al., 2016). In South Africa, qualitative research has demonstrated how women often hold “competing and contradictory” attitudes about drinking. Women often reported a sense of confidence that alcohol use during pregnancy was not harmful, even though more than half reported receiving anti-drinking messages while pregnant (Watt et al., 2016). Even though there was some basic understanding of FASD, women exhibited a sense of invincibility or optimism in their children's outcomes despite their alcohol exposure in utero (Watt et al., 2016).

While several studies have identified predictors of alcohol use during pregnancy (Eaton et al., 2014), there has been scant attention to understanding women's attitudes about alcohol use during pregnancy, and how that knowledge may or may not inform behaviors during preconception and pregnancy. This study was conducted among women recruited from alcohol-serving venues in a peri-urban community in Cape Town, South Africa with three aims: 1) to describe the attitudes about alcohol use during pregnancy, the behaviors related to alcohol use during previous pregnancies, and the relationship between the stated attitudes and behaviors; 2) to identify predictors of holding harmful attitudes about alcohol use during pregnancy (i.e., any indication that drinking during pregnancy is acceptable); and 3) to qualitatively examine how women's knowledge of the harmful effects of alcohol use during pregnancy may or may not lead to drinking cessation during pregnancy. Identifying characteristics that women with harmful attitudes may share, as well as uncovering reasons why positive preventive attitudes do or do not translate into preventive behavior in this setting, are critical to establishing interventions that can effectively prevent FASD among women in this population.

## 2. Method

### 2.1. Overview

This mixed-methods study involved surveys of 200 women recruited from eight alcohol serving venues and 23 in-depth interviews (IDIs) conducted with a subset of the surveyed women. The survey data were collected between October 2015 and February 2016 and in-depth interviews between January and August 2016. The study had ethical approval from Duke University Institutional Review Board and the Stellenbosch University Health Research Ethics Committee.

### 2.2. Setting

The study was conducted in a peri-urban community approximately 11 miles from the Cape Town city center. The community is largely Coloured (a historical term for mixed-race individuals in South Africa) and Afrikaans speaking, and is home to approximately 18,000 residents. It is also characterized by low socioeconomic status, high levels of unemployment, and social challenges including gang violence. The community was selected as the study site because of an active culture of alcohol-serving venues and its accessibility to the study team. Venues were eligible if they had at least 150 unique patrons per week, with women constituting at least one-quarter of patrons. The study team identified eight eligible venues in the community and received the venue owners’ approval to work in all of them.

### 2.3. Sample

Participants were recruited by convenience sampling. Women were eligible to participate in the study if they were of reproductive age (18–45) and were attending the venue to drink alcohol or buy alcohol for off-site consumption. Sampling continued until 200 participants had been enrolled in the study. The research staff worked with the venue owner to identify times when a large number of patrons attended. During those times, all women in the selected alcohol serving venues were approached to participate in the survey. Subsequently, a subset of 23 participants, representing the three largest venues, was invited to participate in an in-depth interview to further explore the study topics. The research team purposively selected women for the IDIs who were regular attendees of the venues and could therefore speak about community norms and experiences.

### 2.4. Quantitative procedures

The survey team consisted of two females with a similar cultural background as the study participants (Cape Coloured and Afrikaans speaking). They approached women shortly following their arrival at the venue but before they began to drink, in order to exclude women who were intoxicated (Sikkema et al., 2011). Oral consent was obtained, as no identifying information was collected from the surveys. Following consent, the surveys were administered orally by the interviewers in a private space in the venue. The survey consisted of 79 items and took approximately 20 min to complete.

### 2.5. Measures

#### 2.5.1. Demographics

Six questions about participant demographics inquired about age, education, relationships, work status, religion, and household income.

#### 2.5.2. Attitudes toward alcohol use during pregnancy

Five questions were asked about each woman's beliefs regarding alcohol consumption during pregnancy (Eaton et al., 2014). Each item had three to four ordinal response options. Items were summed to create a total score with a possible range of 0–15, with higher values representing more harmful attitudes. Scale analysis revealed high internal reliability ($\alpha = 0.96$) and the presence of a single factor (eigenvalue = 4.43). A majority of participants (83.5%, 167/200) had a score of zero, representing no presence of harmful attitudes. Given the highly skewed nature of the data, and the importance of *any* harmful attitudes, for analysis, scores were dichotomized at $> 0$, to capture the presence of any beliefs that alcohol use during pregnancy was

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