

## SOCIODEMOGRAPHIC CHARACTERISTICS OF ADOLESCENTS LIVING WITH ALCOHOLIC FAMILIES IN THE CITY OF JOÃO PESSOA, PARAÍBA

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The aim of this study is to estimate the amount of teens that inhabit homes with alcoholic families in a representative sample of adolescents in the city of João Pessoa, Paraíba; then characterize the demographic profiles of these adolescents and their alcoholic families. This is a cross-sectional population-based study, conducted with 715 teenagers between the ages of 14 to 19 years old. A sociodemographic questionnaire and CAGE-family instrument were used. For data analysis, descriptive statistics were used. According to the results, most of the teenagers were girls, age 17 years old, and within the alcoholic family, the father was most referenced. It is necessary to implement preventive measures for the health of teens with alcoholic family members, taking into account the risk for the development of biopsychosocial problems.

Descriptors: Alcoholism; Family Relations; Adolescent.

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## **CARACTERÍSTICAS SOCIODEMOGRÁFICAS DE ADOLESCENTES QUE VIVEM COM FAMILIARES ALCOOLISTAS NO MUNICÍPIO DE JOÃO PESSOA, PARAÍBA**

Tem-se como objetivo estimar o quantitativo de adolescentes que habitam lares com familiares alcoolistas em uma amostra representativa de adolescentes na cidade de João Pessoa, Paraíba, e caracterizar os perfis sociodemográficos e familiares dos adolescentes que convivem com familiares alcoolistas. Estudo do tipo transversal de base populacional, realizado com 715 adolescentes entre 14 e 19 anos. Foram utilizados questionário sociodemográfico e o CAGE-familiar. Para análise dos resultados, foi utilizada estatística descritiva. De acordo com resultados, a maioria dos adolescentes eram meninas, com idade de 17 anos; entre os familiares alcoolistas, o pai foi mais referenciado. Torna-se necessário implementar ações de prevenção para a saúde dos adolescentes com familiares alcoolistas, levando em consideração o risco para o desenvolvimento de problemas biopsicossociais.

Descritores: Alcoolismo; Relações Familiares; Adolescente.

## **CARACTERÍSTICAS SOCIODEMOGRÁFICAS DE ADOLESCENTES QUE VIVEN CON FAMILIARES ALCOHÓLICOS EN EL MUNICIPIO DE JOÃO PESSOA, PARAÍBA**

Se tiene como objetivo estimar cuantitativamente los adolescentes que habitan en hogares con familiares alcohólicos, en una muestra representativa de adolescentes en la ciudad de João Pessoa, Paraíba, y caracterizar los perfiles sociodemográficos y familiares de los adolescentes que conviven con familiares alcohólicos, es un estudio transversal de base poblacional realizado con 715 adolescentes entre los 14 y los 19 años. Fueron utilizados cuestionario sociodemográfico y el CAGE-familiar. Para el análisis de resultados se utilizó la estadística descriptiva. De acuerdo con los resultados, la mayoría de los adolescentes eran chicas de 17 años, ente los familiares alcohólicos el padre fue el mas referenciado. Es necesario implementar acciones de prevención para la salud de los adolescentes con familiares alcohólicos, teniendo en cuenta el riesgo para desarrollar problemas biopsicossociales.

Descriptorios: Alcoholismo; Relaciones Familiares; Adolescente.

### **Introduction**

During the historical evolution of society, the use of psychoactive substances remains regulated within specific socio-cultural contexts that shape the consumption based on the standards and rules of each culture<sup>(1)</sup>. However, today's society is faced with an increase in consumption of

licit and illicit narcotics that becomes, every day, a worldwide public health problem; taking into account that each year about 40% of the population, which corresponds to approximately 2 billion people, misuse alcoholic beverages<sup>(2)</sup>.

The Ministry of Health also warns that mental disorders due to alcohol and other drug abuse require regular care for about 6% to 8% of the

population, although there are still higher estimates<sup>(3)</sup>. In this case, addiction is seen as a social problem that causes the deterioration of the mental, organic and social life of the individual and is damaging, clearly, to their interpersonal relationships as well as disrupts their family life<sup>(4)</sup>.

In addition to this, the World Health Organization states that drug addiction should be treated as medical illness and social problem, as it is characterized as a mental and physical state simultaneously. This is due to the interaction of the individual with the substance, generating cravings for consumption, related to the psychic effects and discomfort caused by the absence of it. In this case it is necessary to identify and treat the symptoms, know the causes and consequences of addiction, in order to promote new possibilities for behavior change<sup>(5)</sup>.

Drug dependence is also problematic in relation to the motivation for the initiation of treatment, especially with regards to alcoholism, taking into consideration the slow development of the mechanism related to dependence and the strong social acceptance of alcoholic beverages. These factors make it difficult to determine the moment when the subject ceases to be a "social drinker" and it becomes dependent<sup>(6)</sup>.

Currently, alcohol problems make up a majority of social proportions, considering the high level of losses that alcoholism has, mainly when referring to alcoholics and their family relationships, this results in consequences such as violence, insecurity, disregard and threats<sup>(7)</sup>.

The life of the alcoholic is marked by a succession of episodes of crisis, as a result of the physical and psychological effects of the consumption of alcohol. The common social display of these people include being involved in traffic accidents, isolation, economic, social, and mostly family losses, when related to the spouse and children<sup>(8)</sup>.

The children of an alcoholic are also involved in numerous family conflicts caused by addiction. Children and adolescents may respond with unhealthy behaviors to family life, so it is common to notice irritability, isolation, aggression, frustration, anguish and communication difficulties<sup>(8)</sup>.

In this context of crisis, we can see the propensity of involving the children with alcohol,

with the consequential abandonment of daily activities and poor school performance, resulting in common everyday situations where overload, misunderstanding, aggression, and anxiety may require special needs support; making the familiar degradation one of the biggest losses from the installation of dependency.

There is a study of children that corroborates the contribution of substance abuse to the development of psychological distress in this population group, wherein they reported low self-esteem, signs of shyness, insecurity, depressive symptoms and isolation, which affects negatively the maintenance of ties and interpersonal relationships<sup>(9)</sup>.

Thus, to guide this study, the following questions were drawn: What is the estimated total of teenagers who live in alcoholic family homes in the city of João Pessoa, Paraíba? And what are the socio-demographic and family profiles of these adolescents who live with alcoholic families?

These questions arose from results shown by research conducted throughout the country in recent years, as it has been observed that there has been a concerning increase of people who use alcohol<sup>(10-11)</sup>.

Thus, given the complexity of the problem and the need to expand the construction of databases that allow a panoramic view of the effects of drug addiction in the Brazilian context; this research aims to estimate the amount of teens who inhabit homes with alcoholic family members within a representative sample of adolescents in the city of João Pessoa, Paraíba, and also characterize the sociodemographic and family profile of adolescents who live with alcoholic families.

## Methodology

This is a cross-sectional population-based study, conducted in 2011, in a series of high schools, 45 public schools in the city of João Pessoa, Paraíba registered in the Paraíba Secretariat of Education and Culture. All institutions were included in the survey in order to obtain a satisfactory representativeness of the sample.

The delimited population of 21,214 students enrolled in a series of high schools in the state,

were within the age range of 14 to 19 years, both male and female, and living in the city of João Pessoa.

For the selection of investigated teenagers, we proceeded to do a sampling calculation using the sample size from the program OPEN EPI (Open Source Statistics for Public Health) version 2.3.1, adopting  $P = 95\%$ , the frequency of the population estimated as 20%, with an error margin of 3%.

We used a systematic sampling technique, employed by the available distributed population in an organized manner.

To select the participants, we organized a four-column table, in numerical order, which distributed the number of students enrolled per class in each school in an Excel 2007 database. As a result, an equation was made that determined the size range given between one respondent to another (29) according to the table; listed in numerical order (1-21,214) and following a database provided by the Paraíba Department of Education and Culture, which consisted of the school name, class, shift and number of enrolled students based on an academic census held annually.

The criteria adopted in this study made it possible to obtain a self-weighted sample by the size of schools and classes in three shifts: morning, afternoon and evening.

The study included 715 adolescents who took two questionnaires: the first one was the CAGE-family, an adaptation of the CAGE, arranged in 5 questions that aimed to identify a family of alcoholics among the teenagers investigated, accepting two answered statements as the cutoff point. The second was the implementation of socio-demographic questionnaire to profile the adolescents and the families of those who live with alcoholic families.

Upon completion of the data collection, the results were organized and arranged in tables and analyzed by simple descriptive statistics.

This study followed all the ethical requirements proposed by Resolution 196/96 of the National Health Council (NHC), which has regulatory standards and guidelines for research involving human subjects. Thus, for teens under 18, parental consent was required by signing the Informed Consent - IC, allowing the participation

of the minor in the study. The project was approved on the advice of No. 066/11 protocol.

## Results

With the use of the CAGE-family, teens who live with alcoholic families were identified among the participants of the study. Thus, according to Table 1, the 715 (100%) participants, 242 (33.9%) adolescents had a positive CAGE-family, and 473 (66.1%) of them got negative CAGE-family.

Table 1 - Frequency of teenagers living with alcoholic families, according to their responses of the CAGE-family questionnaire, João Pessoa, PB, Brazil, 2011

Variables	Adolescents	
	n	%
Not living with an alcoholic family	473	66.1
Living with an alcoholic family	242	33.9
Total	715	100.0

After applying the CAGE-family questionnaire, Table 2 shows the frequency of alcoholic relatives, according to the order of the questions. Among the cited families, the father was mentioned the most, in four questions, observing that in the first question the father was cited in 155 (52.8%) of the answers, the second in 101 (50.2%), the third in 83 (51.2%), and the fourth in 38 (44.2%).

There is further data showing the profile of adolescents who live with alcoholic families from the socio-demographic and family variables that are presented.

According to Table 3, among the adolescents surveyed, most are female (62%), with respect to the variable age they were distributed according to the age range of 14 to 19 years - one of the criteria adopted for inclusion of subjects in the study. In this research, most of the teens are age 17 years old (24.0%). In reference to the variable race/color, most claimed to be brown (61.6%). Catholicism predominated (43.0%) as a religious practice amid adolescents, and among these, for the most part, most do not work (71.1%).

Table 4 was generated to describe the categories of the family profile. It was identified

that within the variable of parental education, it showed that most parents have an elementary school education, for the father (43.0%) and the mother (50.8%); it does not show a major difference among the different classifications of

gender. Most families are made up of four people (38.4%), with a prevalence of the nuclear family model (46.3%), mostly led by the father (43.8%), and having a variable family income up to 2 minimum wages (60.3%).

Table 2 - Distribution of families that use alcohol by the questions answered in the CAGE-family questionnaire. João Pessoa, PB, Brazil, 2011

CAGE-family questions	Families that use alcohol			
	Father	Mother	Stepfather	Others
1- Have you ever felt that someone in your family should stop drinking? Who?	155 (55.8%)	17 (6.1%)	21 (7.0%)	85 (30.6%)
2- Has anyone in your family been bothered by complaints and criticism about their drinking habits? Who?	101 (50.2%)	15 (7.5%)	15 (7.5%)	70 (34.8%)
3- Has anyone in your family ever felt bad or guilty about drinking? Who?	83 (51.2%)	16 (9.9%)	12 (7.4%)	51 (31.5%)
4- Has anyone in your family drunk during fasting? Who?	38 (44.2%)	9 (10.5%)	3 (3.5%)	36 (41.9%)

Table 3 - Distribution of adolescents living with alcoholic families according to their sociodemographic variables. João Pessoa, PB, Brazil, 2011

Sociodemographic characteristics	n n=242	% 100
Sex		
Male	92	38.0
Female	150	62.0
Age		
14	12	5.0
15	39	16.1
16	46	19.0
17	58	24.0
18	49	20.2
19	38	15.7
Race/color		
White	59	24.4
Brown	149	61.6
Black	34	14.0
Religion		
No religion	47	19.4
Catholic	104	43.0
Evangelical	77	31.8
Others	14	5.8
Paid job		
Does not work	172	71.1
Works	70	28.9

Source: direct research

Table 4 - Distribution of adolescents living with alcoholic family members, according to their family characteristics. João Pessoa, PB, Brazil, 2011

Family profile	n	%
	242	100
Education of the father		
Higher education	14	5.8
High school	87	36.0
Elementary school	104	43.0
Illiterate	12	5.0
No information	25	10.3
Education of the mother		
Higher education	17	7.0
High school	81	33.5
Elementary school	123	50.8
Illiterate	7	2.9
No information	14	5.8
Number of people living in the home		
Up to 2 people	17	7.0
3 people	42	17.4
4 people	93	38.4
5 people	50	20.7
More than 6 people	40	16.5
Type of family		
Nuclear	112	46.3
Extended	73	30.2
Single parent	34	14.0
Recomposed	23	9.5
Head of the family		
Father	106	43.8
Mother	77	31.8
Father/Mother	13	5.4
Others	43	17.8
No information	3	1.2

continues...

Table 4 – continuation

Family profile	n	%
	242	100
Family income		
Up to 2 minimum wages	146	60.3
3 to 4 minimum wages	58	24.0
>5 minimum wages	24	9.9
No information	14	5.8

Source: direct research

## Discussion

Alcohol consumption in Brazil has shown that there is a concerning increase in numbers of users and problems due to abuse of this substance. In the First National Survey on patterns of alcohol consumption in the population, it was found that 52% of Brazilians can be classified as drinkers, among them, 27% are rare or occasional users of alcohol and 25% represent those who use the substance at least once per week<sup>(10)</sup>.

According to these results, the vast majority of Brazilian families live with people who use alcohol frequently. Such people are, often parents, unemployed or underemployed, and young adolescents who are not attending school or in the labor market. The problem also involves adults - men and women - regardless of their social class, there is an increase in trivialization of excessive consumption of alcohol and its consequences, resulting in weakened families.

The act of drinking has a profound impact on the family, with either abuse or dependence. While alcoholism is a disease that affects people individually, it also destroys their social bonds and emotionally harms their workplace and their families; thus, the victims of alcohol are the effects caused by use, among them is the psychological suffering of their families.

In this research, it was found that among families who had users of alcohol, the father was the most mentioned, being quoted in all of the answers from the CAGE-family questionnaire-family. In another study with children of drug addicts in São Paulo, the father was referenced most often as being the drug addict and having alcohol as the substance of choice<sup>(12)</sup>. In Mexico, in a survey on depression in adolescents, it was found that alcohol abuse was prevalent by the father with 23% compared to 3% by the mother<sup>(13)</sup>.

These references and evidence from other studies show that the use of alcohol is prevalent among males. As was found in a national survey, 65% of the men surveyed, ages 18 years and older, drink<sup>(10)</sup>. And finally, research conducted in São Paulo, showed that the prevalence of alcohol consumption among adult males was 52.9%<sup>(14)</sup>.

Based on the hypothesis that living with an alcoholic family is always a challenge, there is the possibility that one or more of their family members will manifest mental illness signs; and due to the relationship established between the individual and alcohol, it is understood that addiction chemistry starts to regulate family relationships, so those members are now showing signs of codependency, a condition that is manifested by the dependent relationship established between people.

Given that adolescence is a large portion of the world population, and that during this stage of life people become vulnerable and are exposed to hazardous conditions, it is important to know the sociodemographic and family profiles of young people living with alcoholic families.

The predominance of women in this study is a reflection of the parameters provided by the last census, which shows that most of the Brazilian population is made up of females, and corresponds to 51% of the total. Regarding the race/color variable, according to the latest results, in general, the population refers to themselves as white color, however, with regard to the adolescent population of the country, they are mostly brown color with 48.9%, confirming the similarity of data found in this research<sup>(15)</sup>.

As for determining religion, in Brazil, this has been a pointed variable with a lot of change in recent times. While the growing number of evangelicals in the country has been one of the most referenced data in recent years, there is still a predominance of Catholicism, as was seen between the study participants<sup>(15)</sup>.

The school environment was described as the place where the research was conducted in this study. This is one of the reasons that the majority of the individuals are not working. According to the social indicators of the population, most teens who are in school are not in the labor market, despite the growth, according

to the 2010 census data, which showed that 3.5% of the population ages 10-20 years in the country, currently have some form of income<sup>(15)</sup>.

This result is similar to that presented in the survey on pattern of alcohol consumption in the population, which revealed a comparison between the participants in the study between two age groups, 14-17 years and 18 years or more, wherein the authors found that nearly a third of adolescents belonged to the economically active population. Although the number of teens working is lower than that of adults, this result is worrying because it indicates that many are already in the labor market, and this is an aggravating factor that limits the permanence of this group at school<sup>(10)</sup>.

In reference to the education of the father and mother of respondents, the results corroborate the latest data published on Brazilian social indicators that shows an average of 7 years of study among the country, representing the level of education for the majority of the population to non-completion of primary education<sup>(15)</sup>.

This data signifies the current educational situation in developing countries, which have, among their sociodemographic characteristics, high poverty rates and low levels of education, which is still considered one of the sociodemographic variables that contribute to the exposure to risky situations. The process of globalization and the demands of the labor market with qualified people, have generated discourses on the educational process in Brazil and it has been going through constant evaluation, as one of its objectives is to ensure the permanence of young people in school<sup>(16)</sup>.

The general profile of the families of teenagers involved in this study is similar to those disclosed by the Brazilian Institute of Geography and Statistics<sup>(15)</sup>, given that it describes a small number of people per family (three persons per household), predominantly the nuclear family model, and the head of the family being male with an income of up to 2 minimum wages.

Drug addiction has emerged as one of the most debated social issues in recent times, along with alcoholism. This problem it is a global threat, which cannot be faced under the sole

form of assistance actions, but by efficient strategies that are ample and effective for coping<sup>(17)</sup>.

## Final Considerations

From the readings, when comparing the data from this study, it becomes apparent that there is a negative impact that alcohol has on the daily lives of families, taking into account that after the addition of dependent status, family relationships begin to be regulated for the health and sobriety of the addict.

All these events generate a tense family atmosphere, worn out, in need of strengthening the ties of affection. Therefore, there is no universal behavior, each family reacts differently, mainly due to the peculiarities related to the financial situation, education, religiosity and support network.

When it comes to adolescents and their daily exposure to psychoactive substances, a dependent family can influence the development of abuse, as well as contribute to the emotional consequences that accompany the teenager for life, causing damage in all spheres, both family and social.

Based on the results, we understand the need for increased planning and implementation of specialized health services in serving adolescents and families affected by substance abuse, especially legal drugs such as alcohol.

In this context, effective interventions are essential for health professionals, emphasizing the contribution of nursing characterized by being the science of human care, working with health promotion strategies, prevention, rehabilitation and treatment of diseases, and exercising a fundamental role in the psychosocial care of the family, caregivers, and adolescents exposed to addicts.

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