

Social representation of alcohol consumption among elders of a *quilombola* population

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Objective: understand the words evoked by elders of a quilombola population about alcohol consumption. Method: this is a mixed-approach (quantitative and qualitative) research. The Free-Speech Evoking Technique was used with the inductive term "alcohol consumption". The analysis was performed using EVOC 2005 software. A form with sociodemographic questions was used, and the statistical analysis was performed with SPSS software, version 21. Results: participants interviewed were 60 elderly, mostly were female and with low schooling. Conclusion: the social representations on the alcohol consumption were negative, which shows meanings linked to the high consumption of alcohol and to the problems deriving from this consumption.

Descriptors: Elderly; Quilombo; Social Representations; Alcoholics.

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Representação social do consumo de álcool em idosos de uma população quilombola

Objetivo: compreender as palavras evocadas por idosos de uma população quilombola acerca do consumo de álcool. Método: trata-se de uma pesquisa de abordagem mista (quanti-qualitativa). Utilizou-se a Técnica de Evocação Livre de Palavras com o termo indutor "Consumo de bebidas alcoólicas". A análise foi realizada através do *software* EVOC 2005. Utilizou-se um formulário com questões sociodemográficas, com análise no *software* SPSS, versão 21. Resultados: foram entrevistados 60 idosos, a maioria do sexo feminino e com baixa escolaridade. Conclusão: as representações sociais acerca do consumo de bebidas alcoólicas se mostraram negativas, o que emerge significações atreladas ao alto consumo de álcool e à problematização advinda com este.

Descritores: Idoso; Quilombo; Representações Sociais; Alcoólicos.

La representación social del alcohol en una población de edad avanzada quilombo

Objetivo: comprender las palabras evocadas por ancianos de una población quilombola acerca del consumo de alcohol. Metodo: se trata de una investigación de enfoque mixto (cuantitativa). Se utilizó la Técnica de Evocación Libre de Palabras con el término inductor "Consumo de bebidas alcohólicas" el análisis fue realizado a través del *software* EVOC 2005. Se utilizó un formulario con cuestiones sociodemográficas, con análisis en el *software* SPSS versión 21. Resultados: fueron entrevistados 60 ancianos, mayoría del sexo femenino y con baja escolaridad. Conclusión: las representaciones sociales, acerca del consumo de bebidas alcohólicas se mostraron negativas, lo que emerge significaciones atadas al alto consumo de alcohol y la problematización que viene con este.

Descriptorios: Ancianos; Quilombo; Representaciones Sociales; Alcoólicos.

Introduction

Population aging had occurred rapidly and distinctly over time, bringing challenges, especially to developing countries, and leading to important social and economic responsibilities. The prevalence of chronic degenerative diseases in this phase of life reinforces the need for effective actions to promote a better quality of life for the elderly⁽¹⁾.

It is estimated that the number of people over 60 in the world will increase from 12.3% to 21.5% by 2050. In Brazil, this pace may be even faster; however, in the next 35 years, the elderly may increase from 12.5% (23 million) to 30% (64 million) of the country's population. Thus, Brazil would become an aging nation (a classification given to countries with more than 14% of the population consisting of elderly people)⁽²⁾.

Aging is a natural process in which the body undergoes several anatomical and functional changes, with repercussions on the health conditions of the elderly. Despite this alterations, some other changes such as retirement, loss of friends, loneliness, and social isolation make the elderly vulnerable and more likely to intensify less healthy habits, such as abusive alcohol consumption⁽¹⁾.

Alcoholism is a chronic, progressive and potentially fatal disease characterized by symptoms such as abusive use of alcohol and constant preoccupation with drinking, which predominance of alcohol consumption despite the adverse consequences theorics⁽³⁾. Alcohol abuse can cause physical and mental damages and may be characterized as a public health problem. In addition, it contributes to social damages, often causing family breakdown.

The epidemiological identification of the sociodemographic segments most susceptible to alcohol consumption and dependence is of paramount importance, since it allows evaluating the particularities related to excessive consumption, such as, for example, the differences between consumption patterns and skin color. According to the Brazilian Anti-Drug Council, alcohol abuse is more prevalent in the black population⁽⁴⁾.

Thus, skin color can be an indicative of the health inequalities to which social groups such as *quilombolas* are exposed. These social groups are distinguished from others by the ethnic identity through self-attributed criteria and their own historical trajectory⁽⁵⁾.

Studies indicate that the Brazilian black population has less qualified and lower-paid positions in the labor market. The *quilombola* population lives in areas with null or low availability of basic infrastructure services and has greater restrictions on access to health services. Even when these services are available, they are of lower quality and have less resolution⁽⁶⁾.

Due to the inequalities seen in Brazil, especially the *quilombola* communities, the National Policy on Comprehensive Health for the Black Population (PNSIPN in Portuguese) was created, whose objectives are to guarantee and expand the access of the black population of the countryside and the forest, especially the *quilombola* communities, to actions and health services and to identify their health needs, using these needs as a criterion for planning and prioritization⁽⁷⁾.

In this context, the purpose of this study is to understand the words evoked by elders of a *quilombola* population, starting from the inducer term alcohol consumption, since the Theory of Social Representations (TSR) is capable of enlightening subtle aspects of human rationality and social relations, leading us to understand the phenomena that happen in our environment.

In this perspective, social representations (SR) do not mean reproducing, duplicating, but reconstructing, based on one's own values, beliefs and norms. Thus, the theme was studied based on the following guiding question: What do the elders think about the consumption of alcoholic beverages?

Method

The present study is a mixed research because it has quantitative and qualitative analyzes, a population-based household survey, and seeks theoretical contribution in the Theory of Representations of Moscovici⁽⁸⁾. The research subjects are the elderly living in the remnant *quilombo* community, in the area covered by a Basic Family Health Unit (UBSF), in a medium-sized city in the southwest of Bahia state, Brazil.

The visits were carried out in two micro-areas in July and August of 2016. The UBSF encompasses 113 elderly residents, and after applying the inclusion and exclusion criteria, a potential sample of 83 elderly people was defined, of whom 60 were interviewed and 23 were not found at home after three attempts.

The inclusion criteria established for the interviewees were being an elderly, aged 60 years or older, and enrolled in the UBSF under study. The exclusion criteria were not answering the questionnaires in full or refusing to participate in the research.

The present research was approved by the Research Ethics Committee of the Universidade Estadual do Sudoeste da Bahia, under the identification number 047/2009, according to the precepts of Resolution 196/96 of the National Health Council. The research subjects were respected regarding their participation in the study, and received the Informed Consent Form before the application of the interview.

Qualitative elements were derived from a free word-evoking technique or test⁽⁹⁾ whose inductive term

was alcohol consumption. Participants were asked to elicit a maximum of five words that came to their minds from the proposed term. After the evocation, the subjects were asked to reallocate the words in order of importance. A dictionary was created from the evoked words, in which words with semantic similarity were given the same meaning (ex: Harmful and Harm, Harmful was replaced with Harm).

The use of the free word association technique in the field of social representations differs by the application of structural analysis in scientific research. Thus, for each inductive term, a *corpus* of words and quantitative variables is constructed, namely intermediate frequency obtained by the mean, knowing that the frequency of evocations is not evenly distributed; minimum frequency, which is determined by the cut-off point where a non-meaningful part of the database is excluded; and the mean evocation order (MEO), which is calculated by the weighted mean for the ratio between the position of the evoked word and its frequency⁽⁷⁾.

From the crossing of the *corpus* ordered by importance and the variables that have already been cited, the material will be calculated and each *corpus*. In the end, it will generate the four-house frames, including the contents and identify words in central-nucleus zones (upper left quadrant), with greater frequency and importance; peripheral zones (left side quadrant) with a higher and lower frequency and lower importance; and contrasting-element zones (lower right quadrant) with a lower frequency and greater importance for those who evoke them⁽¹⁰⁻¹¹⁾.

The quantitative information were extracted from a sociodemographic and health questionnaire developed by the authors of the study. Descriptive analysis was performed by the SPSS software, version 21. The analysis of the *corpus* of the evoked words was supported in the theoretical elements of the structural approach of the social representations with the standardization of words by similarity and standardization of terms by gender and number. The calculations were done using the *Ensemble de Programmes Permettant L'analyse Des Evocations* (EVOC) software, version 2005, and the results were presented in a four-house frame.

Results

According to Table 1, the survey showed that the mean age of the 60 elderly *quilombolas* interviewed is concentrated in the age group of 60-69 years, corresponding to 50%, and being 53.3% female.

As observed in Table 1, most of the elderly interviewed did not have any type of schooling, corresponding to 55%. For 61.7% of the interviewees,

the current economic situation was classified as better than when they were 50 years old and 58.3% considered the current income enough to meet the basic needs of the family, being just what they need. Regarding marital status, 50% of individuals are married or live together.

Table 1 – Sociodemographic and economic characteristics of elderly *quilombolas* in Jequié, BA, Brazil, 2016

Variable	n = 60	%
Sex		
Male	28	46.7
Female	32	53.3
Age range		
60 – 69	30	50
70 – 78	22	36.7
80 – 88	6	10
92 – 94	2	3.3
Schooling		
None	33	55
Incomplete elementary school	22	36.7
Complete primary education	5	8.3
Marital status		
Single	11	18.3
Married/ Living together	30	50.0
Widowed	12	20.0
Divorced/Separated	7	11.7
Income		
No income	6	10
= 1MW*	39	65
< 1MW*	9	15
> 1MW*	6	10
What you earn for basic needs		
It is enough and some money still lefts	4	6.7
It is just the right amount	35	58.3
I always lack a little money	13	21.7
I always lack much money	8	13.3
Economic situation at 50 years of age compared to current		
Better	37	61.7
The same	7	11.7
Worse	16	26.6

*MW = minimum wage R\$ 880.00, Brazil, 2016

In the analysis of social representations there was a *corpus* produced by the elderly with the presence of 296 words before the inductive term "alcohol consumption", of which 65 words were different. The average order of evocation (rang) found was 2.95, being adjusted to 3. On the intermediate frequency, considering that evocations whose frequency was equal to or less than 3 were discarded, the mean frequency found was 10. Thus, four-frame picture in Figure 1 was built using the EVOC 2005 program.

Central elements			Intermediate elements - 1st periphery		
Frequency >= 10		Rang < 3.0	Frequency >= 10		Rang > 3.0
Evocations	Freq.	Evocations	Freq.	Rang	Evocations
Harm	26	2.500	11	3.727	Aggressiveness
Bad	21	1.857	17	3.706	Fight
Addiction	28	2.143	30	3.600	Illness
Violence	11	2.364	12	3.417	Drunkenness
			10	3.600	Health
Contrast elements			Peripheral elements - 2nd periphery		
Frequency < 10		Rang < 3.0	Frequency < 10		Rang > 3.0
Evocations	Freq.	Rang	Evocations	Freq.	Rang
Pub	4	2.500	Joyful	6	3.333
Cachaça	6	1.833	Beer	7	3.857
Destruction	6	2.500	Upset	3	3.333
Money	4	2.750	Quit	5	3.200
Wrong	5	3.000	Uncontrolled	8	3.625
Problem	3	2.667	Family	4	4.750
Feeling	3	2.667	Smoke	3	4.000
Sadness	9	3.000	Death	7	3.571
			Suffering	4	3.500

Rang = 3.0; minimum frequency = 3; mean frequency = 10

Figure 1 – Four-house frame with the inductive term “alcohol consumption”. Elderly *quilombolas*, Jequié, BA, Brazil, 2016

Figure 1 shows the following evoked words in the upper left frame: harm, bad, addiction and violence, these being the possible central elements of representation; in the upper right frame: aggression, fight, illness, drunkenness and health, these being the first periphery element; in the lower left frame: pub, *cachaça*, destruction, money, wrong, problem, feeling, sadness, characterized as the elements of the second periphery of the representations; and finally, in the lower right frame: joyful, beer, upset, quit, uncontrolled, family, smoke, death and suffering.

Discussion

Most of the interviewees (53.3%) were female, corroborating data from the National Household Sample Survey, published by the Brazilian Institute of Geography and Statistics (IBGE) in 2010⁽¹²⁾, indicating that 103.5 million women live in Brazil, equivalent to 51.4% of the population.

The age group of 60 to 69 years corresponds to 50% of respondents, which is associated with the current Brazilian demographic pattern. Similar data are described by IBGE (2012)⁽¹³⁾, which showed that this same age group (42.4%) is more representative in this population group because of a relatively recent demographic transition⁽¹⁴⁾.

Regarding the schooling, there was a high percentage of respondents had no schooling (55%). The lack of study opportunity is shown by the presence of illiterates and/or functional illiterates, identified during

the survey. Currently, in Brazil, more than 14 million people cannot read or write a simple note.

Besides these people considered illiterate, there are also those classified as functional illiterates⁽¹⁵⁾. In general, a functional illiterate reads and writes simple phrases, but is not able to interpret texts or put ideas on paper. Thus, illiteracy reflects in the conditions of social inequality in which one lives, as most of those who cannot read or write live in rural areas and are black and brown-colored.

Also, 73.3% of the elderly have an income of up to a minimum wage. Income is an important resource. Most (58.3%) of the elderly interviewed reported that the family income is “just the right amount” for the supply of basic needs. And although the results showed that the majority of the elderly have a low family income, 61.7% of them evaluated their current economic situation as better than when they were 50 years old.

In relation to the SR, for a better understanding of the results, it should be clarified that, the smaller the rang of each word, the more promptly it was evoked, and the higher the rang, that means it was evoked later. The results showed that the meaning of “alcohol consumption” for the elderly is strongly marked by negative elements, identified by central frame words such as harm, bad, addiction and violence.

The word harm has the highest frequency and was more readily evoked, which demonstrates that the elderly associate this behavior with risks for complications experienced in their past or being

experienced at the present time, such as financial difficulties, health problems, among other problems that are common to the *quilombola* population. The result also reflects the posture of the subjects towards the problem, through emotions and attitudes, such as bad, addiction and violence.

The term "bad" may be associated with complications that alcohol can cause, especially over the years, and due to excessive abuse, making it an addiction. According to the World Health Organization⁽¹⁶⁾, alcoholism is a chronic disease with socioeconomic and behavioral aspects, that is, alcohol is a substance strongly linked to changes in habits that can result in tragic stories of violence.⁽¹⁶⁾ Thus, the word violence suggests social practices in their daily lives within or between families.

The peripheral elements of a social representation establish a connection between the central nucleus and the concrete reality in which these representations develop and operate⁽¹⁸⁾. This assertion is compatible with the results of this study, since the elements of the central nucleus express more subjective elements and, likewise, happen in the periphery of this representation, characterized by functions of the peripheral system as the concretization, regulation and defense⁽⁹⁾.

As an example, the presence of words such as aggressiveness and fight in the first periphery zone expresses how violence (an element placed in central nucleus) originated, as well as illness and health, which are interconnected to the process of getting sick before the high consumption, which are linked to the terms placed in central nucleus, harm and bad.

However, the high consumption of alcohol, characterized by the word drunkenness, is present in the representations of the elderly, being a practice evidenced in the black population, which puts the word addiction in central nucleus. Alcohol consumption develops dependence and causes a series of other health problems, such as cirrhosis, throughout its consumption and it is, thus, seen in a negative way by the elderly group.

The peripheral system is responsible for updating and contextualizing representation. The periphery of a social representation is considered a "bumper" between reality and a central nucleus that does not change easily⁽¹⁹⁾. Thus, the evoked words of representation of the second periphery (upset, uncontrolled, death, suffering) had association with the perceived central context and connection with alcohol dependence, which generates comorbidities to individuals and can lead to a tragedy, such as death.

Other words evoked were smoke and beer, in which the evocation of beer can lead to the understanding that

the social practices before this group is the ingestion of this substance, associated with some studies where beer is the most consumed one⁽²⁰⁾, which was also associated with tobacco.

The word "joyful" may be related to positive moments, enabled by alcohol consumption. The evoked word "quit" reveals the desire of many elderly people to control or stop drinking, since the effects of alcoholism on human relationships cause harm to both the person addicted to alcohol and his or her family, the latter being another word evoked.

Families experience losses in many areas. This is because levels of conflict and stress are high, lacking clarity in family organization and influencing confidence and safety. There has been a decrease in the union between family members, with interpersonal isolation and general loss of communication, which leads to difficulties of conviviality⁽²¹⁾.

The representations through the words pub, *cachaça*, destruction, money, wrong, problem, feeling and sadness constitute the contrast zone. It includes the elements that will characterize the variations of representations in function of subgroups, without, however, modifying the central elements and the representation itself, that is, they denote changes or the transition of a social representation⁽²²⁾. Thus, this representational content is once again directed to the risks for complications of health and deaths, as well as to the place where consumption occurs, associated with the frequent ingestion of alcoholic beverages.

Conclusion

Alcoholism can also affect older people, generating conflicts and situations of suffering in the family, social and personal context. So, professionals should treat not only the symptoms of the elderly alcoholic people, but see them as a whole being, seeking to know their family members, and thus promoting a resilient power, strengthening their self-esteem and the bond with their family members. However, health professionals must learn to deal with this problem increasingly present in Brazilian households.

In this sense, the SR of the elderly about the alcohol consumption are anchored in their daily lives, reflected in negative situations regarding the prolonged use of alcohol.

In the surveyed group, the representational content about alcohol consumption shows more prevalence of negative sensations. Alcohol dependence puts the elderly and their family at greater risk of developing physical, psychological and social problems, which are not always detected by professionals in the different health services, causing the elderly with

alcoholism problems to not receive the treatment, compromising their quality of life.

Guiding the families of alcoholics is also a necessity since all family members can get sick with these situations, and family support is of paramount importance for the restructuring of alcohol users.

Thus, the aging population raises the need to develop protective strategies that support the growing elderly population. For this reason, it is important to understand the impacts of alcohol abuse by the elderly, the associated problems and their representations regarding alcohol consumption to promote a better quality of life.

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