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ASSOCIATION BETWEEN SOCIODEMOGRAPHIC FACTORS AND CONSUMPTION OF ALCOHOL, TOBACCO AND HYPNOTICS IN RURAL WOMEN

ASSOCIAÇÃO ENTRE FATORES SOCIODEMOGRÁFICOS E CONSUMO DE ÁLCOOL, TABACO E HIPNÓTICOS EM MULHERES RURAIS

ASOCIACIÓN ENTRE FACTORES SOCIODEMOGRÁFICOS Y CONSUMO DE ALCOHOL, TABACO E HIPNÓTICOS EN MUJERES RURALES

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Objective: to investigate the association between sociodemographic factors and alcohol, tobacco and hypnotic consumption in rural women. Method: cross-sectional study conducted with 259 rural women. For data collection, a structured form was used and the Alcohol, Smoking and Substance Involvement Screening Test was used. For the analysis, the Chi-Square and/or Fisher's Exact Test with a 95% confidence interval was used. Results: there was an association between tobacco use and color (p=0.041), religious belief (p=0.001) and governmental benefit (p=0.006). There was an association between alcohol consumption and religious belief (p≤0.001). Regarding the need for intervention, there was an association between tobacco and color (p=0.009), income (p=0.001) and government benefit (p=0.006), as well as alcohol and age (p=0.035), religious belief (p=0.006) and income (p=0.002). Conclusion: factors such as religion, color, income, age and government benefit are associated with alcohol and tobacco use in rural women.

Descriptors: Alcohol Drinking. Tobacco Products. Hypnotics and Sedatives. Women. Rural Population.

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Objetivo: investigar a associação entre fatores sociodemográficos e consumo de álcool, tabaco e hipnóticos em mulheres rurais. Método: estudo transversal realizado com 259 mulheres rurais. Para a coleta dos dados, utilizou-se formulário estruturado e o Alcohol, Smoking and Substance Involvement Screening Test. Para a análise empregou-se o Teste qui-quadrado e/ou Exato de Fisher com intervalo de confiança de 95%. Resultados: observou-se associação entre o uso do tabaco e a cor (p=0,041), a crença religiosa (p=0,001) e benefício governamental (p=0,006). Houve associação entre o consumo de álcool e a crença religiosa (p≤0,001). Quanto a necessidade de intervenção, observou-se associação entre tabaco e cor (p=0,009), renda (p=0,001) e benefício governamental (p=0,006), assim como álcool e idade (p=0,035), crença religiosa (p=0,006) e renda (p=0,002). Conclusão: fatores como religião, cor, renda, idade e benefício governamental estão associados ao uso de álcool e tabaco em mulheres rurais.

Descritores: Consumo de Bebidas Alcoólicas. Produtos do Tabaco. Hipnóticos e Sedativos. Mulheres. População Rural.

Objetivo: investigar la asociación entre factores sociodemográficos y consumo de alcohol, tabaco e hipnótico en mujeres rurales. Método: estudio transversal realizado con 259 mujeres rurales. Para la recolección de datos, se utilizó un formulario estructurado y se utilizó la Prueba de Detección de Alcohol, Smoking and Substance Involvement Screening Test. Para el análisis se utilizó el Chi-Cuadrado y/o la Prueba Exacta de Fisher con un intervalo de confianza del 95%. Resultados: hubo asociación entre el consumo de tabaco y el color (p=0,041), la creencia religiosa (p=0,001) y el beneficio gubernamental (p=0,006). Hubo una asociación entre el consumo de alcohol y las creencias religiosas (p≤0,001). En cuanto a la necesidad de intervención, hubo una asociación entre el tabaco y el color (p=0,009), los ingresos (p=0,001) y el beneficio del gobierno (p=0,006), así como el alcohol y la edad (p=0,035), las creencias religiosas (p=0,006) y los ingresos (p=0,002). Conclusión: factores como la religión, el color, los ingresos, la edad y el beneficio del gobierno están asociados con el consumo de alcohol y tabaco en las mujeres rurales.

Descriptores: Consumo de Bebidas Alcohólicas. Productos de Tabaco. Hipnóticos y Sedantes. Mujeres. Población Rural.

Introduction

The rural context is marked by several factors, such as the difficulty of access to social goods and services. It is characterized as a great challenge, especially in what permeates the specificities experienced by women, who by the process of inferiorization imposed by patriarchy and machismo, even more present in this place, have their life possibilities, often conditioned[1].

The relationship between rural space and women's health needs to be understood based on specificities of both the rural context and the diversity of situations that affect women's life and health. Despite the improvement of social indicators in rural areas, survival difficulties in the countryside still remain, as well as the development of occupational activities complementary to agricultural work, as well as increased dependence on social and income transfer programs, especially among the poorest regions. There is insufficient progress in access to infrastructure and public health and education policies[2].

It is worth noting that social and economic inequality is remarkable in the rural context. Data reveal that the lower the socioeconomic level, the greater the health risks, such as inadequate nutrition, tobacco use, alcohol consumption and low access to quality of life, which is associated with income and purchasing power, and may contribute to the consumption of licit and illicit drugs[3]. In addition, factors, such as physical and social security, quality school environment, access to health care, ability to deal with the disease and emotional regulation, can be stimulated as measures that favor a controlled or decreased use of alcohol[4].

The practice of alcohol and other drug use is millenary, and, on a large scale, has been configured as a risk factor for the emergence of disabilities and other health problems. Annually, throughout the globe, there are records of three million deaths resulting from this practice, which represents 5.1% of morbidity in countries of all socioeconomic spheres[5].

Currently, the consumption of alcohol and other drugs is predominant among the male public, however, national and international data reveal a decrease in the difference between men and women[4,6]. This approach is justified, among many factors, by changes in the lifestyle

of the female population, a reflection of social achievements in recent decades, such as education, work and income, and the need to meet socially established beauty standards.

Epidemiological data indicate that hypnotics are the drugs prescribed worldwide, more frequently for women, due to their stimulating, sedative and opiate effects[4]. In this scenario, for every three people who use some psychoactive substance, one is female, making the psychosocial approach in the public health relevant, to guide care practices directed at women who make problematic use of alcohol, tobacco and other drugs[6].

In Brazil, the difference in drug use between urban and rural regions is minimal, especially in relation to alcohol and tobacco consumption[7]. Authors report in their research that populations of rural communities present vulnerability to consumption and problems related to the use of illicit drugs, when compared to the urban population. In addition, individuals from rural settlements with family dysfunction are more likely to have used illicit drugs at some time in their lives[8].

Researchers[9] reported that living in rural Poland increases the probability of current tobacco consumption almost twice, and decreases the chances of quitting smoking almost twice, which reinforces the urgency in identifying tobacco use patterns for implementing control policies. This finding also constitutes a problem for the Brazilian rural population, according to data presented by the PNAD, conducted in 2008, highlighting the need to improve monitoring services and stimulate smoking cessation in the rural environment, given the difficulty of people living in this environment in reducing tobacco consumption, when compared to the urban environment[10].

According to the SENAD, the pattern of drug use is classified as experimental, recreational,controlled/social/functional, harmful/abuse and dependence[11]. It is worth mentioning that dependence is considered a disease, with established criteria for diagnosis, treatment and interventions. However, in common sense, any of the patterns of use is represented as dependence, especially if the substance of use is classified socially and legally as illicit. Necessarily, one pattern of consumption does not imply evolution to another. Knowing the pattern of consumption of psychoactive substances of a person and/or population group contributes to the adoption of measures to prevent injuries and promote health.

Thus, the relevance of this study focuses on investigating a millenary behavior, characterized as a health problem, growing among women, especially those who live in the context of implicit inequalities due to social, economic and political issues. In this perspective, the hypothesis was adopted that sociodemographic factors interfere with the consumption, especially alcohol, tobacco and hypnotic abuse in women living in rural contexts. To investigate this hypothesis, the following objective was defined: to investigate the association between sociodemographic factors and alcohol, tobacco and hypnotic consumption in rural women.

Method

This is a cross-sectional study conducted with 259 women from a rural community, selected by non-probabilistic convenience sample, living in Camaçari, Bahia, northeastern Brazil, between June 2019 and February 2020.

Inclusion criteria were used: being of age (≥18 years) and being registered in the Family Health Unit. The exclusion criterion was to appear to lack conditions of social interaction that would make communication with the researchers impossible and, consequently, respond to data production instruments. There was no exclusion of participants. The power of the study was estimated at 11,0%[12], according to the prevalence of alcohol abuse by women. A significance level of 5% was adopted, with a test power of 99.0%.

The process of approximation occurred through direct contact with women from the rural community who attended the *Unidade de Saúde da Família*, implanted in the territorial

area of the municipality, for consultations and care of the team. In these contacts, they were invited to participate in the study, informed of the objectives and their methodology, whose data collection implied a home visit for the application of forms. After agreement, all of them signed the Free and Informed Consent Form. The home visit occurred with the follow-up of community health agents and the application of the forms was carried out by the team of researchers, composed of undergraduate and graduate students, duly trained.

The sample was selected from a larger population of women registered in the family health unit of the community and, among these, we selected those who met the selection criteria and to which the researchers had access. Access was limited in the face of difficulties imposed by the geographical characteristics of the community and impediments arising from the preventive and protective measures adopted in the face of the emergence of the pandemic, thus characterizing as a convenience and non-probabilistic sample.

For the production of the data, two distinct instruments were used, which complemented each other. A form to investigate the sociodemographic and health conditions of the participants, elaborated and tested by the research team, composed of 40 objective questions that addressed the following variables: age, self-declared race/color, marital status, economic income information, housing, need for government assistance and use of health services; in addition to information on the sexual and reproductive health of women, previous diseases, history of violence and family disease, knowledge about health measures, among other issues related to the physical and psychological well-being of the participants.

The other instrument was a structured questionnaire, called Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). It is an internationally validated instrument, composed of eight questions about the use of nine types of psychoactive substances (alcohol, tobacco, marijuana, cocaine, stimulants such as amphetamines and ecstasy, inhalants, sedatives or hypnotics, hallucinogens and opiates). The questions address: frequency of use; use in life and in the last three months; urgency or strong desire for consumption; usage-related problems; losses in the execution of expected tasks; concern of people close to the individual's consumption of substances and unsuccessful attempts to cease or reduce use; and the use of psychoactive substances by injection. Each answer corresponds to a score that, in the end, considering its range, will indicate whether the individual makes occasional use, if there are indications of abuse in use or if it suggests the existence of dependence on this consumption. Thus, the instrument is useful to guide the actions of the health team in the actions of disease prevention and health promotion for people who use drugs.

The collected data were organized for processing in the statistical software Statistical Package for the Social Sciences (SPSS), version 20.0 of the Windows Platform. Bivariate analyses were performed with the objective of describing and verifying proportional differences between the characteristics of interest of the study (use in the last three months of alcohol, tobacco and hypnotics) by applying Pearson's chi-square and/or Fischer exact tests. The level of statistical significance adopted was 5%.

The study was approved by the Research Ethics Committee under Opinion n. 3.825.203/2020 and the investigation met the ethical and bioethical precepts of research with human beings at national and international level.

Results

We investigated 259 women, of whom 47.5% were between 30 and 49 years old, 89.2% declared themselves black, 96.9% reported being heterosexual, 74.5% declared themselves Christian, 64.4% said they had a partner, and 53.7% confirmed having completed high school. Related to housing, 85.3% of the sample lived in their own or ceded housing, 64.9% lived with a partner. Regarding the number of people living

together, 60.6% lived with one to three people and 30.9% between four and five.

Among the socioeconomic issues, 67.6% of the women performed paid activity, 34.4% received less than one minimum wage and 65.6%, equal to or greater than a minimum wage, 42.9% shared income with three to four dependents, and 64.5% depended financially on someone, mostly from their partner (68.8%). It was found that 52.4% did not receive any type of government aid and, among those who received (47.5%), 94.4% were included by the *Bolsa Família* Program.

Regarding health services, 53.3% of women resorted exclusively to the public service. The substance with the highest frequency of use, considering the last three months, was alcoholic beverages (116 – 44.8%), followed by tobacco (19 – 7.3%) and sedative or hypnotic (6 – 2.4%).

Table 1 presents data on the association between sociodemographic variables and the use in the last three months of alcohol, tobacco and hypnotics. For the analyses, the variables age, sexual orientation, education, marital status, housing situation, number of residents, financial dependence, color, religious belief, income and government benefit were used.

There was a significant association between tobacco use and color (p=0.041), religious belief (p=0.001) and governmental benefit (p=0.006). An association was found between alcohol consumption and religious belief (p=0.000).

Table 1 – Association between sociodemographic variables and use in the last three months of alcohol, tobacco and hypnotics among rural women. Camaçari, Bahia, Brazil – 2019-2020. (N = 141) (continued)

Sociodemographic Variables	Use in the last three months					
	Alcohol (n = 116)		Tobacco (n = 19)		Hypnotic (n = 06)	
	n (%)	p-value	n (%)	p-value	n (%)	p-value
Age						
<30	50 (43.1)	0.181	5 (26.3)	0.253	1 (16.7)	0.410
>30	66 (56.9)		14 (73.7)		5 (83.3)	
Sexual orientation						
Heterosexual	111 (95.7)	0.473	18 (94.7)	0.461	6 (100.0)	1.000
Homosexual/bisexual	5 (4.3)		1 (5.3)		-	
Education						
Illiterate	2 (1.7)	1.000	1 (5.3)	0.319	-	1.000
Literate	114 (98.3)		18 (94.7)		6 (100.0)	
Marital status						
With partner	77 (66.4)	0.136	15 (78.9)	0.430	4 (66.7)	1.000
Without partner	39 (33.6)		4 (21.1)		2 (33.3)	
Living situation						
Owned/given	100 (86.2)	0.964	17 (89.5)	1.000	4 (66.7)	0.197
Rented	16 (13.8)		2 (10.5)		2 (33.3)	
Number of Resident						
<3	74 (63.8)	0.346	14 (73.7)	0.226	6 (100.0)	0.084
>3	42 (36.2)		5 (26.3)		-	
Financial dependence						
Independent	41 (35.3)	0.957	6 (31.6)	0.709	1 (16.7)	0.427
Dependent	75 (64.7)		13 (68.4)		5 (83.3)	
Color						
Black	104 (89.7)	0.828	14 (73.7)	**0.041***	6 (100.0)	1.000
Not black	12 (10.3)		5 (26.3)		-	
Religion						
Yes	73 (62.9)	**0.000**	11 (57.9)	0.091	5 (83.3)	1.000
No	43 (37.1)		8 (42.1)		1 (16.7)	
Income						

Table 1 – Association between sociodemographic variables and use in the last three months of alcohol, tobacco and hypnotics among rural women. Camaçari, Bahia, Brazil – 2019-2020. (N = 141) (conclusion)

Sociodemographic Variables	Use in the last three months					
	Alcohol (n = 116)		Tobacco (n = 19)		Hypnotic (n = 06)	
	n (%)	p-value	n (%)	p-value	n (%)	p-value
<1 minimum wage	45 (38.8)	0.176	13 (68.4)	**0.001**	3 (50.0)	0.417
>1 minimum wage	71 (61.2)		6 (31.6)		3 (50.0)	
Government benefit						
Yes	59 (50.9)	0.521	15 (78.9)	**0.006**	4 (66.7)	0.436
No	57 (49.1)		4 (21.4)		2 (33.3)	

Source: Created by the authors.

Note: Conventional sign used:
- Numerical data equal to zero not resulting from rounding.

* Pearson's Chi-Square Test; Fisher exact (95% CI).

Regarding the intervention, a strategy used for diagnostic identification – health education, counseling, monitoring and/or referral for treatment – related to the use of alcohol, tobacco and hypnotics, Table 2 presents data regarding the association between sociodemographic variables and intervention in alcohol, tobacco and hypnotics. For the analyses, the variables age, sexual orientation, education, marital status, housing situation, number of residents, financial dependence, color, religious belief, income and government benefit were used.

There was an association between tobacco and color (p=0.009), income (p=0.001) and government benefit (p=0.006), as well as alcohol and age (p=0.035), religious belief (p=0.006) and income (p=0.002).

Table 2 – Association between sociodemographic variables and alcohol, tobacco and hypnotic intervention among rural women. Camaçari, Bahia, Brazil – 2019-2020. (N = 50) (continued)

Sociodemographic variables	Intervention					
	Alcohol (n = 26)		Tobacco (n = 19)		Hypnotic (n = 5)	
	n (%)	p-value	n (%)	p-value	n (%)	p-value
Age						
<30	15 (57.7)	**0.035**	5 (26.3)	0.253	1 (20.0)	0.652
>30	11 (42.3)		14 (73.7)		4 (80.0)	
Sexual orientation						
Heterosexual	24 (92.3)	0.186	18 (94.7)	0.461	5 (100.0)	1.000
Homosexual/bisexual	2 (7.7)		1 (5.3)		-	
Education						
Illiterate	2 (7.7)	0.080	-	1.000	-	1.000
Literate	24 (92.3)		19 (100.0)		5 (100.0)	
Marital status						
With partner	16 (61.5)	0.260	14 (73.7)	0.792	4 (80.0)	1.000
Without partner	10 (38.5)		5 (26.3)		1 (20.0)	
Living situation						
Owned/given	23 (88.5)	1.000	17 (89.5)	1.000	4 (80.0)	0.530
Rented	3 (11.5)		2 (10.5)		1 (20.0)	
Number of Resident						
<3	15 (57.7)	0.748	13 (68.4)	0.470	5 (100.0)	0.160
>3	11 (42.3)		6 (31.6)		-	
Financial dependence						
Independent	10 (38.5)	0.741	7 (36.8)	0.901	-	0.164
Dependent	16 (61.5)		12 (63.2)		5 (100.0)	

Table 2 – Association between sociodemographic variables and alcohol, tobacco and hypnotic intervention among rural women. Camaçari, Bahia, Brazil – 2019-2020. (N = 50) (conclusion)

Sociodemographic variables	Intervention					
	Alcohol (n = 26)		Tobacco (n = 19)		Hypnotic (n = 5)	
	n (%)	p-value	n (%)	p-value	n (%)	p-value
Color						
Black	24 (92.3)	1.000	13 (68.4)	**0.009***	5 (100.0)	1.000
Not black	2 (7.7)		6 (31.6)		-	
Religion						
Yes	14 (53.8)	**0.006**	12 (63.2)	0.263	4 (80.0)	1.000
No	12 (46.2)		17 (38.8)		1 (20.0)	
Income						
<1 minimum wage	16 (61.5)	**0.002**	13 (68.4)	**0.001**	2 (40.0)	1.000
>1 minimum wage	10 (38.5)		6 (31.6)		3 (60.0)	
Government benefit						
Yes	13 (50.0)	0.884	15 (78.9)	**0.006**	4 (80.0)	0.203
No	13 (50.0)		4 (21.1)		1 (20.0)	

Source: Created by the authors.

Note: Conventional sign used:
- Numerical data equal to zero not resulting from rounding.

* Pearson's Chi-Square Test; Fisher exact (95% CI).

Discussion

The results showed that women over the age of 30 used more alcohol, tobacco and hypnotics, as well as heterosexual women, black, literate, with a partner, with less than three residents in the dwelling, with religious belief, financially dependent, with their own/signed house and with government assistance. Regarding income, the prevalence was higher among those who received more than one minimum wage for alcohol and tobacco, but, as for hypnotics, there was no distinction. There was a significant association between alcohol and religious belief; tobacco and color, religious belief and government benefit. Regarding the intervention, there was an association between alcohol and age, religious belief and income; tobacco and color, income and government benefit.

It is noteworthy that, regardless of the pattern of consumption of alcohol, tobacco and other drugs, the growth of drug consumption by the female population reflects the tendency of behaviors harmful to women's health and life in different survival contexts. The reasons that lead to consumption among women, especially problematic use, go between obtaining pleasure, the way of refuge from emotions and ways of dealing with personal issues, including as shelter in the face of frustrations[13]. There is evidence that women who use drugs with abusive pattern are more likely to develop conflicting relationships and, consequently, suffer episodes of violence, in addition to health effects that culminate in dependence[14].

In the sample investigated, the use of psychoactive substances was prevalent among women over 30 years of age, both for alcohol and tobacco and hypnotics. This finding differs from data released by the United Nation Office On Drugs in Crime, which reveals a prevalence of use among adolescents[4]. It also differs from a study conducted in a city in southern Bahia with university students that showed a predominance of alcohol consumption, followed by tobacco and hypnotics for women aged between 18 and 24 years[12]. Thus, it is evident that drug use among women is occurring predominantly in reproductive and sexual age, which denotes health risks in this population and vulnerabilities that overlap, such as income, color and education[4,12].

The sample consisted mostly of women who declared themselves black. Black women tend to occupy unfavorable spaces, perform functions that reinforce their invisibility and place them outside the work and social context, especially when compared to men[15]. In this scenario, many resort to the use of psychotropic drugs. A study conducted in a Basic Health Unit of a municipality in the interior of Rio Grande do Norte, with sociodemographic characteristics similar to that of the sample studied, confirmed the association of race/color with the use of alcohol, tobacco and other drugs by women of self-declared black and/or brown color, married or in a stable union and with low income. It is suggested that there is a supposed relationship of these social factors to the use of hypnotics or sedatives by women[16].

Social class is also a factor that influences the consumption of hypnotics and sedatives, culminating in care in hospital emergency units, hospitalizations and complications[17]. Equally relevant, income is an element associated with race/color and gender, mainly because current discussions have highlighted the feminization of poverty in the face of the condition of women as providers of the home, sometimes subjecting themselves to low-paid jobs, leading to the development and worsening of mental disorders, especially dependence on drug use, relating to the simultaneity of responsibilities[13,18].

Despite the scarcity of studies demonstrating an association between income and the use of alcohol and other drugs, people living in unequal conditions are more likely to use cannabis, for example, than those who live in more egalitarian conditions[4].

Moreover, although more people use alcohol and other drugs in developing countries, with a higher prevalence of use among the rich, it is the economically disadvantaged who have a higher prevalence of use-related disorders, besides having impaired physical integrity and human dignity due to food insecurity, which can affect health status, especially for those who use drugs[4,19].

Another variable related to drug use was religion. Religion is pointed out as an element of protection for the use of alcohol and other drugs, since the highest proportion of use and measures of association has been pointed out among non-Christian and atheist people[20]. In the present study, however, the sample investigated had religious belief and used both alcohol and tobacco and hypnotics in greater proportions, when compared to those who did not have religion, and obtained measures of association between alcohol and its intervention and tobacco.

Thus, although religion is considered a means in which the greater the religiosity, the lower the involvement, and this may be related to the community experience that functions as a support network, the transcendental experience is linked to moral values that guide behaviors[21]. Thus, for the women in this study, further studies are needed to evaluate the specificities of this population and what makes the use greater among those with religious belief, since religion favors the development of competencies to cope with problems related to the use of alcoholic beverages and other drugs[21].

Confirming these findings, an integrative review, which addresses the relationship between spirituality/religiosity in the context of drug abuse, found that substance users, while being holistic, experience their beliefs and, based on them, find necessary subsidies to maintain their well-being and successes in their treatments[22].

It is emphasized the need for governmental commitment to face the challenges caused by drugs, quick, balanced and comprehensive responses that provide support, especially to women who live stigmatized by the consumption of alcohol and other substances, which are marked as promiscuous and immoral for adopting practices that are socially delegated to men and end up becoming vulnerable to violence and favoring mental illness[23].

Equally important, the relevance of the practices based on the Harm Reduction strategy that is currently established in the treatment of drug addictions is reinforced, seeking to offer drug users measures that cause less damage to health and human rights, without taking into account the practice of abstinence. Thus, there

are strong criticisms of the National Policy on Alcohol and other Drugs, since it provides for the strengthening of abstinence measures and stops applying harm reduction strategies through the consolidation of therapeutic communities. It also encourages a position against the legalization of drugs, and is a decision constructed between the Ministries of Citizenship, Health, Justice and Public Security, Human Rights, Family and Women[24].

During the insertion in the field of research, it was also observed that many of the discussions about what happened with some of those women focused on the academic environment, mainly because aspects, such as income, color and age that in the analyses performed were shown as factors related to drug use, could also be linked to the development and worsening of psychic illness. These aspects highlight the need to discuss these elements with women in primary care, mainly because during the development of the research actions were promoted that showed the need to act with them, that went beyond academic issues and that would need to be contextualized with reality.

It is observed, therefore, that the data found, although limited, show consonance with national and international data and confirm the hypothesis that sociodemographic factors interfere in the consumption, especially alcohol, tobacco and hypnotic abuse among women. Thus, women living in rural contexts or in contexts of social and economic inequalities are subject to the consumption of alcohol and other drugs, and these aspects can influence the experience of these women, whether in the social, economic and health spheres.

The main limitation of this study is the restriction of the sample. This restriction, as already pointed out, resulted from the sum of external factors related to the geographical characteristics of the community and the emergence of the pandemic. The limitation of the sample, however, does not reduce the relevance of the study in view of the scarcity of publications on women in the rural context, especially with the problem investigated. Moreover, although the sample does not allow generalizations, it confirms the consumption of drugs by women as a conduct on the rise, as flagged by national and international research.

It is noteworthy that the sample is representative for the population studied and this study contributes so that its data can be used by the health team of the *Unidade de Saúde da Família* attached to the community, for the planning, implementation and implementation of actions aimed at the prevention of injuries and health promotion related to alcohol consumption, tobacco and others drugs.

Conclusion

Alcohol is the most used drug in the sample investigated and sociodemographic factors, such as religion, color, income, age and government benefit, are associated with alcohol and tobacco use among women living in rural context. It is also evident that the social and gender inequalities historically imposed on women can influence drug use and, consequently, affect their health.

Thus, new research is relevant that can deepen individual, social, economic, religious and gender issues that affect women and influence their consumption of alcohol and other drugs, evidencing the possibility of interventions by health professionals working in the various health care services, especially in the Family Health Units in rural context.

Collaborations:

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2 – analysis and interpretation of data: Daine Ferreira Brazil do Nascimento and Cláudia Geovana da Silva Pires;

3 – writing and/or critical review: Daine Ferreira Brazil do Nascimento, Jeane Freitas de Oliveira, Cláudia Geovana da Silva Pires, Georgiane Silva Mota, Priscilla Nunes Porto, Laís Silva Ribeiro and Bárbara Santana e Silva;

4 – approval of the final version: Jeane Freitas de Oliveira and Cláudia Geovana da Silva Pires.

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