

Alcohol, Gender and Drinking Problems

Perspectives from Low and Middle Income Countries



World Health
Organization

CHAPTER 6

ALCOHOL CONSUMPTION AMONG MEXICAN WOMEN: IMPLICATIONS IN A SYNCRETIC CULTURE

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INTRODUCTION

Like many other Latin-American countries, Mexico has experienced important social and cultural changes in recent years. At the beginning of the twentieth century the Mexican population consisted of thirteen million inhabitants. During the first three decades the population increased by only three millions, which meant that in 1939 the total number of inhabitants reached sixteen million. During the post revolution period the increase was mainly due to a decrease in mortality. Between 1900 and 1930 the growth rate was 0.7 percent, which in the following two decades reached two percent. In this way, by the middle of the century the Mexican population grew to twenty five millions.

By the year 2000 there were 97 million inhabitants in the country, 48 percent male and 51 percent female (INEGI, 2001). The way the population is distributed in the territory is closely linked with socioeconomic, political, historical, environmental and cultural factors. Of these the most important are the economic growth, the use and availability of resources, infrastructure and services, which determine the conditions of life of the population and their level of wellness. Without a doubt the most important phenomenon that Mexico experienced in the twentieth century was growing urbanization. The human settlement pattern in the country is characterized by a strong concentration of population in a few urban centers and a deep dispersion in small and numerous localities of the country. On the one hand there are cities like the Federal District, the entity with the most population in the country, with more than 5,600 inhabitants per square kilometre; and on the other hand one quarter of the population lives in more than ninety percent of the country, being mostly rural in character and often characterized by poverty and migration. This situation has contributed to changes in the lives of women in Mexico.

THE SITUATION OF WOMEN

It is agreed that no single group of women is a good representation of all women in a particular country. Contemporary women have a diversity

of histories, lifestyles and experiences that frame their heterogeneous worlds in relation to language, ecology, available social services, experiences with motherhood or the lack of the latter and the value assigned to this experience in society, violence and of course, health (Lagarde, 1996).

The women's movement for the recognition of their equality with men and the liberation of their sexuality has grown in all the country, with different features and goals but with a deep sense of personal commitment. This movement has transformed the perception women have of their social situation. It affects their every day life, their love relationships, their partners, their relations with others at work, their friends, the way children are raised, and the place of each woman in the social sphere and the cultural production. This change has redefined their roles in love and sex, conditioned their performance with masculine and feminine values in the social sphere and in the life of institutions (Galende, 2001).

Modern Mexican women are syncretic and hybrid. Each one of them reflects the contradictions of two different projects for women's existence. Modernity brings them into contact with universal material and symbolic resources resulting from globalization (Canclini, 1995) while at the same time, each of them has to contend with traditionally established practices. The result of these contradictions is experienced through profound and interminable changes in the nature of their own lives.

According to Canclini (1995), the process of globalization has caused five basic socio-cultural modifications: 1) local and national organizations have lost ground to transnational institutions; 2) the reformulation of the urban environment and the patterns of everyday coexistence (from neighborhoods to condominiums, the workplace, study and activities involving consumption and recreation) are carried out far away from home, limiting the time available to inhabit one's own place; 3) the re-elaboration of identity due to the predominance of goods and messages that come from the global economy and culture; 4) the redefinition of the sense of belonging and identity that is not so much organized through local and national loyalties and more organized through participation in transnational communities (music, fashion, ways of forming couples); and 5) the transition from being a citizen as a representative of public opinion to being a citizen as a consumer interested in enjoying the benefits of a certain way of life.

The tension between these two projects derived from tradition and modernity is simultaneously reflected in two phenomena related to alcohol use: the high rate of female abstainers is paralleled by high rates of hidden consumption, which constitutes a major barrier to treatment.

According to Mexican culture, women are expected to abstain from consuming alcoholic beverages. However, as a result of globalization more women, particularly younger ones with higher educational attainment, are

drinking and consequently, some of them are experiencing problems due to this practice. Drinking may be linked to a legitimate right to pleasure (Vance, 1984), yet when women suffer from problems of alcohol abuse or dependence, they do not seek help. When they eventually resort to health services, they have experienced more material and health related losses than men, experienced more rejection from society, their partners have abandoned most of them, and they have experienced more psychological problems.

Women from cultures with a tradition of alcohol use drink and sometimes harm themselves as a result of their drinking. However, the importance of illness is not only related to use. Even women who do not drink are responsible, in their role of mothers, sisters or wives, for preventing alcohol abuse in their significant others. In other words, it is thought that they “can” or “must” control alcohol abuse in their partner, sons or brothers.

In Mexico the consumption of alcohol and other drugs occurs in a context that reflects the way women have been socialized, as well as their status in society. This context affects the way women drink, the type of drinks they choose and how and why they have problems due to their drinking habits. It also affects the resources available for treatment, the barriers they find to asking for help and the effectiveness of the help, if in fact they ever receive it (ARF, 1996).

Very little Mexican research has focused on alcohol use in women (Casco 1993; Medina-Mora, 1993; Romero, 1995; Romero et al, 1997; Romero, 1998). Consequently knowledge in this area has been applied to women on the lack of the consideration of or partial admission that they are different. According to Barret (1990) and Romero (1998), the idea of difference has at least three specific uses: 1) one that effectively records women’s situations and experiences; 2) the understanding that its meaning has a positional rather than an absolute nature; and 3) sexual difference.

The aim of this chapter is to present an analysis of the epidemiological data from the National Addiction Survey (NAS) and student surveys, emergency services data related to alcohol use in women, and to reveal the socio-cultural aspects involved in women’s alcohol use from a gender perspective.

METHOD

This study uses various methods and possibilities of analysis that provide knowledge on the issue. It combines the results of traditional quantitative methods, such as surveys, with the analysis of a group of in depth interviews and ethnographic observations to obtain an overview of alcohol use in women and at the same time to understand the social construction and significance of these practices.

DATA SOURCES**SURVEYS**

The National Addictions Survey (ENA, 1998) is a household survey that was carried out to update information on the prevalence of use of various addictive substances in adults aged 18 to 65. The design of the sample was probabilistic and stratified, with several stages of sampling. A total of 13,228 households were surveyed, from which 12,015 complete interviews were obtained.

The information was gathered through face-to-face interview with a standardized questionnaire containing the basic indicators proposed by the World Health Organization to evaluate substance use/abuse and dependence as well as other problems associated with use. The questionnaires included questions that allowed assessment of use according to socio-demographic variables, social perception of use and risk factors for starting to consume alcohol. The interview took place in a safe and private location and confidentiality was assured.

A total of 43.1% of the interviewees were men and 56.9% were women. The general characteristics of the sample are shown in Table 1. Women in the sample were less educated than men: 6.7% of the women and 3.7% of the males had no formal education. A majority of the sample was Catholic,

TABLE 1. Demographic characteristics of the sample

Characteristics		Male		Female	
Age	Mean SD	34.7 12.5		34.5 12.1	
		%	n	%	n
Educational Level	None	3.7	89	6.7	222
	Less or equal than 9 years	58.9	1402	65.1	2167
	10 or more years	37.4	891	28.2	940
Religion	Catholic	83.8	1982	86.2	2850
	Protestant or Evangelic	8.9	210	9.7	320
	None	7.3	174	4.1	136
Marital Status	Married	57.2	1361	57.6	1916
	Cohabiting	8.9	211	9.0	301
	Separated/Divorced	2.3	54	6.9	230
	Unmarried	31.1	739	22.6	754
	Widowed	0.6	14	3.8	128
Family Income	Top 25%	18.3	424	14.9	475
	Middle	12.9	299	18.7	594
	Bottom 25%	68.8	1591	66.4	2108
Employment	Involuntary unemployment	99.1	81	2.2	42
	Domestic Work	0.9	1	97.8	1884

married, poor (68.8% of the men and 66.4% of the women had low family income), and most were engaged in domestic work.

In order to determine the interviewees' drinking patterns, they were asked about the frequency with which they consumed various drinks every time they consumed alcohol, as well as the amounts involved. On the basis of this information, 8 different patterns of consumption were determined:

Abstainers: Refers to people who did not consume alcohol during the previous year, whether or not they drank prior to the previous year..

Light, infrequent drinkers: these people reported drinking during the last year, but never more than 5 drinks on any occasion.

Heavy, infrequent drinkers: these people drank during the last year, and sometimes drank 5 or more drinks, but not during the previous month.

Light, moderately frequent drinkers: includes those who drank during the previous month but never drank more than 5 or more drinks.

Heavy, moderately frequent drinkers: includes those who drank during the previous month and drank 5 drinks or more on some of these occasions.

Light, frequent drinkers: those who drank during the previous week but never drank more than 5 drinks during the previous year.

Heavy, frequent drinkers: those who drank during the previous week and during the previous year drank 5 or more drinks on some occasions (and did not qualify as heavy, regular drinkers).

Heavy, regular drinkers: those who drank during the previous week and drank 5 or more glasses on one of these occasions.

LIFE HISTORIES

The qualitative data were drawn from the analysis of the life histories of 21 female dependent individuals who voluntarily agreed to participate after receiving information on the project. Each woman was interviewed on at least five occasions, for an hour to an hour and a half. All the semi-structured, open-ended interviews (Hammer and Wildavsky, 1990) were recorded and transcribed literally.

The women who participated in the in-depth interview came from three different contexts: justice institutions (juvenile offenders and women in prison), health institutions for treatment (private and public) and the community (women who were not receiving treatment and women in self-help groups). The women's ages ranged from 14 to 51 years. The analysis was guided by a gender perspective, understood in the way Lagarde (1996) phrased it, as "an analytical methodology that combines various theories linked by their affinity [which] creates a theoretical approach and uses the scientific disciplines of history, anthropology, semiotics, psychology, sociology, economics, political science, aesthetics and philosophy to construct a critical analysis of social subjects" (pp. 45).

RESULTS

PATTERNS OF USE AND CULTURAL NORMS

Cultural expectations are reflected in the social norms that define the rules related to a given practice in a set cultural environment. These rules are specific and determined by status/prestige defined by gender, age, type of occupation, status and positional roles and socio-economic level, among other factors.

Studies conducted in México have shown that nowadays, norms are more concerned with establishing who should drink rather than moderation. Generally speaking, it is thought that women should not drink. Occasional drunkenness among males is regarded as appropriate but among women it is unacceptable, a double standard that is supported by men and women, young and old (Medina-Mora, 1993).

Alcohol consumption in women that does not comply with these standards has traditionally been symbolized as the representation of the transgression of the model of Mexican, occidental, patriarchal femininity. This cultural norm has a dual consequence: if a woman drinks without respecting the limits prescribed for her gender, she will have to conceal or deny her consumption and if she disobeys these norms and is observed by others, she will be strongly rejected and stigmatized (Romero, 1998).

Patterns of consumption in urban women follow these rules, as confirmed by the high rates of abstention. In the 1998 National Addictions survey, 37.7% of the female population had never drunk alcohol, 17.6% admitted to having been former drinkers while only 44.6% of the female population reported being a drinker at the present time.

Table 2 shows the general patterns of consumption of males and females.

In rural and semi-urban villages, this trend is even more pronounced. In a study carried out at the emergency services of three hospitals in Pachuca city, Mexico, 717 women were admitted, 83.9% of whom reported that they were abstainers (Romero et al, 2001).

DEPENDENCE

In the National Addictions Survey (NAS, 1998), 4.6% of the total population ages 18 to 65 met the criteria for the alcohol dependence syndrome. The prevalence for men was 9.6% and 1% for women. Wilsnack (1996) however, has suggested that research on women and alcohol could be improved by measuring and analyzing the wide range of combinations of substances in order to include the synergistic effects of other concurrent drugs. With this in mind, it was decided to analyze the percentage of women dependent on alcohol and drugs. Of the group of women who only consumed alcohol, 1.6% met the criteria for the dependence syndrome, whereas the percentage among those who consumed alcohol and drugs was 3.2%. It is important to note that within the group of symptoms that define

TABLE 2. Drinking patterns by gender and age groups

Frequency of drinking	Males								Females							
	Total		18-29		30-44		45-65		Total		18-29		30-44		45-65	
	%	N	%	n	%	n	%	n	%	N	%	n	%	n	%	n
Abstainer lifetime	8.7	206	12.3	123	6.5	53	5.4	30	37.7	1256	39.5	538	35.6	442	38.1	276
Ex-Drinker	14.4	344	9.7	97	13	107	25	139	17.6	588	15.9	216	16.7	207	22.7	164
Light infrequent drinker	11.4	272	13.8	138	9.8	81	9.6	54	29.5	982	30	408	31.1	386	26	188
Heavy infrequent drinker	16.3	388	16.6	166	17.5	144	13.9	77	5.1	169	4.5	61	5.6	70	5.2	38
Light moderately frequent drinkers	4.9	118	5.3	53	3.9	32	5.8	32	4.7	156	4.7	64	5.1	63	4	29
Heavy moderately frequent drinkers	18.2	433	17.8	178	22.2	183	13	72	2.6	85	2.6	36	2.7	33	2.2	16
Light frequent drinker	3.6	85	2.8	28	2.4	20	6.6	37	1.4	48	1.4	19	1.5	19	1.3	9
Heavy frequent drinker	6.5	156	5.4	54	7.7	63	7	39	0.6	18	0.6	8	0.9	11	0	0
Heavy regular drinkers	16	381	16.3	163	17.2	142	13.6	76	0.8	27	0.9	12	0.9	11	0.5	4

the dependence syndrome, withdrawal was the most reported symptom.

The percentage of women with the dependence syndrome varied with age, but these results require in-depth study due to the fact that there was no information on the length of time that elapsed between the start of consumption and the time when dependence syndrome began to appear (Figure 1). Likewise, for the group of younger women, it is essential to know when and how they began drinking in this harmful way at such an early age.

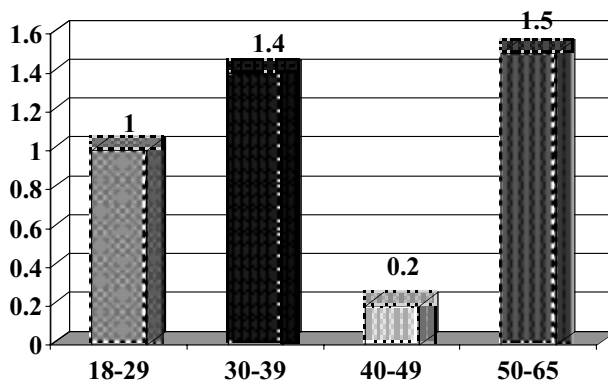


FIGURE 1. Alcohol dependence syndrome by age group

Source: ENA, 1998

TYPE OF DRINKS

A wide range of drinks have been produced in Mexico ever since the time of the conquest. These include fermented drinks, spirits and traditional beverages, such as pulque - a fermented beverage with a low alcohol content obtained from cactus juice, traditionally used in religious and curative rituals by the Aztecs (Berruecos, 1994).

NAS (1998) results show that most women drink beer (28.9%), spirits (23.3%) coolers and table wine (6.6%), and pulque (1.5%). (See Figure 2).

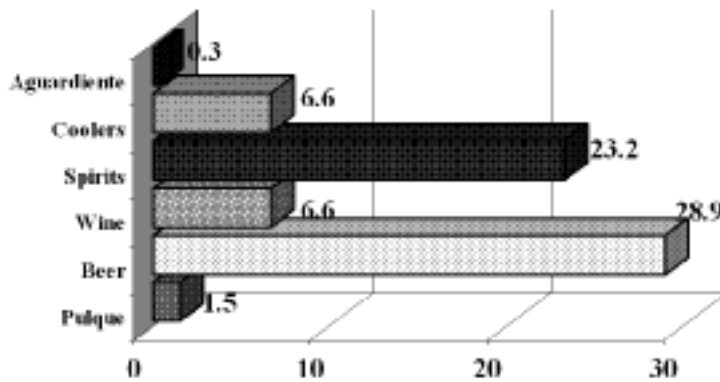


FIGURE 2. Percentage of women drinking different types of beverages

Source: ENA, 1998

YOUTH AND ADVERTISING

There is evidence worldwide that alcohol use among young people begins at increasingly early ages, and that the popularity, variety and availability of low priced alcoholic beverages have increased (Jernigan, 2001).

Young drinkers and women account for a substantial share of the world market and are regarded as key groups for increased consumption. Yoast et al. (1994) estimate that young drinkers who consume alcohol under the legal age constitute 10% of the global market. This emerging group of young consumers tends to prefer beer over wine and spirits (Gabhain and Francois, 2000; Business Research Center, 1997), in addition to a wide range of products with a relatively low alcohol content, such as alcopops, coolers, fortified wines with spirits to raise the alcohol content to 20%, cider and energizing drinks.

Young, single women in Mexico follow this trend. They are able to

attend recreational areas that are perhaps unavailable to other women, where they are subjected to social pressure and advertising that encourages them to consume alcohol. In several nightclubs, when couples attend, the women are given drinks at no charge.

A study of 10,578 junior and senior high school students in Mexico City (Villatoro et al, 2000) found that 61.4% of teenagers had consumed alcohol at least once in their lives and that 31.9% had done so during the previous month. An analysis of past month consumption by sex (Figure 3) shows that more men (34%) than women (29%) consume alcohol although the difference is slight. Overall, 60.2% of all women consumed alcohol at some time in their lives, as opposed to 62.6% of men.

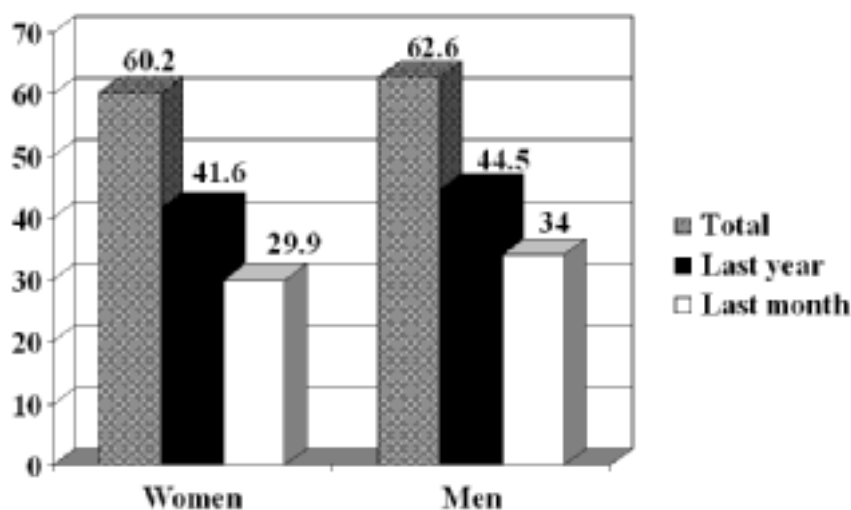


FIGURE 3. Alcohol consumption among Mexican high school students by gender (%; N= 10 578)

Source: Villatoro J, Medina-Mora ME, Blanco J, Villa G, Martínez M, Fleiz C (2000) Encuesta de consumo de drogas en estudiantes. SEP.INPRF II

As for the type of beverage consumed, young women mostly drink five types — beer (44.6%), cocktails (40.2%), spirits (38.4%), wine (26.9%) and canned, blended drinks such as tequila with grapefruit soda or rum and coke (23.6%).

The reasons why young people drink are also split by gender. Whereas women reported drinking alcohol as an emotional escape, when they were experiencing negative emotions, men did so to interact socially and to adapt to situations. (See Figures 4 and 5; Romero et al, 2002).

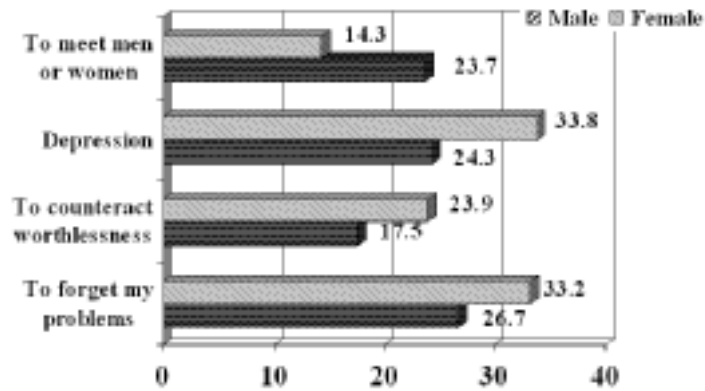


FIGURE 4. Reasons for drinking among Mexican high school students

Source: Romero et al., 2002

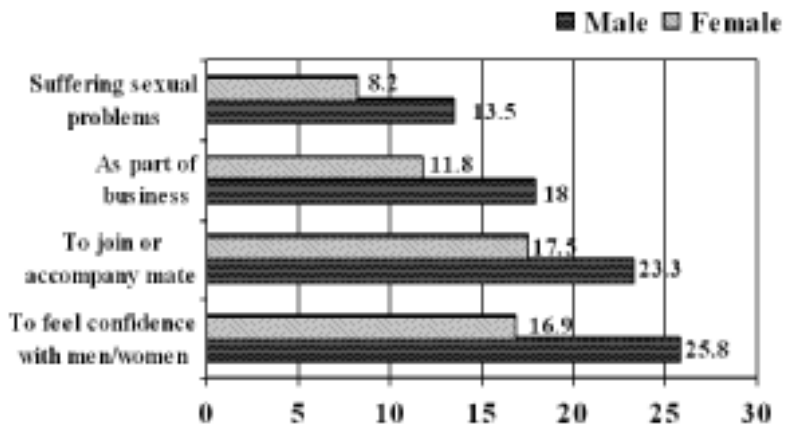


FIGURE 5. Reasons for drinking among Mexican high school students (contd)

Source: Romero et al., 2002

MARITAL STATUS

Factors that influence women’s drinking are marital status and partner’s drinking patterns, which may modify her pattern of alcohol consumption. Data from the NAS (1998) were analyzed to obtain male and female drinking patterns by demographic characteristics.

Male abstainers tended to be between 45-65 years old, with no formal education, Protestant or evangelical Christian, widowed, with medium income. On the other hand, those males who drank 5 or more drinks per

occasion were in the age group of 30-44 years, with the highest educational level, no religious affiliation, separated or divorced and with high income.

Female abstainers were similar to men: they were in the 45-65 age group, with less than or equal to 9 years of school, Protestant, widowed, and with medium income. Females who drank sixty grams or more alcohol per occasion tended to be 30 to 44 years of age, with the highest educational level, cohabitating and with high income.

Romero et al. (2001) found in an emergency service study, that women aged 30 to 49 (55% of the total sample) were most likely to qualify as alcohol abusers. Likewise, women who lived on their own but had had a partner at sometime in their lives (who were separated, divorced or widowed) qualified as alcohol abusers. This was also true for those with higher educational attainment (37.1%). This same study showed that women with harmful consumption of alcohol tended to have partners whose alcohol consumption was moderate or excessive.

Studies conducted in the United States of America yield similar results. In a sample of women aged 24 to 32, Hanna, Faden and Harford (1993) found that alcohol consumption levels decreased in married women or those who had remarried but increased among those who were separated and divorced.

The changes in consumption that accompany a change in marital status may reflect any one of the following hypothesis: 1) a reaction to the imbalance created by instability and a means of adjusting to a new social position; 2) greater autonomy; 3) the fact that the separation was due to the woman's degree of alcohol consumption (Romero, 1999).

VIOLENCE

A recurring problem that has rarely been studied in Mexico is the effect of having been a victim of or observed acts of domestic violence, in other words, having suffered emotional, physical or sexual abuse.

According to a sub-sample of the 1998 National Addiction Survey (NAS), 47% of the total number of women aged 18 to 65 in the urban area living with their partners reported having been victims of violence at some time in their lives, with alcohol being present in 66% of the cases (Observatorio Mexicano, 2002).

Qualitative research shows that this experience is the rule rather than the exception. Women problem drinkers have not only experienced nearly all kinds of violence, but are in a disadvantaged position, since when they lose control, they are thought to be "sexually available", meaning that when they are inebriated, they may be sexually harassed or raped. In some cases, women, especially those that combine alcohol use with other drugs, engage in violent acts, mainly robberies (Romero, 1998).

The main consequences of the link between family violence and excessive alcohol consumption are obviously more serious for women. They often fail to report these incidents out of shame, mainly because of the cultural connotation which regards this behavior as normal, coupled with the uncertainty of how far to put up with this open secret which women suffer in silence. According to Natera (2000) the police and health workers prefer not to “interfere in people’s lives”. One should not forget the fact that from a gender perspective, “what is personal is political”, meaning that violence is both a public health issue and a political problem.

MOTHERHOOD

Expectant women who use alcohol represent many ethical and legal problems, including their reproduction rights, their responsibility for their child’s health and the way in which they behave while childrearing. Qualitative research reports that usually the family of origin, legally or illegally, separates the women from their children because of their alcohol consumption. However, one of the main issues in their narratives is their wish to fulfill their role of mothers and their inability to do so, an important source of depression and hopelessness.

“I drank all the time while pregnant ...when he was born I felt terribly bad...I felt for him rejection...anger...I know that is kind of hard but I wished he died...afterwards he presented seizures and some abnormalities. He was in the emergency service... After that experience I felt so guilty... I was not married... my mother told me “once a woman is touched by a man it is impossible that you have a partner”... After that I had a suicide attempt... I was in the hospital for two weeks. Up to now if I drink, my brother gets violent with my child...he is two years now... My brother kicks him or put him outside the house in the cold to get me to stop drinking.”

“I became pregnant...and all the time I remembered my mother’s words: “If God sends you a child, you have to receive him/her with love like I received you” and at the same time I thought “I will not lose my life by being attached to a baby...all my youth lost...what happens if the baby is born with problems?, without a hand or something?...I decided to have an abortion.”

Epidemiological data from the 1989 NAS found that 16% of women drank alcohol during their pregnancy; 8% drank it according to their usual pattern of consumption and 5.7% reduced their alcohol intake; 7.4% of women feeding their last child reported having drunk alcoholic beverages while nursing, especially beer.

Borges et al. (1997) made an in-depth analysis of the NAS women who were pregnant at some time in their lives to study three adverse

outcomes during their last pregnancy: spontaneous abortion, stillbirth and congenital abnormalities and their relation to alcohol consumption. Results showed that alcohol consumption during pregnancy was associated with the prevalence of congenital abnormalities, with an odds ratio of 3.4.

MIGRANT WOMEN AND THE INDIGENOUS RURAL POPULATION

In recent decades, the Mexican countryside has been affected by national and global political, economic and social problems that have undermined the structure of traditional peasant production processes as well as the form of social organization. These have influenced their values as well as their individual and collective projects, resulting in increases in alcohol consumption (Berruecos, 2002).

According to Marion (1974), the reconversion of agricultural production has led to greater levels of poverty and an increase in rural-urban migration, which in turn has created rural impoverishment and urban overpopulation. Boltvinik (1995) confirms these data by stating that poverty in Mexico is significantly greater in the countryside than in urban areas, 85% as opposed to 61.7%, according to the National Population Council, with women constituting the most impoverished sector of the population. According to the National Migration Survey (1997) the profile of migrants has been modified by the growing incorporation of rural and urban women into migratory flows.

Oehmichen (20002) states that women who leave their places of origin for the cities do so when they accompany their migrating parents and spouses. Some studies, however, have shown that women's migration is more heavily conditioned than men's by their stage in the life cycle, their position in the household, the presence of children and a partner, and the household structure.

The following are some of the reasons why women leave their communities:

- 1) The rupture or lack of a bond with a male, either through abandonment or widowhood, in which case the woman assumes responsibility for feeding and looking after the children, if her in-laws and the family of origin lack, the means to support her and her children.
- 2) For poor indigenous and peasant women, it is one of the few available resources for survival and to a certain extent guaranteeing the survival of their children.
- 3) Polygyny, understood as a simultaneous marital union between a man and two or more women. This practice often forces second wives to emigrate because they lack the marital status and rights enjoyed by first wives.

- 4) In association with alcohol consumption, the most important factor for this study. In this case, although a man does not abandon his wife and children, he stops providing for them. Alcohol dependence reduces the financial resources for supporting the family, and also often involves intrafamilial violence, which in turn forces women to migrate.
- 5) Finally, because of the lack of an acceptable social position for any of several reasons — single motherhood, because the woman already has children or is over the socially acceptable age for marriage, or because the rural community does not provide employment opportunities for her, or a proper marital status.

Patterns of alcohol use in the indigenous cultures display significant variations, providing examples of the complete integration of alcohol use into every aspect of life, as in the case of the Chamula in Chiapas (Polakoff, 2001), or of strict use limited to certain occasions, as among the Tarahumara of Chihuahua.

Among the Chamula, consumption of the traditional beverage called *posh* is a common cause of early death among male drinkers. However, alcohol consumption among women also has serious consequences, as the following paragraph from Polakoff (2001) so poignantly illustrates:

It took me years to get to the truth. In the past, she had often told me about babies dying as a direct result of the state of inebriation of their mothers, but I would never have imagined the personal event she was referring to. On 9 April 1998, when we were drawing up her family tree, she suddenly told me that a little brother of hers had died on the day he entered the Catholic faith, at the age of about six months, when his mother got drunk during the celebration and dropped him onto the stove. The Chamula authorities put the parents in prison for a few days and I didn't quite know how they got out. She never drinks nowadays, but her friend told me that she didn't stop drinking immediately after the tragedy. She also told me that six out of the original eight children born had died (only she and one of her sisters survived), rather than the three she had originally told me. 'Why didn't you tell me the real number?' 'Perhaps because I was embarrassed to,' and we went on writing down the new generations of Chamula (pp. 24-25).

The growth of Protestant religious groups, particularly among rural and indigenous communities, has also had an impact on alcohol consumption patterns and influenced the structure of communities. Indigenous people who have become abstainers after accepting their new religion have had more conflicts with their groups of origin, which have often expelled them from their lands (Díaz-Betancourt, 2004). These conflicts may have numerous origins that warrant in-depth study. For

instance, some authors note that these communities reduce the influence of local political bosses in the commercialization of alcohol, thereby affecting their economic interests (Medina-Mora, 1997).

MORTALITY

Mexican women die because of the way they drink. The mortality rate of women aged 15 or over from cirrhosis of the liver caused by drinking has not changed much over the past decade. In 1985, 10.33 out of every 100,000 inhabitants died from this cause, a figure that had risen to 11.20 by 1996 (Medina-Mora, Natera & Borges, 2002)..

In the capital city, the total percentage of deaths related to alcohol consumption in women increased. Data coming from databases recording the forensic causes of death report that in 1999, 10% of female suicides were alcohol-related, a figure that had risen to 25% by 1995. In 1990, 3% of women killed another person when they were inebriated, a figure that had risen to 28.4% by 1995. In 1990, 5.8% of women died in accidents while they were inebriated, and by 1995, this figure had increased to 17.5% (Gutiérrez, 1996).

DISCUSSION

Every woman is involved in the syncretism encapsulated in her person, experiencing the synthesis on the basis of different combinations of depth, complexity and conflict. The syncretic synthesis of identities undergoing a stage of transformation constitutes and organizes the subjectivity of these women who are virtually living double lives. Globalization gives them the opportunity to have access to more public space for leisure but sometimes forces them to migrate because of the economic impact in their communities.

The findings presented in this work should guide reflections on decision making related to public policy regarding prevention, treatment and research specific to women. In the prevention side, intervention strategies should be specifically designed for women, and treatment should focus attention on the medical and psychosocial needs of dependent women. Finally, more effort should be made to overcome treatment barriers and prejudices against women with alcohol-related problems.

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