



Original Research Article

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**A STUDY TO ASSESS THE EFFECTIVENESS OF COMMUNITY BASED
NURSING INTERVENTION STRATEGIES ON ALCOHOL DEPENDENCE
AND QUALITY OF LIFE AMONG ALCOHOLICS IN SELECTED RURAL
COMMUNITIES IN INDORE, M.P.**

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INTRODUCTION:

Alcohol addiction or alcoholism is a pattern of alcohol use that involves problems controlling the drinking of alcohol, being preoccupied with alcohol, continuing to use alcohol even when it causes problems, having to drink more to get the same effect, or having withdrawal symptoms when one rapidly decreases or stop drinking of alcohol.

India is the third-largest market for alcoholic beverages in the world. Alcohol production, demand and consumption all the three parameters are increasing day by day. Below attached table and diagram show the related information.

The epidemiological, social and demographic transition of the last two decades has significantly changed the health of Indian communities. There is a gradual but significant decline in communicable, nutritional and infectious diseases. However, this gave rise to the triple burden of communicable, non-communicable disease and injury, all competing for the meager available resources.

Non communicable diseases (NCDs) account for a large proportion of morbidity and mortality among our country's adult population. High prevalence major risk factors see

tobacco and alcohol consumption, poor diet, physical inactivity, high blood pressure and high blood glucose are driving the epidemic of non-communicable diseases.

According to estimates (WHO), there are about 2 billion people worldwide who consume alcoholic beverages, and 76.3 million people suffer from diagnosable disorders related to alcohol use. Table shows alcohol consumption per capita in different regions of the world. Global per capita consumption of alcoholic beverages was equal to 6.13 liters of pure alcohol consumed by each person aged 15 and over. Unrecorded alcohol consumption is associated with a relatively high level of total alcohol consumption. This means that in countries, often poorer or developing countries, where alcohol consumption is rather low, a large part of this consumption is served by domestic or illegally produced and therefore cheaper alcohol. While alcohol consumption is higher in developed countries, it is mostly registered legally produced alcohol.

OBJECTIVES:

- To identify significant alcoholics in selected rural communities.
- To assess the existing level of alcohol dependence and Quality of Life among alcoholics.
- To determine the effectiveness of community-based nursing intervention strategies on the level of alcohol dependence and Quality of Life among the alcoholics.
- To correlate the level of Alcohol dependence and quality of life among alcoholics.
- To associate the overall mean difference in the score on the level of alcohol dependence and quality of life among alcoholics with their background variables

RESEARCH HYPOTHESIS:

H1: There will be significant difference between the pretest and post-test level of alcohol dependence and Quality of Life among alcoholics at $p < 0.05$ level.

H2: There will be significant correlation between level of alcohol dependence and Quality of Life among alcoholics at $p < 0.05$ level.

H3: There will be significant association between mean differed score of level of alcohol dependence and Quality of life among alcoholics with their background variables at $p < 0.05$ level.

ASSUMPTIONS:

- Alcoholism is one of the common problems of rural communities.
- Alcoholics vary in their level of dependence which may have an impact on quality of life.
- Community based nursing interventions may alter the level of dependence and improve the quality of life among alcoholics.
- Structured interventions with the coordination of community members in the client system may bring necessary changes in the behavior of the alcoholics.
- Driving forces and restraining forces in the system may influence the change in the behavior of the alcoholics.

MATERIALS AND METHODS:

Quantitative research approach was adopted for this study. Pre-experimental – One group Pre test & post test design was found appropriate for the study. Variable in the study are Independent Variables : Community based Nursing Intervention strategies which comprised of training of local workers; individual need based nursing interventions, alcoholic education, family counseling and detoxification. Dependent Variables : Level of Alcohol dependence and Quality of Life among alcoholics. The setting of the study was the 5 rural villages of Indore, M.P. which identified to have alcohol dependence as common problem through village survey conducted by Community Health Center. The accessible population was all the men who were significant alcoholics and residing in 5 rural villages belonging to the intensive coverage areas of Indore M.P. The sample size comprised of total estimated 473 alcoholics from the selected 5 rural villages of Health Center. Non-Probability Purposive sampling Technique was adopted for the study.

DESCRIPTION OF THE TOOL:

The tool used for the present study was structured interview schedule and has the following components:

Part 1

Background Variables: Age, Education status, Occupation, Annual Income per month, marital status, religion, type of family, number of family members, Food habits, any history of medical history, duration of alcoholism, how many times per week, undergone any treatment for alcoholism. The questionnaire contained multiple options. The investigator has collected the responses by interview method.

Part 2

Clinically Significant Alcoholics was identified through CAGE Questionnaire. Responses on the **CAGE** are scored 0 for “no” and 1 for “yes,” with a higher score and indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

Part 3

Level of dependence among Alcoholics was assessed using **SADQ-C** (Severity of Alcohol Dependence Quotient – Community). The instrument consisted of 20 items. The score of 0 was given for almost never; 1 was given for sometimes; 2 was given for often; and 3 for nearly always.

Scoring for SADQ-C: The level of alcohol dependence was measured as follows:

| Score | Level of Alcohol Dependence |
|-------|-----------------------------|
| 0-3 | No dependence |
| 4-19 | Mild dependence |
| 20-30 | Moderate dependence |
| 31-44 | Severe dependence |
| 45+ | Very severe dependence |

Part 4

*Quality of Life among Alcoholics was assessed through modified **WHO QOL BREF 26** item index modified tool which had 4 dimensions like Physical, Psychological, Social and Environmental domains. This instrument consisted of 26 questions among which 23 questions were positively scored and 3 questions were negatively scored (Q3, Q4 & Q26). A score of 1 was given for very dissatisfied, 2 for dissatisfied, 3 for neither satisfied nor dissatisfied, 4 for satisfied and 5 for very much satisfied for positive statements and vice versa for negative statements.*

VALIDITY OF THE TOOL

The tool was developed by the investigator based on the review of literature. The tool was evaluated by experts from the field of Nursing and medicine and it was modified according to their suggestion.

RESULTS:

The data collected were grouped and analysed using descriptive and inferential statistics.

Majority 191(40.6%) of the alcoholic dependents were in the age group between 41-50 years; 418(88.4%) of them were married; 427(90.4%) of them belong to Hindu religion; 344(72.7%) of them belong to nuclear family; 328(69.3%) of them had 3-4 family members; 417(88.2%) were non-vegetarians; 446(94.3%) of them had no history of medical illness; 470(99.4%) of them had not undergone any treatment for alcoholism. 186(39.3%) of them had primary education; 166(35.1%) of them were semi-skilled workers; 169(35.7%) of them had income of Rs.4000-6000; 212(44.8%) of them had the habit of alcoholism for 4-6 years; 83(17.6%) of them had alcohol 3 times per week.

The comparison of Pre-test and post-test level of QOL in Physical Health

showed that during pretest the number of alcoholics with very low and low quality of life was 1(0.2%) and 127(27%) respectively. It was reduced to none and 91(19%) respectively in the post test. In the pretest the number of alcoholics with moderate and High Quality of Life was, 303(64%) and 42(8.8%) respectively. It was improved to 324(69%) and 58 (12%) respectively in the post-test. The mean difference was found to

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be 5.27 with t-value 21.19 which was highly significant at $P < 0.001$. This revealed that interventions had an effect in improving the Quality of Life in Physical Health among Alcoholics.

CONCLUSION:

The study concluded that the Community Based Nursing Intervention Strategies was effective in reducing the level of alcohol dependence and improving Quality of Life among alcoholics. The study provides specific highlight on the impact of Community Based Nursing Interventions was more effective in improving QOL in Social relationship and Psychological. The QOL in Physical and environmental health also showed considerable improvement. The study also validated the fact that there exist negative correlation between level of alcohol dependence and Quality of Life. And, the level of alcohol dependence was significantly associated with demographic variables like occupation, food habits, duration of alcoholism and times of alcohol intake per week. The overall findings revealed that Community Based Intervention Strategies, if available to the alcoholics through the consistent and sustainable community engagement process, it will further enhance the QOL of the alcoholics by reducing level of alcohol dependence.

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