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TABLE OF CONTENTS

1. Knowledge and Usage of Oral Rehydration Therapy (ORT) in the Treatment of Diarrhoea Among Under-five Mothers in Lagos, Nigeria.
Joseph-Shehu Elizabeth M. and Alapa, Martha Echewunne 1

2. Prevalence and Risk Factors of Neonatal Jaundice in Special Care Baby Unit of Ahmadu Bello University Teaching Hospital Zaria, Nigeria.
Mfuh, Anita Yafeh; Lukong, C. S; Sale, U. K. and Atayi, Samuel Godwin . 12

3. Factors Influencing Teamwork Performance among Health Workers in University College Hospital, Ibadan
Olajide, Adetunmise O.; Sowunmi, Christianah O.; Ojetola, Oluwabukola O.; Ogunmodede, Eunice O. and Adedoyin, O. Adeoye 21

4. Investigating the Perceived Effects of Aphrodisiac on Women of Kaura Ward, in Zaria City of Kaduna State, Nigeria.
Bayero, A.; Balarabe, R.; Addakano, B. and Uthman, R. 38

5. Umbilical Cord Management Outcome Among Mothers in Selected Primary Health Centres in Mushin Local Government Area, Lagos State.
Abazie, O. H.; Gbahabo, D. D. and Fadairo, O. J. 49

6. Assessment of Knowledge on Sickle Cell Anaemia Among Primary Health Care Workers in Zaria City, Kaduna State, Nigeria.
Bayero, A; Abubakar, I; Balarabe, R; Gommaa, H; Uthman, R. 63

7. Utilisation of Postnatal Care Services among Women of Childbearing Age in Primary Health Care Centres in Niger State, Nigeria.
Garba, S.N.; Anyebe, E. E.; Salihu, A.K; Salihu, A.A.; Ibrahim, A.H. And Jibril, U.N. 80

8. School Health: An Analysis of Boarding School Clinic Facilities in Kano State, Nigeria
Ahmed Suberu; Saleh Ngaski Garba; Umar Yunusa; Umar Lawal Bello; Ashiru Muhammed and Ahmad Rufa'i Abubakar 92

9. Perception Towards the Introduction of Sex Education to Secondary School Students among Selected Women Attending UCH Ibadan Family Clinic.
Makinde Olufemi Yinyinola, Olawale Olufunke Rhoda & Adeniran Dorcas Adekemi 103

10. Direct Observation as a Method of Assessment and Instant Face to Face Feedback From Generated And Printed Copy Of Basic Life Support (BLS) Devices For Undergraduate Physiotherapist Students Of Cardiff University United Kingdom.
Ibrahim M., Yalwa, T., Lawali Y. and Tukur B.M. 119

11. Family Health A "Sine Qua Non" To Effective Maternal and Child Health Care.
Obi, Ihuoma A.; Chinweuba A. and Eze, Clementina N. 130

12. Application of Trans-Theoretical Model and Approaches to Health Promotion in Tackling Alcohol Abuse.
Yalwa, T.; Ibrahim, M.; Anyebe, E. E.; Saleh, G. N. and Mfuh Anita, Y. 138

13. Cervical Cancer Screening among Women: A Tool for Prevention of Cancer
Elusoji, Christiana Irolo; Eze, Clementina N.; Obi, Ihuoma A. and Iniomor, Mary 150

14. Designing a Training Programme for School Health Nurses on Guiding Adolescents in their Decision-making about Reproductive Health in Ijebu Ode Local Government Area of Nigeria (1)
Oluwatoyin A. Ogunyewo and Savasthian Arunachallam 169

15. Knowledge of Nursing Process and Attitude Among Undergraduate Nursing Students Towards Its Utilization in a Tertiary Health Institution, Edo-state, Nigeria
Omorogbe, C.E.; Okafor, F.U; Ekrakene, T.; Omorogbe, F. and Ibidokun, C. J 175

16. Knowledge of Psychological Distress and Post-partum Blues Among Pregnant Women in Wesley Guild Hospital, Ilesa, Osun State, Nigeria.
Ohaeri Beatrice M; Owolabi Beatrice O and Onyeneho A. Chiemerigo 187

APPLICATION OF TRANS-THEORETICAL MODEL AND APPROACHES TO HEALTH PROMOTION IN TACKLING ALCOHOL ABUSE

Yalwa, T., Ibrahim M., Anyebe, E.E., Saleh, G.N and Mfuh Anita, Y.

ABSTRACT

Globally, alcohol abuse continues to constitute a global social and public mental health problem, with increasing morbidity and mortality indices. As a stage by stage behavioral problem, alcoholism could be tackled using a behavioral change model. Requiring multidimensional and multidisciplinary approach to curb the current health, social and economic challenges associated with it, nurses must work within the context of scientifically sound evidences (evidence-based care), using appropriate theories and models in managing alcohol abuse or misuse syndromes. This paper explores the Prochaska and DiClemente's (1984) Multistage Trans-Theoretical Model (TTM) to propose transforming the addictive behavior of victims of alcohol abuse from one level to another. In adopting this model, the paper also aims to incorporate educational and empowerment approaches with TTM as a synergized model to achieve the desired change in behavior of the people that misuse alcohol. TTM model establishes itself as a suitable analytic and care model for integrating the process of behavior change and promoting health among alcohol abuse victims, since people will be educated and empowered at various stages using this model. This synchronized model should offer nurses, especially those in addiction care a multi-stage, client-centered approach to manage alcohol related addiction.

Keywords: Alcohol abuse; Alcohol misuse; Health Promotion Approach; Transtheoretical Model.

INTRODUCTION

Alcohol is a consumable fermented substance containing intoxicants in the form of liquor, beer or wind (CDC 2013). Alcohol undergoes quick absorption following consumption, and affects many vital organs of the body (Krucik 2013). Liquour is more concentrated than other forms of alcohol, even though the quantity consumed determines the effect, not the type of alcohol (CDC 2013). Alcohol abuse occurs when the recommended limit of 14units per week per person (male/female) is exceeded, as opposed to the previous recommended limit of 21units for men and 14 for women (Department of Health 2016). Moderate use of alcohol has been reported as useful in the prevention of stroke and other heart diseases (Moelker 2012). Arguably, no limit of alcohol consumption is deemed to be safe, as it undergoes a rapid absorption, slow excretion and cannot be stored in the human body (Krucik 2014). Alcohol affects the body's vital functions.

Excess drinking causes more harm, and increases antisocial behavior and inequalities in the society (Faculty of Public Health 2008). It is dangerous to drink alcohol during pregnancy, as it predisposes more risk of premature labour, stillbirth, abortion, birth defects, fetal alcohol spectrum disorders (FASD) and learning disabilities (Royal College of Obstetricians & Gynaecologists 2015). Furthermore, almost 4% of women in UK are alcoholics and men account for 9% of alcohol dependencies (Alcohol Concern 2015). The World Health Organization, European Region (2012) warns women to stay

away from alcohol during pregnancy. About 10% of children in the United States are from alcohol abused parents (National Institute on Alcohol Abuse & Alcoholism 2015). This indicates the need for intervention.

The cause of alcohol abuse is unknown, but many factors increase the likelihood of its misuse such as stress, peers, cultural and familial acceptability and environment, psychiatric conditions (anxiety/schizophrenia, depression) (Burke and Timothy 2015). We can clearly state what alcohol misuse means Accessibility, affordability and advisement increase the risk of alcohol abuse (UK Government 2012). The predisposing causes of alcohol abuse are multifactorial, including stress, environment, attitudes, heredity, poverty, affordability and availability of alcohol (Vaillant 2016). However, heredity (genetic) cannot only be a risk factor for alcohol abuse, due to limited scientific evidence to support the argument. Nevertheless, epigenetic studies have discovered that some Asians have genes sensitive to alcohol which trigger discomfort that eventually prevent them from drinking (NIAAA 2008). In addition, a drug called naltrexone is believed to be effective in the treatment of alcoholism, since it produces nausea, discomfort and vomiting among alcoholics (NIAAA 2008). Globally, alcohol is responsible for 40% of the burden of acute ill-health with high percentage in the UK (Faculty of Public Health 2010). Alcohol abuse increases inequalities, poverty, criminal and antisocial behaviours (FPH 2010). This highlights the need for public and mental health interventions. Nurses promote health by assisting people to meet their fullest level of health through control of determinants of health (lifestyle, environmental and socioeconomic factors) (Watkins 2003). These professionals mainly promote, restore and protect health and prevent diseases at all levels (Nursing and Midwifery Council 2015). Healthcare must be safe, qualitative, effective and problem based (Care Quality Commission 2015).

This can be best achieved through applying trans-theoretical model as well as education and empowerment approaches to health promotion. However, this paper explores evidence-based nursing practice in promoting public health in alcohol abuse, with reference to epidemiological evidence, public policies, and the application of trans-theoretical models of change (TTM), education and empowerment approaches to health promotion. The general aim is to appraise current practice in preventing alcohol misuse and its related harm, and its role in promoting people's well being. This secondary prevention is considered on the three levels: primary, secondary and tertiary.

Application of Health Promotion Theory and Approaches to Health Promotion in Tackling Alcohol Abuse

In community mental health practice, healthcare practitioners collaborate with government and community officials to promote the health and wellbeing of the people (Bernett and Patrick 2012). This can be done by identifying resources and prioritizing community needs (Green and Tones 2013). Hubley and Copeman (2013) emphasize the importance of focusing on the determinants of health when planning any health promotion activity. This enhances the successful implementation of public health intervention and eliminates the existing social inequalities among populations across the world (WHO 2013e). To achieve this, Ewles and Simnett (2010) identify five approaches to health promotion, namely: medical, educational, empowerment, social and behavioral change.

According to Ellis (2013), nurses must work within the context of evidence- based nursing care which advocates the application of theories, models and scientifically sound

researches. Therefore, alcoholism, as a stage-by-stage behavioral problem, could be tackled using a behavioural change model (Carbonari and DiClemente 2000). Prochaska and DiClemente (1984) introduce a multistage trans-theoretical model (TTM) in order to assist in transforming an addictive behavior from one level to another, including alcohol misuse syndrome. However, this article incorporates educational and empowerment approaches in combination with TTM to achieve change in behavior of alcohol misusers. People will be educated and empowered at various stages of this model.

To provide evidence-based care, nurses must be familiar with the appropriateness of applying the theory that underpins his practice (NMC 2008). TTM model is suitable for integrating the process of change and promoting health among alcohol abuse victims (Pro-Change Behavior System, Inc. 2015), although Brug et al (2005) argue that stage-targeted intervention is ineffective as people may have different beliefs at different stages of change. However, TTM has been cited as being effective in identifying and describing all the processes that motivate, prepare and help an individual or community to recognize their present stage of change, and areas requiring improvement (Migneaultet al 2005). Even though the effectiveness of educational approach has been questioned by Watkins and Cousins (2010), an increase in knowledge does not necessarily lead to change in behavior. However, a combination of educational and empowerment approaches, when applying the TTM model, has been recommended (Watkins and Cousins 2010). In addition, Hubley and Copeman (2013) advocate the use of an education and empowerment approach in facilitating learning and behavioral change.

Behavior can be either overt or covert in nature, and occurs gradually throughout the cycle of change (Prochaska and DiClemente 1984). Change is a cyclical, gradual and continuing process whose occurrence depends on a successful passage and preparative phase (Watkins and Cousins 2010). Therefore, an individual can be supported to pass from one level to another, as change cannot occur instantly (Moseley 2016). However, the TTM model will be used to discuss the role of nurses in promoting health at different stages of change in alcohol abuse. This will guide the nurses to identify and prioritize the health needs of the target population, based on the various stages of change (WHO 2012).

Pre-contemplation

According to Prochaska and DiClemente (2012), this period is characterized by unawareness, ignorance, and the client may feel reluctant to take action to change his behavior. This situation results largely from lack of knowledge or insight about the risk behaviour, and or denial to accept change (Glovazolias and Davis 2005). Nurses must identify, highlight and inform people about the consequences of alcohol abuse through health education (Greenseet al 2013). At this stage, health promotion can raise the awareness and consciousness of people regarding the risk of alcohol abuse (WHO 2012). This can be done through advertising, awareness campaigns and legislation.

It is important to confirm if an individual is ready to change (Moseley 2016), as is difficult to achieve change in people who are not ready to change (Davis et al 2011). However, practitioners must encourage clients to re-evaluate their own behavior, and encourage self-exploration (not action) and the ability to make their own decisions. In addition, the risks should be explained and personalized (Prochaska and DiClemente 2012; Moseley 2016). This can trigger the need for change in behavior (Nordman 2013). The use of appealing words is helpful in motivating people to change their ill-health behavior

(Davis et al 2011). At this time, people need to have information and education regarding the pros and cons of change in their behavior, preferably in a group or during a visit to General Practitioner (GP). This is because it may be difficult for those who are not diseased to participate in the health promotion activity (Ware 2002). The best way to assist an individual or people to change unhealthy attitudes is to identify and prioritize their needs (Stevens et al 2004). A need assessment promotes the achievement of goals (Leverack 2015, p. 121).Stevens et al (2004) maintain that assessment gives the opportunity for detecting successful areas, and those which require more adjustments to be achieved.

Contemplation

At this stage, people are indecisive about changing their behaviours, but tend to "sit on the fence", thinking about it (Prochaska and DiClemente 2012). This means, they have yet to consider change in behavior (remain ambivalent) concerning alcohol abuse, but are weighing the merits and demerits of change (Prochaska et al 2008). This cost and benefit analysis will determine the possibility of changing or proceeding with the risky behavior. Beliefs often influence continuity of the risk behavior, although, a health promoter sees this as an opportunity to intervene and cause change (Tengland 2016). Exaggerating the negative effects of alcohol abuse is believed to cause change (Tengland 2016).

Greense et al (2013) believed that many barriers interrupt the change process, such as lack of motivation, lack of health promotion programmes, peer groups, beliefs, environmental and societal influences (social acceptability of alcohol) and denial. Armitage (2008) advises practitioners to focus on beliefs and attitudes in order to trigger changes in behavior. The responsibility for making decisions about change lies in the hands of recipients of care, but can be enhanced by the health promoter (Stevens 2004). Intervention will be at the community level following a need assessment. People can be empowered and educated about the appropriate level of drinking, reduction in consumption, skipping days, self-monitoring of drinking and resisting family, friends and societal influences (Hubley and Copeman 2013). The use of policies and health service provision to empower people with dependency is also important (Hubley and Copeman 2013).

People can be empowered and educated through health promotion programmes that assist them to acquire self-esteem, self-determination and confidence, which enables them to have control over their lives (Naidoo and Wills 2010). To achieve change in behaviour, community needs must be considered before applying the bottom-up approach to empower them (Leverack 2015). However, the principles of empowerment could be poorly understood and applied, particularly when people are persuaded or coerced instead of being allowed to make own choices (Watkins and Cousins 2010). However, Naidoo and Wills (2010) believe that people must understand, accept and express their readiness to change before they can be empowered. This is because people are more committed to actions and changes they choose for themselves (Greens and Tones 2013). Reflecting back to what Rotter (1966) referred to as "perceived locus" (self-control), and its influence on one's life, the concept explains that people with internal locus often engage in healthier lifestyles than those with an external locus of control. However, Greens and Tones (2013) maintain that the ultimate focus of empowerment is self-determination, but that people can be influenced by environmental factors. However, Micheson (2008) encourage empowering people to get a sense of self-control and determination. In addition, Greens and Tones (2013) emphasize that self-

generated influences are equally powerful to influence behavior. External influence should also be considered, especially among disadvantaged people, who find it difficult to control their lives (SEU 2004). It is important at this stage, for the practitioners to assist individuals to reflect back on their previous experience, as this aids the intervention process, including education, empowerment, counseling and motivation (Begun 2011).

The National Institute for Health and Care Excellence (NICE 2013) encourages the use of literatures and leaflets in educating alcohol abusers. Nurses must participate fully in decision-making process, and promote expectations of positive outcomes (Moseley 2016). Nurses must ensure understanding of the information on literature and leaflets, in order to promote positive expectations (Prochaska and DiClemente 2012).

Preparation Stage

This period is characterized by a readiness to change the unhealthy behavior: people “want to test water” (Prochaska and DiClemente 2012). Individuals may decide to seek for advice. Armitage (2009) state that soliciting advice is a good sign of readiness to change. This period is time consuming, and the nurse-patient relation will become stronger at this time (Prochaska et al 2008). Reassessment of clients' needs is essential in developing action plans, which is collaboratively done between the nurse and his recipients of care (Prochaska 2002). The complexity of the process of change makes it necessary for both the clients and health promoters to acquire a sense of confidence and determination, in order to avoid barriers such as unsupported environments, beliefs, attitudes, family and friends' influences (Greense et al 2013).

Encouraging re-evaluation of behavior, and the weighing of advantages and disadvantages of change, as well as a gradual initiation of change, is very important. Prochaska and DiClemente (2012) explain and accept that relapses are a part of the cycle of change (Moseley 2016). According to NICE (2011), ongoing need assessments can help in detecting elements of relapse. Following relapse, re-planning and further actions must be ensured. At this time, motivation and empowerment will also play an important role (Davis et al 2011). NICE (2011) emphasizes the importance of teaching adaptive mechanisms to cope with the possible challenges of withdrawal. It is necessary to encourage family and social support, which perform an important role in sustaining change (Moseley 2016). Prochaska and Diclemente (2012) suggest identification of the client's previous trial to change, such as registration with a support group, GPs, guidance and counseling, personal efforts like self-help books and self-change approaches. This will help to determine individuals who are qualified to undertake action-oriented programmes (Prochaska and DiClemente 2012).

Action Stage

All agreed action plans will be implemented, including behaviour and lifestyle modification, in order to achieve goals (Prochaska and DiClemente 2012). Education and empowerment are the key tools to sustain a healthy lifestyle (Prochaska 2008). Counseling, motivation, reinforcement, social support, skills development and problem-solving techniques are essential in promoting and sustaining change (WHO 2012). These are based on the three domains of learning, namely affective, cognitive and psychomotor (Hughes and Quuin 2013). Skipping days of consumption and counter-conditioning promote behavior modification (Prochaska 2008). Health promoters must identify and manage relapse (Carbonari and DiClemente 2000).They should assist clients to convert

stress and fulfill desire, as this enhances the sustenance of an authentic life (Tengland 2016).

Maintenance

The goal is to prevent relapse and enhance a sustained life through the continued efforts of the clients and the practitioner (Prochaska and DiClement 2012). According to (Moseley 2016), this is a period of re-establishment of a new lifestyle and staying on track. Sustaining positive health behaviour for over six months indicates effectiveness of the instituted intervention (Prochaska 2008). Abstinence and follow-ups are clues that demonstrate change in behavior (Migneault et al 2005). NICE (2011) advocates the inclusion of the drug disulfiram – 200mg daily for seven days, to prevent relapse. This causes serious discomfort when alcohol is consumed within its period of action, and thereby prevents relapse. However, Prochaska and DiClemente (2012) recommend the following techniques: follow-up, reinforcement, evaluating triggers for relapse, reassessing barriers and facilitators, promoting coping mechanisms and preventing relapse.

Barriers and Facilitators

Behaviour change has been an effective means of addressing public health problems (Wanless 2004). However, many barriers are believed to hinder the change process (Greense et al 2013). For health intervention to be effective, barriers must be identified and addressed. Rubin (2009) emphasizes the significance of tackling these barriers to enhance effectiveness and efficiency in minimizing harmful use of alcohol. This will influence success in health intervention (Greense et al 2013).

Greense et al (2013) have identified barriers to include attitudes, insufficient knowledge and skills of practitioners and ineffective health promotion programmes, though Watkins and Cousins (2010, p. 96) believe that social and environmental factors are the key barriers to behavioural change. However, Green and Tones (2015) maintain that knowledge and skills greatly influence change. Nurses must therefore update their knowledge and skills in order to protect and promote health (NMC 2008). This is possible through skills training programmes, workshops and seminars (Nilsen 2009).

Black et al (1992) report that geographical access problems are barriers. In this regard, Desy et al (2008) call for government intervention. However, Rassool (2008) identifies barriers, including language, inadequate services, family and friends, unawareness, stigma and social acceptance of alcohol. Berends (2013) identifies lack of policy as a barrier. Motivation and awareness campaigns have been suggested by Aseltine et al (2009), while counseling, screening and health promotion programmes would be useful (Greense et al 2013, Hester and Millar 2006).

Nurses' Roles

Health protection and promotion have been identified among the six key priorities in nursing practice (Public Health England 2013). Nurses play a role in prevention and management of alcohol abuse through screening and alcohol brief intervention programmes (Holloway 2013). Through need assessments, motivational interviews, health education and empowerment, nurses promote health (WHO 2012). Promoting health and wellbeing through 'every contact count' cannot be done without nurses (PHE 2013). Therefore, disease prevention, health promotion and protection are top priorities in the nursing profession (RCN 2012).

CONCLUSION

Alcohol abuse is a global health problem that affects not only the drinkers but, the entire community, through accidents, violence and additional budgeting. Educational and empowerment approaches have been used during the application of the TTM model of change. This article is aimed at increasing knowledge on addressing alcohol abuse through appraising alcohol policies and epidemiological data at the macro, meso and micro level, though cultural differences and individuals' autonomy may affect policy development. However, the problem caused by alcohol is alarming and cannot be underestimated. Governments must collaborate with health practitioners, especially nurses, who should work more closely with patients in order to address this issue through public health interventions.

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