

## Quality of life and alcohol abuse: relationship in residents of the Lagoa dos Índios quilombo\*

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**Objective:** to evaluate the Quality of life (QoL) and abusive alcohol consumption by residents of the Lagoa dos Índios quilombola community in the city of Macapá, state of Amapá. **Method:** the instrument used was the short version of the World Health Organization Quality of Life Instrument (WHOQOL-BREF). **Results:** there was prevalence of males, low educational levels and alcohol consumption in adolescence. As for QoL, the domains that stood out were the social relationships (75.64%) and psychological (65.11%); the domain with lowest scores was the environmental (49.77%). **Conclusion:** the QoL proposes to rethink this condition considering a more favorable environment and the importance of effective interventions for multidimensional sociodemographic variables.

**Descriptors:** Quality of Life; Alcoholism; Environment.

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## **Qualidade de vida e uso abusivo de álcool: relação em moradores da comunidade quilombola Lagoa dos Índios**

Objetivo: avaliar a qualidade de vida e o consumo abusivos de álcool em moradores da comunidade quilombola Lagoa dos Índios em Macapá- Amapá. Método: instrumentos utilizados World Health Organization Quality of Life Instrument abreviado (WHOQOL-BREF). Resultados: prevalência do sexo masculino, escolaridade baixa e consumo de álcool na adolescência. Para a QV, os domínios evidenciados foram relações sociais (75,64%) e psicológico (65,11%); o domínio menos evidenciado foi meio ambiente (49,77%). Conclusão: a qualidade de vida propõe repensar essa condição, considerando o meio ambiente mais favorável e a importância de intervenções efetivas para as variáveis sociodemográficas multidimensionais.

Descritores: Qualidade de Vida; Alcoolismo; Meio Ambiente.

## **Calidad de vida y el uso abusivo del alcohol: relación en residentes de la comunidad quilombo Lagoa dos Índios**

Objetivo: evaluar la calidad de vida y el consumo abusivo de alcohol en los habitantes de la comunidad quilombola Lagoa dos Indios en Macapá- Amapá. Método: Instrumentos utilizados World Health Organization Quality of Life Instrument abreviado (WHOQOL-BREF). Resultados: Prevalencia del género masculino; bajo nivel de educación y consumo de alcohol en la adolescencia. Para la CV, las áreas destacadas fueron las relaciones sociales (75,64%); psicológica (65,11%), el área menos destacada fue el entorno (49,77%). Conclusión: la calidade de vida propone reconsiderar esta condición, teniendo en cuenta un entorno más favorable y la importancia de las intervenciones efectivas en las variables socio-demográficas multidimensionales

Descriptores: Calidad de Vida; Alcoholismo; Entorno.

### **Introduction**

Health does not only involve the absence of disease or illness, but also the presence of physical, mental and social well-being and quality of life (QoL), defined as the an individual's perception of their position in life in the context of the culture and value systems in the which he lives and in relation to his goals, expectations, standards and concerns, which is a multidimensional concept involving different types of domains, namely the physical, psychological, environmental, and the social relationships<sup>(1)</sup>.

An English version of the concept exposes a similar concept: it is the value assigned to duration of life asmodified by the impairments, functional states, perceptions andsocial opportunities that are influenced by disease, injury, treatmentor and other problems<sup>(2)</sup>.

Despite the absence of a consensual definition, but still included in this new conception, it is necessary to understand aspects that are paramount for the definition of QoL. It is an approach based on the perception of the individual functioning in different areas of life, be it physical, occupational, psychological or social, or psychosomatic sensations.

The National Policy on Health Promotion (NPHP) aims to promote QoL and reduce vulnerability and risks to health related to its determinants and conditioning factors, namely, the ways of living, working conditions, housing, environment, education, leisure, culture, and access to goods and essential services.

According to data from the Basic Care Information System (BCIS), through Community Health Agents Strategy (CHAS) and assessment of health work and health indicators, a peculiarity in this community studied was detected: the progress in indicators within the NPHP and CHAS has been slow<sup>(3)</sup>.

In this context, the experience in the service pointed out that most of the deaths in this population occur due to external causes (violence and automobile accidents). This raised the questioning about the QoL of the inhabitants of the community Lagoa dos Índios. In fact, this community is a suitable field for the development of preventive actions that favor QoL. Based on this approach, the theme of the present study was chosen as the result of a concern to know the real impact on aspects of the QoL of inhabitants of the Lagoa dos Índios Community, regarding the global aspects of their health, which involves the physical, mental and social well-being.

The proposal of this research emerged from the goal to collaborate with the existing public policies for quality of life. At first, a characterization of the community was made and then, the results were presented to provoke a reflection for the promotion of health and prevention of diseases, effectively intervening and contributing to the improvement of the QoL of the people in this community.

Therefore, it is proposed to evaluate the QoL of the inhabitants of the Lagoa dos Índios Community who are aged 18-59 years and are alcohol abusers, assisted by the CHAS of the Marabaixo Basic Health Unit, using the WHOQOL-BREF instrument.

## Method

This is a descriptive-exploratory study with cross-sectional design and quantitative approach in which cause and effect are observed and quantified at the same historical moment and which is a widely used method<sup>(4)</sup>.

This study was carried out from November 2012 to July 2013, in the Lagoa dos Índios Community located in the municipality of Macapá. The community has a population of 1139 inhabitants and is considered

a remnant of quilombos by the Palmares Cultural Foundation (PCF) since 2004, according to the National Institute of Colonization and Agrarian Reform<sup>(5)</sup>.

In this research, we worked with individuals of both sexes, aged between 18 and 59 years, living in the community of Lagoa dos Índios, Macapá municipality, Amapá state, registered at the CHAS-048 with a total of 133 families and 300 people, according to form A - family register<sup>(3)</sup>, of whom 169 were alcohol users and were included in the present study.

The sample size was calculated using the equation for finite populations in proportional terms<sup>(6)</sup>, as it follows: Where:

$$n = \frac{Z^2 a / 2.p.q}{E^2}$$

According to the calculations, considering the population that met the inclusion criteria, age group and registers in the CHAS of Marabaixo, which is of 300 individuals, the minimum sample size, with a margin of error of 5% for more and for less resulted in 168.70 individuals, or 169 individuals in rounded number.

The Selection Criteria used were to be resident of the Lagoa dos Índios Community, municipality of Macapá, state of Amapá; to be registered in the CHAS - 048 of the Marabaixo BHU; to belong to the age group from 18 to 59 years; to be an alcohol user; and to agree to participate in the study by signing the Informed Consent Term (ICT).

The data collection instruments used in this study were: the first, a questionnaire created by the author containing questions related to sociodemographic characteristics and, the second, the World Health Organization Quality of Life (WHOQOL-BREF) questionnaire to evaluate QoL.

The WHOQOL-BREF allows the analysis of QoL in two different ways: through the two global questions on QoL and the domains. The data of the four domains (physical, psychological, environmental and social relationships) altogether explain the average QoL of each individual studied. For each item there are five response alternatives presented on a 5-point Likert scale. The score of each domain was obtained by calculating the average of their items, ranging from 0 to 100 points, where high values indicate a better quality of life. The internal consistency of the questionnaire, evaluated by Cronbach's Alpha (0.819), indicated good reliability.

## Results

### Sociodemographic characterization

The sociodemographic characteristics were as follows: minimum age = 18, maximum age = 60, and

mean age = 33.98; age of onset of drinking: minimum = 10, maximum = 22, and mean = 15.95; regarding sex: males = 61.5% and females = 38.5%; regarding marital status: single = 39.1%, married = 2.4%, stable union = 58.6%; schooling: incomplete elementary school = 45.0%; drinking habits: yes 100%, no 0%.

Table 1- Distribution of people from the Lagoa dos Índios Community who consume alcohol, registered in the CHAS, Marabaixo, according to sociodemographic characteristics. Macapá, AP, Brazil, 2014 (n = 169)

	Variables	Absolute frequency (n)	Relative frequency (%)
Age	18 - 28 years	61	36.1
	29 - 39 years	52	30.8
	40 - 50 years	44	26.0
	51 - 61 years	12	7.1
Age at drinking onset	10 - 12 years	4	2.4
	13 -15 years	57	33.7
	16 - 18 years	95	56.2
	19 - 22 years	13	7.7
Sex	Male	104	61.5
	Female	65	38.5
Marital status	Single	66	39.1
	Married	4	2.4
	Stable union	99	58.6
Schooling	Illiterate	8	4.7
	Incomplete primary school	76	45.0
	Complete primary school	19	11.2
	Incomplete high school	43	25.4
	Complete high school	21	12.4
Employment situation	Incomplete higher education	2	1.2
	Formal job market	74	43.8
	Informal job market	60	35.5
	Retired	3	1.8
	Housewife	25	14.8
Family income	Unemployed	7	4.1
	<1 minimum wage	16	9.5
	1 to 3 minimum wages		
Drinking habits	4 to 6 minimum wages		
	Yes	169	100
	No	0	0

Source: Sociodemographic questionnaire

Evaluation of results collected with the World Health Organization's Quality of Life Instrument–Short Version (WHOQOL BREF)

Table 2 presents the minimum, maximum, median, mean and standard deviation of the two general questions on QoL and of the WHOQOL-BREF domains. As for the general perception about quality of life, the mean was  $\pm 51.77$  and standard deviation  $\pm 7.99$  and on health  $\pm 50.74$ ;  $\pm 9.62$ . The values were close to the mid point of the scale, indicating mean values.

The individuals in the sample had higher levels of quality of life in the social relationships domain ( $M = 75.64$ ,  $SD = 8.38$ ), psychological domain ( $M = 65.11$ ,  $SD = 7.95$ ), and physical domain ( $M = 60.02$ ,  $SD = 7.47$ ). The environmental domain ( $M = 49.77$ ;  $SD = 6.43$ ) was the one with lower quality of life.

Table 2- Distribution of Correlation Measurements between the WHOQOL-BREF domains and some sociodemographic variables such as age, age of onset of drinking, schooling, and family income among people who consume alcohol from the Lagoa dos Índios Community, CHAS, Marabaixo. Macapá, AP, Brazil, 2014 ( $n = 169$ ).

	Minimum	Median	Maximum	Mean	SD
General perception about quality of life	25,00	50,00	100,00	51,77	7,99
General perception about health	0,00	50,00	75,00	50,74	9,62
Physical Domain	39,29	57,74	82,14	60,02	7,47
Psychological Domain	37,50	66,67	100,00	65,11	7,95
Social Relationships Domain	41,67	75,00	100,00	75,64	8,38
Environmental Domain	25,00	50,00	84,38	49,77	6,43

Source: WHOQOL-BREF

## Discussion

Quality of life is an important measure of health impact. However, it is important to emphasize, as far as subjectivity is concerned, that QoL involves self-perception about health status and aspects not related to health and of the context of life. This study showed an evaluation of QoL which was neither bad nor good, indicated by the score 51.77. This score indicates an average of reasonable quality of life.

A qualitative study of the quality of life of elderly people in primary care also showed a predominance of a QoL that was neither good nor bad; 39.7% self-rated their health as neither bad nor good<sup>(7)</sup>. Likewise, a study in a population of Caiana dos Crioulos (Quilombola Community) presented results similar to the present ones, that is, a quality of life with a mean score around 50.00. In the present study, data based on the BCIS<sup>(3)</sup> on diseases affecting the community showed that 0.39% of women and 4.23% of men were alcoholics<sup>(8)</sup>.

It is important to understand that the cause of a QoL with a mean of 51.77 is related to the subjectivity

of the concept of QoL, which encompasses meanings, knowledge, experiences, values peculiar to times, spaces and different experiences. Therefore, QoL is a social concept characterized by cultural relativity.

The mean overall QoL score, 51.77, showed a standard deviation with dispersion of 7.99. These data reinforce the idea that there is a strong vulnerability, taking into account the different factors that affect health conditions.

The results demonstrate a tolerable evaluation, since the average of the domain varied around 50.00. Thus, the interviewees had neither a bad nor a good QoL.

The general perception about health is assessed by the item 2 of the WHOQOL-BREF: "How satisfied are you with your health?". In the data collected on the general perception of health, the scores were also observed to vary around the mean of the general QoL, in which individuals are neither satisfied nor dissatisfied with their health. The score was slightly lower than in the general evaluation of the QoL, 50.74. The mean

health perception score had a standard deviation with dispersion of 9.62.

Research conducted on the level of perception of health shows that this variable is associated with the adoption of health behaviors. The evidence indicates that the prevalence of risk behaviors is higher among subjects with negative health perception (those who consider their current health as regular or poor)<sup>(9)</sup>. This is in line with the results of this study, where the mean scores of the general questions on health and QoL varied linearly, 51.77 and 50.04, respectively.

Several researches demonstrate the association between lack of basic infrastructure and health problems related to lack of sanitation, sewage and treated water, as well as accumulation of solid waste<sup>(10-11)</sup>.

The perception of health, as we saw, appears in this study with a score close to that of the QoL. This can mean that, besides avoiding illnesses and prolonging life, ensuring means and situations that increase the quality of life are socially defined values, encompassing values and choices<sup>(12-14)</sup>.

The mean score of health satisfaction can be a reflection of the involvement of the questions related to the average scores of the QoL assessment, because here in this study there were two general questions on perceptions, showing similarity between the indicators, that is, a mean evaluation around 50.00. This implies that they converge towards the same view.

The recent understanding of health boils down to an affirmative context, which recognizes it as well-being and quality of life, and not merely as the absence of disease. Health must be understood as a dynamic state, socially resignified.

**Physical domain:** Regarding this domain, the sample studied presented a general mean score of 60.02. Thus, these people evaluate their perception of QoL as moderate in the physical area. The mean score of the physical domain is higher than the mean scores of the general questions, that is, the general perception of QoL (51.77) and general perception of health (50.74). The physical domain had a higher mean than that of the environmental domain (49.77), a similar mean to that of the scores of the psychological domain (65.11), and a smaller mean than that of the social relationships domain (75.64).

The analysis of the quality of life of alcohol dependents showed that the most impaired domain was the physical one. This was similar to the findings of an evaluation of the quality of life of alcohol dependents, in which the patients of the cited research scored, on average, 51.00 in the physical aspect<sup>(15-16)</sup>.

In another study that evaluated factors associated with the quality of life of community health agents, there

was an association of age group greater than 38 years and impairment of the physical domain<sup>(17)</sup>. Regarding the subjective health analysis, it was observed that the health agents with satisfaction scores close to mid-values in the general questions presented a statistically significant association with impairment of the physical domain.

The result of the scores of the physical domain (60.02) was evaluated as the most satisfactory than that of the general questions. However, it is important to consider that it is not yet a desired score and this leads us to infer that moderate health satisfaction reflects the impairment of related issues.

**Psychological Domain:** this domain of the WHOQOL-BREF had a mean score of 65.11. This mean value is relatively high compared to the means of the physical and environmental domains. Together with the social relationships domain, they are the highest mean scores found in the WHOQOL-BREF.

The study of QoL in several publics has shown that pregnant women presented a good QoL score in the psychological and social relationships domains, and a reasonable QoL score, i.e. neither good nor bad, in the physical and environmental domains<sup>(17)</sup>. As for the evaluation of the QoL of elderly people, a study showed higher scores in the psychological domain (70.2)<sup>(18)</sup>. A study evaluating the quality of life of nurses working in the teaching field found that 56.6% of the participants reported being very satisfied and completely satisfied in the psychological domain<sup>(19)</sup>.

Subjective well-being is an important component of positive psychology. It is an aspect that can favor the way the person sees herself and other people, which can result in greater enjoyment of everyday situations and relationships with peers. It is becoming increasingly important to know the aspects related to this theme<sup>(20)</sup>.

The focus on the psychological domain is important because despite the scores of the general questions were smaller than the reasonable average, determining a lower QoL and overall health perception, this domain was rated as good. The inference follows that although a considerable part of the other domains was evaluated as moderate QoL, the psychological domain proved to be good. This is due to absence of illness and psychic disorders, and because they are in the labor market (formal and/or informal), had an income of 1 to 3 minimum wages, had partners (married or in a stable union), were young adults, and because they were at low risk of alcohol consumption in the scale. It is possible that the positive sociodemographic profile was a determinant and/or conditioner of satisfaction in the psychological domain, implying a subjective well-being with the presence of a positive feeling in a certain domain



of life, the psychological domain. This is an aspect that can favor the way of dealing with the difficulties in the other fields of the QoL.

**Social Relationships Domain:** According to the data in Table 2, the overall mean score of the social relationships domain was 75.64. Thus, this domain presented the highest mean score among all domains of the WHOQOL-BREF and general QoL.

The positive score of the domain of social relationships is observed as something significant and of practical character.

The study conducted in 2011 that evaluated factors associated with the quality of life of health agents observed that the social relationships domain obtained the highest mean score (76.90)<sup>(20)</sup>.

In a study involving university students about QoL conducted in 2012 found as a favorable point the event of students presenting satisfaction with social relationships, which had the highest average (72.60)<sup>(21)</sup>.

The relationship of an individual with himself and with people around him is one of the fundamental components of well-being and quality of life. Besides being socially accepted in most countries, there is a widespread belief that it is a facilitator of social relations. It is also affirmed that satisfaction with personal relationships such those with friends, relatives, acquaintances, and colleagues influences people's quality of life, and the extent to which the individual is satisfied with the support he receives from friends and with sexual life<sup>(22-14)</sup>.

These data of the present study are favorable and indicate that the social relationships construct was satisfactory in the Lagoa dos Índios Community. Ultimately, this satisfaction ends up producing benefits, since it is a factor that influences the dynamics of the life of people and is able to influence their beliefs, behaviors and family structure.

Parallel to this, it was seen that multivariables determine local patterns of social relations. Thus, we can infer a significant phenomenon in this community, where the evaluation of QoL in terms of social relationships was good and better than that of the other domains.

**Environmental Domain:** the lowest mean score found in the WHOQOL-BREF was in the environmental domain (49.77) (Table 2). Different from the previous scores, the environmental domain proved to have a low mean. A less favorable evaluation of QoL predominates in this area.

Regarding the evaluation of this domain, other studies also report a concern with the Environmental facet. This tendency towards poor QoL in the environmental domain is worrisome because it is directly linked to the lack of investment in municipal, state and federal public policies<sup>(18,25-26)</sup>.

According to the study of Quality of Life and Subjective Welfare of University Students, the lowest percentage values were found in the Domain IV - Environment (52.0), which was the most vulnerable and most important aspect interfering in the decrease of QoL in the sample studied<sup>(21)</sup>.

In another study on factors associated with QoL of health agents, the results of the WHOQOL-BREF domains showed that the environmental domain was also evaluated as the lowest 47.45<sup>(17)</sup>. Most of the studies that used the WHOQOL in Brazil showed that the Environmental Domain corresponds to the worst facet of the QoL of our population.

Leisure is associated with caring for oneself, something that generates comfort, relief, joy and tranquility, and is essential for the well-being and improvement of the quality of life<sup>(27)</sup>.

The complex relationships between the environments in which everyday life happens and the health patterns arising from the social, economic, political and organizational structure of the health sector need to be recoded. Other approaches are needed, such as the organization of the urban spaces, the way of life of their populations and their impact on the environment, creating better living conditions, day-by-day, and consequently better and higher scores in the perceptions of QoL and health and their domains, namely, the physical, psychological, social relationships, and environmental domains.

## Conclusion

Regarding the general score of the WHOQOL-BREF and the scores found in each domain, there is no cut-off point in the scientific literature indicating which values represent a good or poor perception of quality of life. However, with respect to the averages observed, it can be said that these results are disturbing and challenging because they indicate that these individuals are not having a desired quality of life, especially with regard to the environment. Regarding the quality of life in the domains, the best evaluated scores were those of the social relationships (75.64) and psychological (65.11) domains, and the worst was that of the environmental domain (49.77). The results of this study showed that the domain that was better evaluated by the individuals was social relationships, indicating that the individuals had a greater satisfaction with their social relations and with the social support received. This may be because this is a community and/or their inhabitants see it in this way.

In turn, the domain with the lowest score was the environmental one, which corresponds to issues related

to safety, pollution, economic situation, acquisition of goods, access to services, and leisure. This clearly reveals the intrinsic power of the living conditions of these people in the community, in the global picture.

Quality of life is intrinsically associated with everyday experiences, because it conceives factors that are determinant in human relations and in the well-being of the individual. Concrete and primordial, QoL represents a result of the perspectives, estimates and concerns of individuals with respect to their desires and needs in the face of social relations and interactions. Such actions lead to changes in vital elements such as moral, professional and personal space, and when they are positive and appropriate, they reveal the satisfaction of the individual.

The description of quality of life involves the investigation of which factors are being noticed by the individuals as positive or negative, and this causes benefits because, by evaluating the quality of life of a certain individual or community, it is possible to act in the aspects that are not contributing to a better quality of life, such as the environment.

In view of this analysis of positive factors that improve the quality of life, it is necessary to create strategies for their maintenance or promotion. In turn, in the case of factors that proved to be negative, strategies can be developed to eliminate them or investigate their details.

The evaluation of QoL prompts transformations of knowledge and allows to support and improve methods. This requires that the dynamics of the transformative process take place, encompassing a greater reflection on the nature of social organization and on the health determinant and/or conditioning factors.

The study led to the conclusion that the importance of the quality of life of the inhabitants of the Lagoa dos Índios Community, the so-called quality of life, is crucial for self-esteem, which, in turn, determines the well-being, the efficiency, and the behavior of people.

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