A Study to Assess the Quality of Life among Wives of Patients with Alcohol Dependence Syndrome in Selected Deaddiction Centers in City

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Abstract

Aim: The aim of this study was to assess the quality of life (QoL) among wives of patients with alcohol dependence syndrome in selected deaddiction centers.

Materials and Methods: The study used a quantitative approach with a descriptive research design, in which investigators assessed the QoL among wives of patients with alcohol dependence syndrome in selected deaddiction centers in city. The research comprised 133 wives of patients with alcohol dependence syndrome. A basic non-probability convenient sampling technique used to select the sample. The WHO QoL BREF Tool was used to obtain data. Describing and inferential statistics were used to analyses the data.

Results: According to the findings of this research, 48.87% of patients having ≤40 score (poor QoL), 42.11% of patients having score between 41 and 50 (moderate QoL), and about 9.02% of patients having >50 score (good QoL). The domains of QoL markedly associated with the children and educational status of wives of patients with alcohol dependence syndrome at the $(P \leq 0.05)$ level of significance.

Conclusion: The study is conducted to assess the QoL among the wives of patients with alcohol dependence syndrome in selected deaddiction centers of city, QoL of wives assesses in four domains, namely, physical, psychological, social relationships, and environmental domains. Moreover, it is found that 48.87% of patients having ≤40 score (poor QoL), 42.11% of patients having score between 41 and 50 (moderate QoL), and about 9.02% of patients having >50 score (good QoL).

Keywords: Alcohol dependence syndrome, assess, deaddiction centers, patients, quality of life

INTRODUCTION

The use of alcoholic beverages to the point of causing harm to the individual, society, or both is referred to as alcoholism. Alcohol dependence, according to ICD10 criteria, is defined as having a strong desire to take the substance and having difficulty controlling substance-taking behavior.[1]

In 2017, an estimated 14.5 million adults aged 12 and up in the United States, or 5.3% of the population, struggled with an alcohol use disorder. Over half of all adults in the United States have a family history of problem drinking or alcoholism. In the United States, alcohol is the third leading cause of preventable death.[2]

Alcohol consumption in India 2016–2020, alcohol consumption in India was estimated to be around 5.4 billion liters in 2016 and to be around 6.5 billion liters by 2020. Multiple factors, including rising disposable income and a growing urban population, can be blamed for the steady increase in consumption of these beverages. According to the Indian

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alcohol consumption report 2018, per capita alcohol consumption per week in 2016 was estimated at 147.3 ml and is expected to increase by 7.5% to 227.1 ml by 2025. Andhra Pradesh, Telangana, Kerala, Karnataka, Sikkim, Haryana, and Himachal Pradesh are among India's top alcohol-consuming states.[3]

Alcohol-related problems include physical, psychological, and social issues that arise as a result of addiction. Alcoholism is regarded as a continuous stressor that is linked to a variety of life problems and challenges, increasing the risk of a variety of morbidities not only for the individual but also for family members. When compared to a normative sample of women, spouses' marital satisfaction (23.2814.06) is significantly lower ($P = 0.001$) (controls). Alcohol consumption's negative social consequences, as well as stressful life events, may trigger psychological, biological, and behavioral responses that interact to reduce an individual's ability to adapt, resulting in emotional distress reactions and thus increasing the risk of psychological problems. The majority of the spouses of alcoholic men suffer from psychiatric disorders (79%) and have high rates of mood disorders (45%) and anxiety spectrum disorders (34%). Between the case and control groups, there was a statistically significant difference in total psychiatric morbidity ($P = 0.0320.05$). Wives in the sample ranged in age from 15 to 55 years old, with a mean age of 26.258.72 years for cases and 27.112.5 years for controls, respectively. The majority were educated up to tenth grade, with a mean of 104.7 and 94.2 for case and control spouses, respectively. The average length of marriage for cases and controls was 56.8 and 688.2 years, respectively. With increasing dependence severity, quality of life (QoL) scores ($r = 0.63$) indicate poor QoL and marital satisfaction.[4]

Relatives of people with substance use disorders, including partners, have been identified as an underserved population in health care, and QoL assessments can help identify those who are struggling the most and need additional support or follow-up. Examining the QoL of partners of people who have substance use problems (PP-SUPs) will give us insight into their overall situation. Reviewing which QoL dimensions have been covered in studies of the QoL of PP-SUPs will reveal knowledge gaps that need to be investigated further. Synthesized knowledge about partner QoL could be used to prevent negative outcomes such as burdens and health risks, as well as interventions to improve their well-being and QoL, for both partners and other relatives or family members (e.g., children).[5]

Objectives
The objectives of the study were as follows:
1. To assess the QoL among wives of patients with alcohol dependence syndrome in selected deaddiction centers in city
2. To find the association of QoL among wives of patients with alcohol dependence syndrome with selected demographic variables.

Assumptions
QoL among wives of patients with alcohol dependence syndrome is poor.

MATERIALS AND METHODS
Research approach
The Quantitative Research Approach was used in the present study as the primary research method to collect data.

Research design
While bearing in mind the study's aims, the investigator chose the descriptive research design in this study for the current investigation.

Setting of the study
The study is conducted in selected deaddiction centers of city.

Population
In the present study, target population is the wives of patients with alcohol dependence syndrome in deaddiction center.

Sample and sampling technique
The investigator used a non-probability convenient sampling technique in the current investigation.

Sample size
For this research, the total sample size would be 133 wives of patients with alcohol dependence syndrome in deaddiction center.

Sampling criteria
Inclusion criteria
The following criteria were included in the study:
- Wives of patients with alcohol dependence syndrome
- Wives of patients with alcohol dependence syndrome willing to participate
- Participant was able to understand English/Marathi language(s).

Exclusive criteria
- Wives of patients with alcohol dependence syndrome who are not available at the time data collection were excluded from the study.

Description of the Tool
Tool comprises of two sections:
- Section A – Demographic variable
- Section B – WHO QoL BREF questionnaire.

Statistics
Descriptive statistics
The frequency distribution and the percentage distribution are utilized to examine the demographic data in this study.

Inferential statistics
The Chi-square test was used to find the association of QoL among wives of patients with alcohol dependence syndrome with selected demographic variables.

RESULTS

All of the information were recorded into a master sheet for tabulation and statistical processing. The information was grouped and presented under the topics listed below:

- Section 1 – Deals with the total percentage of demographic variables
- Section 2 – Deals with the association of demographic variables with domains of QoL.

Table 1 depicts that 41% of wives belongs to the age of 31–40 years, 40% of wives belong to above 40 years age, and 19% of wives are of 30 years and below 30 years. About 52% of wives had their duration of marriage above 20 years, 26% of wives had 11–20 years, and 22% had 10 years and below 10 years. About 4% of wives have no children, 50% of wives have one or two children, and 46% of wives have more than 2 children. About 53% of wives had income 10,000 Rs or <10,000 and 46% of wives had income more than 10,000 Rs. About 35% of wives had primary education, 27.8% had secondary and higher secondary education, and 9% were graduate. About 74% of wives belongs to Hindu

Table 1: Description of wives according to their demographic characteristics

Demographic characteristics	Frequency	Percentage
Age in years		
≤30 years	25	18.8
31–40 years	55	41.4
≥40 years	53	39.8
Duration of marriage		
≤10 years	29	21.8
11–20 years	35	26.3
≥20 years	69	51.9
Children		
No child	6	4.50
Less than 2 or two children	66	49.62
More than 2 children	61	45.86
Monthly income		
≤10,000 Rs	71	53.4
>10,000 Rs	62	46.6
Educational status		
Primary education	47	35.3
Secondary education	37	27.8
Higher secondary education	37	27.8
Graduate	12	9.0
Religion		
Hindu	99	74.4
Muslim	9	6.8
Buddhist	20	15.0
Christian	2	1.5
Others	3	2.3
Occupation		
Private	34	25.6
Semiprivate	2	1.5
Professional	2	1.5
Business	12	9.0
Others	83	62.4
Types of family		
Nuclear family	68	51.1
Joint family	60	45.1
Extended family	4	3.0
Separated family	1	0.8

religion, 15% belongs to Buddhist, 9% belongs to Muslim, 6% belongs to Christian, and 2% belongs to other religion. About 26% of wives had private jobs, 3% had semiprivate jobs and professional jobs, 9% wives had their business, and 62% wives had other jobs. About 51% of wives belongs to the nuclear family, 45% of wives belongs to joint family, 3% of wives belongs to extended family, and 0.8% belongs to separated family [Table 1].

Table 2 depicts that 48.87% of wives having ≤40 score (poor QoL), 42.11% wives having QOL score between 41 and 50 (moderate QoL), and about 9.02% of patients having >50 score (good QoL). The domains of QoL markedly associated with the children and educational status of wives of patients with alcohol dependence syndrome at the ($P \leq 0.05$) level of significance [Table 3].

Table 3 depicts that there is no significant effect of age, occupation, type of family, and income on the QoL on the wives of patient with alcohol dependence syndrome. Number of children shows that there is significant effect of number of children on the wives with $P = 0.014$ mainly in physical domain (M = 10.95). Educational status shows that there is significant effect of educational status of wives with $P = 0.02$ on physical domain (M = 11.09) [Table 3].

DISCUSSION

In the present study, 35% of wives had primary education, 28% had secondary and higher secondary education, and 9% were graduate; 26% of wives had private jobs, 3% had semiprivate jobs and professional jobs, 9% wives had their business, and 62% wives had other jobs. Dr. Sharon, Social Worker, Pune (2014), found that majority 41.3% belongs to 31–40 years of age and nearly 46.0% have no educational background.[6]

In the present study, duration of marriage is 10 years or <10 years in 21.8%. 11–20 years is 26.3% and above 20 years is 51.9%. Wives of alcohol dependence syndrome belong to nuclear family are 51.1% and 45.1% belongs to joint family. Dandu *et al*. found that duration of marriage is 1–10 years in 29.7% and 11–20 years in 19.8%. About 52.5% of wives belong to nuclear family.[7]

In the present study, there are no significant association types of family with domains of QoL. Hembram and Dash (2019) found that there is no significant effect of locality and types of family on the wives of alcohol dependence patient. Family type shows F (0.265) = 0.547, $P < 0.05$.[8]

Table 2: QoL among the wives of patients with alcohol dependence syndrome

QoL score	Number of cases	Percentage
≤40 years	65	48.87
41–50 years	56	42.11
>50 years	12	9.02
Total	133	100.00

QoL: Quality of life

Table 3: Association of demographic variables with QOL

Age group	n	Mean	Std. deviation	Minimum	Maximum	F-value	P-value
Physical health							
≤30	25	10.97	1.69	8.57	14.86	2.483	0.087
31–40	55	10.71	1.85	5.71	13.71		
>40	53	10.08	1.96	6.86	14.86		
Total	133	10.51	1.89	5.71	14.86		
Psychological							
≤30	25	9.36	1.51	6.00	12.67	1.829	0.165
31–40	55	9.81	2.01	5.33	14.00		
>40	53	9.02	2.50	4.67	17.33		
Total	133	9.41	2.16	4.67	17.33		
Social relationships							
≤30	25	10.56	3.00	5.33	17.33	0.231	0.794
31–40	55	10.88	2.63	5.33	16.00		
>40	53	10.52	3.29	4.00	18.67		
Total	133	10.68	2.96	4.00	18.67		
Environment							
≤30	25	9.72	1.51	6.50	13.50	3.632	0.029
31–40	55	10.73	1.96	6.00	15.00		
>40	53	9.95	1.81	6.50	14.50		
Total	133	10.23	1.86	6.00	15.00		
Children's							
Physical health							
No child	6	10.95	1.46	8.57	12.00	4.385	0.014
Less than 2 or two children	66	10.94	1.69	6.86	14.86		
More than 2 children	61	10.00	2.02	5.71	14.86		
Total	133	10.51	1.89	5.71	14.86		
Psychological							
No child	6	9.67	2.85	6.00	14.67	0.824	0.441
Less than 2 or two children	66	9.63	2.21	4.67	17.33		
More than 2 children	61	9.15	2.03	4.67	14.67		
Total	133	9.41	2.16	4.67	17.33		
Social relation							
No child	6	10.44	1.96	8.00	13.33	0.740	0.479
Less than 2 or two children	66	10.38	3.02	4.00	18.67		
More than 2 children	61	11.02	2.98	4.00	16.00		
Total	133	10.68	2.96	4.00	18.67		
Environmental							
No child	6	10.50	1.73	9.50	14.00	0.112	0.894
Less than 2 or two children	66	10.27	1.93	6.00	15.00		
More than 2 children	61	10.16	1.82	7.00	15.00		
Total	133	10.23	1.86	6.00	15.00		
Educational status							
Physical health							
Primary education	47	9.86	1.91	6.86	14.86	3.385	0.020
Secondary education	37	10.75	1.87	5.71	13.71		
Higher secondary education	37	11.09	1.64	7.43	14.29		
Graduate	12	10.52	2.03	8.57	14.86		
Total	133	10.51	1.89	5.71	14.86		
Psychological							
Primary education	47	9.23	2.17	4.67	14.67	0.160	0.923
Secondary education	37	9.51	2.36	4.67	14.00		
Higher secondary education	37	9.48	2.09	5.33	17.33		
Graduate	12	9.56	1.87	6.00	13.33		
Total	133	9.41	2.16	4.67	17.33		
Social relation							
Primary education	47	11.06	2.72	4.00	16.00	0.578	0.631
Secondary education	37	10.23	3.37	4.00	17.33		
Higher secondary education	37	10.56	2.87	5.33	18.67		
Graduate	12	10.89	2.95	6.67	14.67		
Total	133	10.68	2.96	4.00	18.67		
Environment							
Primary education	47	9.84	1.79	6.00	14.00	1.994	0.118
Secondary education	37	10.80	2.07	6.50	15.00		
Higher secondary education	37	10.26	1.72	6.50	15.00		
Graduate	12	9.92	1.64	7.00	13.00		
Total	133	10.23	1.86	6.00	15.00		

(Contd...)

Table 3: *(Continued)*

Age group	n	Mean	Std. deviation	Minimum	Maximum	F-value	P-value
Occupation							
Physical health							
Private	34	11.11	1.67	8.00	14.86	1.223	0.304
Semiprivate	2	9.71	0.00	9.71	9.71		
Professional	2	10.29	0.81	9.71	10.86		
Business	12	10.43	1.97	7.43	12.57		
Other	83	10.30	1.97	5.71	14.86		
Total	133	10.51	1.89	5.71	14.86		
Psychological							
Private	34	9.84	2.32	6.00	17.33	0.829	0.509
Semiprivate	2	9.67	3.30	7.33	12.00		
Professional	2	8.67	1.89	7.33	10.00		
Business	12	8.61	2.08	5.33	13.33		
Other	83	9.36	2.09	4.67	14.67		
Total	133	9.41	2.16	4.67	17.33		
Social relation							
Private	34	11.25	3.08	5.33	18.67	2.111	0.083
Semiprivate	2	8.00	5.66	4.00	12.00		
Professional	2	6.00	0.94	5.33	6.67		
Business	12	11.00	2.85	6.67	14.67		
Other	83	10.57	2.82	4.00	17.33		
Total	133	10.68	2.96	4.00	18.67		
Environment							
Private	34	10.22	2.04	6.00	14.50	1.699	0.154
Semiprivate	2	11.75	4.60	8.50	15.00		
Professional	2	7.75	0.35	7.50	8.00		
Business	12	10.92	2.44	7.00	15.00		
Other	83	10.16	1.60	6.50	14.00		
Total	133	10.23	1.86	6.00	15.00		
Types of family							
Physical health							
Nuclear family	68	10.55	2.13	6.86	14.86	0.343	0.795
Joint family	60	10.52	1.62	5.71	14.86		
Extended family	4	9.57	1.57	8.00	11.43		
Separate family	1	10.29		10.29	10.29		
Total	133	10.51	1.89	5.71	14.86		
Psychological							
Nuclear family	68	9.76	2.33	4.67	17.33	1.677	0.175
Joint family	60	9.09	1.92	4.67	14.67		
Extended family	4	8.00	1.81	6.67	10.67		
Separate family	1	10.00		10.00	10.00		
Total	133	9.41	2.16	4.67	17.33		
Social relation							
Nuclear family	68	10.82	3.08	4.00	18.67	0.149	0.930
Joint family	60	10.49	2.92	4.00	17.33		
Extended family	4	11.00	2.28	8.00	13.33		
Separate family	1	10.67		10.67	10.67		
Total	133	10.68	2.96	4.00	18.67		
Environment							
Nuclear family	68	10.23	1.96	6.50	15.00	0.313	0.816
Joint family	60	10.19	1.78	6.00	15.00		
Extended family	4	10.38	1.80	8.00	12.00		
Separate family	1	12.00		12.00	12.00		
Total	133	10.23	1.86	6.00	15.00		

Gohil *et al*. (2016) study had found that the QoL was found to be poor in caregiver mainly wives who had psychiatric morbidity as compared to that caregiver who had no psychiatric morbidity. Because of patient's alcohol drinking habit, it had affected various aspect of life of caregiver such as economic, psychological, social, health, and interpersonal. Researcher found that as the age of the caregiver increases, the quality of life decreases.[9]

CONCLUSION

Finding of the study suggested that QoL among the wives of patients with alcohol dependence syndrome is poor.

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