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## Quality of life among spouses of person with alcohol addiction at selected rural areas

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### Abstract

**Background:** Alcoholism is a severe global health problem that affects not only the individual, but also his family and society. It causes huge problems for family members, particularly the wife, and they suffer tremendous pain as a result. The wives of alcoholics are the ones who suffer the most from alcoholism's consequences and effects. Wives of alcoholics attempt to cope with the problems at first, but eventually become despondent, confused, and even guilty.

**Objectives:** To assess the quality of life among the spouses of person with alcohol addiction and to find out the association between levels of quality of life among spouses of person with alcohol addiction and their selected personal variables.

**Methodology:** A quantitative approach with cross sectional descriptive survey design was adopted for the study. The samples from the selected rural areas were selected using convenient sampling technique. The sample consisted of 50 spouses of person with alcohol addiction. The tools used for data collection was standardized quality of life scale developed by WHO.

**Results:** The study result reveals that, total quality of life scale, mean was 57.80, median was 59; mode was 61 with standard deviation 6.99 and range score of 41-71. Majority 38(76%) of participants were had medium level quality of life, 8(16%) participants were had low level quality of life and remaining 4(8%) of participants were had high level of quality of life.

**Conclusion:** The findings of the present study shown that majority of the spouses of person with alcohol addiction were had moderate level of quality of life and they are need of specific spouse directed therapy to enable her personality deficits and psychological problems for the improvement of their quality of life.

**Keywords:** Quality of life, Spouse, alcohol addiction, rural areas

### Introduction

Alcoholism is a severe global health problem that affects not only the individual, but also his family and society. It causes huge problems for family members, particularly the wife, and they suffer tremendous pain as a result. The wives of alcoholics are the ones who suffer the most from alcoholism's consequences and effects. Wives of alcoholics attempt to cope with the problems at first, but eventually become despondent, confused, and even guilty. According to the World Health Organization, over 140 million people worldwide suffer from alcoholism <sup>[1]</sup>.

When faced with difficult life problems from her alcoholic husband, the wife of an alcoholic, who enters marriage with a heart full of expectations, becomes fatigued. The origin and maintenance of problematic alcohol use are both influenced by social factors. Alcoholism is a well-known public health issue around the world <sup>[2]</sup>.

Each year, 3.3 million people die as a result of heavy alcohol usage. It is predicted that people aged 15 and up consume 6.2 liters of pure alcohol each year. About (38.3%) of the population consumes alcohol, implying that those who do drink use about 17 liters of pure alcohol per year on average. Drug use problems affected over 15.3 million people. It was claimed that injecting drug use was documented in 148 nations, with 120 people reporting HIV infection <sup>[3]</sup>.

Alcoholism is one of the greatest social problems in Indian society, and it has a detrimental impact on an alcoholic's marriage. This problem has a direct impact on the health of family structures, as well as feelings of hatred, self-pity, avoidance of social contacts, divorce, husbands' irresponsibility, suicide, homicide, shattered homes, poor academic performance of children, and poverty. They can use the community support system, which includes mental health resources, to help them get out of this contagious problem <sup>[4]</sup>.

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Vederhus J *et al.* (2019) in their study on how do psychological characteristics of family members affected by substance use influence quality of life? Highlighted that, when family members of people with addictions had the psychological characteristics of suppressing their emotions, believing they could fix others' problems, and neglecting their own for others' needs, they also had more family dysfunction and poorer quality of life [5].

Navabi, Nader & Asadi, Afshin & Nakhaee, Nouzar (2017) in their study on impact of Drug Abuse on Family Quality of Life revealed that the QoL for the addicts' families was significantly affected in terms of various physical, mental, social, and financial aspects. Designing a specific instrument to measure addicted individuals' family QoL based on the dimensions addressed in this study will be of great help to further studies in this area [6].

By going through above literature, the researcher felt the necessity to conduct a study among the spouses of person with alcohol addiction to determine their quality of life at selected rural areas of Belgavi district, Karnataka.

**Objectives**

1. To assess the quality of life among the spouses of person with alcohol addiction
2. To find out the association between levels of quality of life among spouses of person with alcohol addiction and their selected personal variables.

**Hypothesis**

**H<sub>01</sub>:** There is no statistical significant association between levels of quality of life among spouses of person with alcohol addiction and their selected socio demographic variables.

**Methodology**

Research Approach: Quantitative Research Approach  
 Research Design : Cross sectional descriptive survey  
 Sampling technique: Non-Probability; Convenient Sampling Technique  
 Sample size : 50  
 Setting of study: Selected rural areas of Belgavi district  
 Tool used: Standardized quality of life scale given by WHO

For assessment of quality of life of spouses of person with alcohol addiction quality of life assessment scale given by World Health Organization was used. This scale consist of 26 items related to quality of life which assess the overall quality of life and 4 other different domains like physiological domain, psychological domain, social relationship domain and environmental domain. The items in each domain give different options to participants from those participants have to choose one option according to their quality of life for that particular item.

**Domains Quality of life scale**

| Sl. no                | Domain   | Number of items |
|-----------------------|--|-----------------|
| 1.                    | General health and Overall quality of life of a person | 2               |
| 2.                    | Quality of life in physical health domain              | 7               |
| 3.                    | Quality of life in psychological domain                | 6               |
| 4.                    | Quality of life in social relationship domain          | 3               |
| 5.                    | Quality of life in environmental domain                | 8               |
| Total Number of items |  | 26              |

**Level of quality of life**

The score obtained by the each participant is calculated and participants are categories in to any one level according to following-

- **Low level quality of life:** Score Below (Mean – Sd)
- **Medium level quality of life:** Scores (Mean – sd to Mean + sd)
- **High level of quality of life:** Scores above (Mean + sd)

**Procedure of data collection**

The study was conducted at selected rural areas of Belgaum district in January 2020. Required permission from authorities was taken before study. A total of 50 spouses of person with alcohol addiction were selected as per sampling criteria. Written consent was taken from the samples and data collection is done by administration of structured tools.

**Results**

**a. The findings related to socio-demographic variables of subjects:**

- Majority 25 (50%) of the participants were belonged to age group of 31-40 years
- Majority 30(60%) of participants were belonged to Hindu religion
- Majority 35(70%) participants were using Kannada language
- Majority 23(46%) participants were belonged to nuclear family
- Majority 30(60%) participants were had more than 4 members in the family
- Majority 22(44%) participants were had high school education
- Majority 19(38%) participants were doing agricultural related work
- Majority 19(38%) participants were had Rs.5001-10,000 family income per month.

**b. Description of mean, median, mode, standard deviation and range scores of quality of life scale**

**Table 1:** Quality of life scores of participants N = 50

| Domain of quality of life   | Mean  | Median | Mode | Sd   | Range |
|-----------------------------|-------|--------|------|------|-------|
| General Health              | 4.46  | 4      | 4    | 1.11 | 2-7   |
| Physical health             | 15.14 | 16     | 16   | 2.41 | 9-19  |
| Psychological Domain        | 12.32 | 13     | 13   | 2.42 | 7-17  |
| Social health domain        | 7.04  | 7      | 6    | 1.53 | 4-11  |
| Environmental health domain | 18.84 | 18.50  | 18   | 2.55 | 13-23 |
| Total QOL                   | 57.80 | 59     | 61   | 6.99 | 41-71 |

Table 1 reveals the mean quality of life scores of participants, it shows that,

- In the area of general health, mean was 4.46, median was 4; mode was 4 with standard deviation 1.11 and range score of 2-7.
- In the area of physical health, mean was 15.14, median was 16; mode was 16 with standard deviation 2.41 and range score of 9-19.
- In the area of psychological domain, mean was 12.32, median was 13; mode was 13 with standard deviation 2.42 and range score of 7-17.
- In the area of social health domain, mean was 7.04, median was 7; mode was 6 with standard deviation 1.53 and range score of 4-11.

- In the area of environmental health domain, mean was 18.84, median was 18.50; mode was 18 with standard deviation 2.55 and range score of 13-23.
- Total quality of life scale, mean was 57.80, median was 59; mode was 61 with standard deviation 6.99 and range score of 41-71.

**c. Description of findings related to level of quality of life among participants**

**Table 2:** Frequency and Percentage distribution of participants according to level of quality of life N=50

| Level of quality of life |              |            |
|--------------------------|--------------|------------|
| Low level                | Medium level | High level |
| f (%)                    | f (%)        | f (%)      |
| 8 (16%)                  | 38 (76%)     | 4 (8%)     |

The data presented in the Table 2 shows level of quality of life of participants, it reveals that, Majority 38(76%) of participants were had medium level quality of life, 8(16%) participants were had low level quality of life and remaining 4(8%) of participants were had high level of quality of life.



**Fig 1:** Percentage distribution of participants according to their level of quality of life

**d. Association between levels of quality of life of participants with demographic characteristics**

Computed Chi-square value for association between level of quality of life of participants and their selected demographic variables is not found to be statistically significant at 0.05 levels for any of the selected socio demographic variables Hence hypothesis  $H_{01}$  is accepted indicating no association between quality of life of participants with their selected demographic variables.

**Conclusion**

The findings of the present study reveals that, alcohol addiction not only affect the individual who consumes it, but it also have its effect on the immediate family members especially their wife and children. The findings of the present study shown than majority of the spouses of person with alcohol addiction were had moderate level of quality of life and they are need of specific spouse directed therapy to enable her personality deficits and psychological problems for the improvement of their quality of life.

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