



Perceived Quality Of Life Among Wives Of Alcoholics And Wives Of Non-alcoholics – A Comparative Study

KEYWORDS

Alcoholism, Marital happiness, Wives of Alcoholics, Perceived Quality of Life.

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ABSTRACT

Alcoholism is also known as a family disease. Alcoholic husbands and their wives generally agree that the major aspects of marital happiness dealt with the quality of interpersonal relations. "Undesirable vice (excessive gambling, drinking, etc.)" ranked first as contributing to marital unhappiness while their absence was ranked 27.5 by the husbands and 9.5 by the wives as contributing to marital happiness. Thus, the researcher has undertaken a study to understand the level of Perceived Quality of life among the wives of alcoholics and wives of non-alcoholics. A total sample of 150 respondents from each group was selected and the data was collected using self-prepared questionnaire and Perceived Quality of Life Scale (PQoL) by Dr. Donald et al. (1988). The study reveals that, a high percentage of respondents have expressed that their husbands drinking had generated problem with neighbors (76.7%), with relative (79.3%) and problems in work place (68.7%). The majority of wives (88%) have also agreed that they face a host of problems in the family too. Irrespective of the type of respondents, majority (41.3% and 46.0%) of them belong to 31 to 40 years of age, nearly half of them (46.0% and 45.3%) both in wives of alcoholics and wives of non-alcoholics have no educational background (illiterates) and with regard to the overall perceived quality of life, majority (66.7%) of the wives of alcoholics report that they have low level of perceived quality of life whereas, majority (66%) of the wives of non-alcoholics report that they have high level of perceived quality of life. Other salient findings of the study would be discussed in the full paper.

INTRODUCTION

According to the National Council for Alcoholism and Drug Dependence (NCADD) "Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. Alcohol dependency is seen as the world's highly prevalent public health problem and therefore alcohol dependency is a matter of serious concern not confined to any group, culture or country. It is a complex disorder with physical, psychological and social aspects having far reaching harmful effects on the individual, family and society. Alcohol consumption is one of the ancient and complex disorders known in the history of mankind. It is an illness that adversely affects the life of the individual as well as the lives of those around them (Tomelleri et al., 1997).

Alcoholism creates a vicious cyclical relationship, which seemingly damages the families of alcoholics. The alcoholic family unit is being viewed as a system of interaction between the marital partners. The influence of the husbands' alcoholism generates a crisis for the family and disturbs its equilibrium. The husbands' alcoholism may result in a change of spousal interaction patterns, and alter the complexion of the domestic environment by taxing the resources of the family and resulting in dysfunction in several areas. The immense stress experienced by the wives in dealing with the pressures of his drinking behavior is likely to influence their marital life experience. Alcohol exerts great influence on couple dynamics. In fact, it has been estimated that the alcoholic affects a minimum of four other persons, with family members most commonly affected (National Institute of Alcohol Abuse and Alcoholism, 1981).

REVIEWS

Salize (2006) studied on Quality of life, social deprivation and mental disorders --- is there an association in populations at risk. The study aims at assessing the psychiatric morbidity and the quality of life of persons at immediate risk for getting homeless as well as identifying risk factors and correlations between quality of life, threatening homelessness and mental disorders. The sample included 101 citizens of Mannheim, Germany, who were threatened to be thrown out of their

apartment due to not paying their rent or other causes. Instruments used for the study were SKID interview and Munchener Lebensqualitata-Dimensionen Liste (MLDL). Results showed that acute mental disorders requiring treatment were determined in 79.3% of the sample. Addiction disorders specifically alcoholism played a major role.

Stewart ,Hutson and Connors (2006) explored the relationship between drinking intensity and quality of life in the project MATCH sample. T-obit regression models were evaluated to assess the relationship between quality of life indicators (measures of depression, adverse consequences etc)and drinks per drinking day (DDD) and to assess modification or confounding of DDD by subject characteristics and treatment type. Each quality of life indicator improved with decreased DDD.Gender and ethnicity modified the DDD effect for some outcomes with DDD exerting a greater influence on quality of life in women and non-hispanic whites.

Mahima Nayar (2006) found that women having alcoholic husbands' undergo continuous violence and they have reported chronic headaches, undiagnosed hearing, vision and concentration problems these also suggest possible neurological problems from injury.In addition it was found that approximately 40 to 45% of women are forced into sex by their alcoholic partners. This forced sex results in increased pelvic inflammatory disease, increased risk of STD's, vaginal and anal tearing, bladder infections, sexual dysfunction and other genitourinary health problems.

Dawson et al (2007) examined the association between partners' alcohol problems and selected physical and mental health outcomes among married cohabiting women, before and after adjusting for potential confounders. Results showed that wives of alcoholics were more likely to experience victimization, injury; mood disorders and were poorer in health than wives of non-alcoholics. They also experienced more life stressors and had lower mental and psychological quality of life scores.

Dawson et al., (2007) studied on the impact of partner alcohol problems on women's physical and mental health.

This comorbidity study was conducted by the National Institute on Alcohol Abuse and Alcoholism. The NESARC sample represents the civilian, non-institutionalized adult population of the United States, including the District of Columbia, Alaska, and Hawaii. The results of the study were, women with partner alcohol problems experienced 46% more past-year negative life events than women without partner alcohol problems, and their mean psychological and physical quality-of-life scores were lower by 11% and 5%, respectively. Moreover wives of alcohol dependents had physical health problems which (1) were mild enough in physical terms that they did not require acute medical attention and (2) did not receive needed medical attention, possibly because of fear, embarrassment, or both on the part of the women

RESEARCH DESIGN

Though there are several studies regarding family environment, family burden, marital adjustment, marital functioning etc have been studied of alcoholics and their wives, this study is intended to highlight the Quality of life of the wives of alcoholics that includes the measurement Perceived quality of life. Hence this study is based on the principle that the husband's alcoholism influences the Quality of life of his spouse.

The study would help the Professional Social Workers/ Counselors/Psychiatrists to pay more attention towards the problem by applying various methods of Social work, as it is associated with the well being of the individual, family as well as the society.

It also helps the professionals in Family counseling and De-addiction Counseling to adopt universal screening procedure in the Counseling Practice for effective solutions during the individual counseling sessions both with the alcoholic as well as the spouse.

The study will also help the counselors to recognize psychological needs of the wives of alcoholics that will enable them to organize intervention programs, which in turn will help the wives to enhance their marital life. The study also benefits the wives to manage their husband's differently.

This study would like to underscore the importance of involving the spouse of the alcoholic not only as a supplementary adjunct for her husband's prognosis as is the case with most de-addiction programmes in India but to also point out her need for therapy as a victim of living in a situation of turmoil and to enable her to resolve various issues in her marital life.

OBJECTIVES

1. To determine and compare the Perceived Quality of Life of the wives of alcoholics and that of non-alcoholics
2. To study the association if any between the socio demographic variables and Perceived Quality of Life.

RESEARCH DESIGN

The study attempts to compare two groups namely wives of alcoholics (Sample 1- Study group) with a comparative group of wives of non-alcoholics (Sample 2- Control Group) with regard to the dimensions of Perceived Quality of Life. Hence this study is comparative in nature.

Research design used in this study is Ex-Post Facto Research Design. As defined by Fred.N.Kerlinger (1965), this design is a systematic empirical inquiry in which the scientist does not have direct control of independent variables because their manifestations have already occurred. Inferences about

relations among variables are made without direct intervention from concomitant variation of independent and dependent variables.

UNIVERSE AND SAMPLING

Basically the study was conducted at the Khajamalai Ladies Association (KLA), Tiruchirappalli. Hence universe constitutes 350 members who were wives of alcoholics (Sample 1) who were diagnosed as alcohol dependents by the Psychiatrists of De-addiction Center received treatment during June 2006-April 2007. The researcher used simple random sampling method to select a sample of 150 respondents from the universe.

Whereas Wives of non-alcoholics (Sample 2) were selected using non-probability sampling method as the universe was infinite. The researcher used purposive sampling method to select the respondents keeping inclusive and exclusive criteria in mind. Hence a total of 300 respondents constitute the sample

TOOLS FOR DATA COLLECTION

Tamil translated version of all questionnaires were used to collect data

1. Self prepared interview schedule to assess the socio demographic status of the respondents. This consists of 16 structured items.
2. Perceived Quality of Life Scale by Dr.Donald Patrick and Dr.Marion Danis (1988)

FINDINGS

Findings related to the Socio Demographic Variables

Irrespective of the type of nearly half (41.3%) of the respondents in the study group as well as in the control group (46%) fall in the 31 – 40 year age group by the ones in the 21-30 year category. With regard to the occupation more than one third (38%) of the respondents in the study group as well as in the control group (38.7%) have no earnings and they represent the housewives.

Analysis of the educational background of the wives reveals that nearly half of the respondents in this study were not educated (Illiterates) and nearly one third (35.3%) of the study group respondents as well as the controls (32.7%) have completed schooling.

The distribution of respondents by duration of marriage in both the groups depicted that most (32.6 and 36.6%) of the wives have been married for 7-9 years. 25.3% of the study group have been married for 10-12 years and 22.6% of the control group are married for 4-6 years.

Findings related to the wives of Perception of Spouses' Alcoholism

A vast Majority (79.3%) of the wives have reported that when inebriated, their husbands physically abused the family members. More than three fourth (90.7%) of the wives have accepted that when drunk, their husbands verbally abused the family members and got into quarrels with them.

More than half of the wives (62.7%) agreed that they themselves referred their husbands for treatment and further more than half of the wives (55.3%) advised the husbands to take treatment for their addiction, and one third of the respondents initiated treatment idea through quarrels with the husbands. With regard t the husbands' co-operation for treatment, a high percentage of the respondents (82.7%) report was affirmative.

Table 1: Level of Overall Perceived Quality of Life

S. No	Level Perceived Quality Life	Type of Respondents			
		Wives of Alcoholics		Wives of Non Alcoholics	
		N (150)	%	n (150)	%
1.	Low	100	66.7	51	34.0
2.	High	50	33.3	99	66.0

With regard to the overall perceived quality of life, majority (66.7%) of the wives of alcoholics have low level whereas, majority (66%) of the wives of non-alcoholics reports that they have high level of perceived quality of life.

SUGGESTIONS

There is a need for specific spouse directed therapy to enable her to overcome her personality deficits and psychological problems and for better de-addiction outcome, it is imperative for family therapists to take into account the abreactions manifested in the couples marital functioning and to work towards the resolution. Thus the need is to provide a holistic intervention package involving both spouses. In addition the affected spouse can also be dealt through

- Economic empowerment of women
- Integrate Child Support Services with Protection Services for Women
- Increase Collaboration Among Service Providers
- Promote Involvement of Corporate Sector
- Rural Outreach and Extension

ROLE OF SOCIAL WORKERS

Prevention is the major arena for psychiatric social workers intervention. At primary level educating all the school children about the ill effects of alcohol through life skills approach is required. Sensitizing the youth to the burgeoning problem of alcohol dependence through media posters and campaigns is the primary responsibility of the social worker.

At the secondary level early identification of families' where men have started regular drinking. Specific intervention like family counseling, referrals to the state run or NGO run de-addiction centers/ clinics.

To reduce the impact of alcoholism on family functioning, the families should be educated on their role functioning, prevention of formation of 'parentified children' and other family dynamics. This would help to identify codependence in the family members and educate them on how they should conduct themselves towards the alcohol abusing family members.

At the tertiary level people with alcohol dependency syndrome can be referred to treatment centers. The social workers can provide effective interventions for families of alcohol dependence, to the spouses and children by organizing group meetings for care givers of alcohol dependent and also self help groups.

The social workers should work towards integration of alcohol sensitization program along with other workers, facilitation of formation of self-help groups among the wives of alcoholics in the community, thereby creating a platform to share their common concerns at the community level; this in turn strengthens their support system. They should promote self-reliance for the wives of alcohol dependents by training them on entrepreneurial endeavors.

CONCLUSION

The present study reveals that alcoholism not only affects the individual who is a dependent, but also their immediate family member especially their wife and children. The findings of the study have two major implications for de-addiction management. First, they point towards the need for specific spouse directed therapy to enable her overcome her personality deficits and psychological problems. Second, for better de-addiction outcome, it is imperative for family therapists to take into account the aberrations manifested in the couples marital functioning and to work towards their resolution. Thus the need is to provide a holistic intervention package involving both spouses, that besides dealing with the physiological and psychological issues of the alcoholics but also focusing on the marital dimensions of both spouses. Hence, it is the important task of the social workers and social work institutions to work effectively to fight against the illness and help the families to have happy marital life.

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