



Research Article

## PERCEIVED SOCIAL SUPPORT AND QUALITY OF LIFE AMONG SPOUSES OF PATIENTS WITH ALCOHOL DEPENDENCE AND NORMAL CONTROLS

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Alcohol dependence syndrome, social support and quality of life.

### ABSTRACT

**Background:** Alcohol use disorders are a major public health issue in which the adult populations are increasing by the period of time. Alcohol dependence is a matter of great concern to people like spouses and partners of alcohol dependent persons. Spouses of alcohol dependence individuals are likely to face problems in social adjustment, family functioning and psychological health.

**Aim:** Present study assess and compare the social support and quality of life among spouses of patients with alcohol dependence and normal controls.

**Methods:** The sample was consisted of 100 spouses of patients with ADS and normal controls (50 ADS and 50 Normal Controls) selected from OPD of Central India Institute of Mental Health and Neuro Sciences (CIIMHANS) Dewada, Chhattisgarh by using purposive sampling method. Socio-demographic and clinical details of all the spouses of patients with ADS and normal controls assessed by using the Social Support Scale (Nehra and Kulhara, 1987) and Quality of Life -BREF (WHOQOL –BREF, 1996).

**Conclusion:** The present study was indicated that spouses of patients with ADS had significant difference in respect to social support and quality of life comparisons to the spouses of normal control.

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## INTRODUCTION

### Background

Alcohol dependence disorders have been showing a rising trend in all over the world. Alcohol dependence is reaching harmful effects on the family, work, economy, society as well as the physical and mental health of the individual. Spouse of alcohol abuser interface between the work place and the family life is more stressful for work outside the home and they have to perform both familial as well as professional roles. Alcoholism is one of the major health and social problems seen all over the world. Globally there are 140 million alcohol dependents and 78% of them are not treated (Revathy, 2009)<sup>1</sup>. Alcohol is use and its problems associated are at the increase in India which has the second largest population in the world with 33% of the population consuming alcohol (WHO, 2007)<sup>2</sup>. It is the third leading psychiatric problems in the world today (Sharma, 2009)<sup>3</sup>. Alcohol user has long absences from home, destruction of household, lack of communication, domestic violence and hostility with wife (Stuart and Laraia, 2005)<sup>4</sup>. The presence of

ADS and negative emotion has shown effect on interactional and communication pattern of ADS person and their spouses (Gorad, 1971)<sup>5</sup>. Substance abuse is a complex issue and is linked to many social, economic, criminal and health challenges facing different societies (Xiao *et al.*, 2010)<sup>6</sup>. Alcohol use is a family disease; when one member of a family is a drug user, the impact radiates through the entire family (Zhang and Chen, 1996)<sup>7</sup>. Spouses whose husbands had alcohol dependence were more likely to experience victimization, injury, domestic violence, mood, anxiety, stress, general health problems, and poor quality-of-life compare to whose husbands did not have alcohol dependence (Dawson *et al.*, 2007)<sup>8</sup>. Social support usually refers to the function performed for the individual from other person, such as family members, friends and coworkers. They can provide instrumental, informational, and emotional supports (House *et al.*, 1985)<sup>9</sup>. Researchers have found a strong positive correlation between perceived emotional support and mental health (Wethington and Kessler, 1986)<sup>10</sup>. Which persons are suffering from alcohol dependence and other mental illness, they have significant correlation between actual received emotional support and mental health (Thoits, 1995)<sup>11</sup>. When individuals perceive that social support is available to them, they are more able to cope with negative life stressors and perception of available support is more significant than the actual support received.

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**Aim of The Study**

To assess perceived social support and quality of life among spouses of patients with alcohol dependence and compare normal controls.

**Method and Material**

The research was a hospital based cross sectional comparative study among the spouses of patients with alcohol dependence and normal controls. The sample was drawn from the outpatient department (OPD) of the Central India Institute of Mental Health and Neuro Sciences (CIIMHANS), Dewada, Rajnandgaon, Chhattisgarh through purposive sampling method. Total 100 respondents were selected for this study which was further divided into 50 female spouses of patients with alcohol dependence and 50 female spouses of patients with normal controls.

**Objectives of The Study**

- To assess and compare the socio-demographic profile among spouses of patients with alcohol dependence and normal controls.
- To assess and compare the social support among spouses of patients with alcohol dependence and normal controls.
- To assess and compare the quality of life among spouses of patients with alcohol dependence and normal controls.

**Hypotheses of The Study**

- There will be no significant difference in socio-demographic profile among spouses of patients with alcohol dependence and normal controls.
- There will be no significant difference in social support among spouses of patients with alcohol dependence and normal controls.
- There will be no significant difference in quality of life among spouses of patients with alcohol dependence and normal controls.

**Inclusion And Exclusion Criterion**

**Inclusion Criteria of The Patient With Alcohol Dependence**

Patients diagnosed with alcohol dependence according to ICD-10. DCR, gender- male, age between 25 to 45 years duration of illness at least 2 to 8 years, and the individual who is married.

**Exclusion Criteria of The Patient With Alcohol Dependence**

Patient with neurological problem, head injury, mental retardation or other physical illness and age less than 25 and more than 45 years, duration of illness less than 2 years and the individual who is not married.

**Inclusion Criteria of Spouses of Patients With Alcohol Dependence And Normal Controls**

Gender- female, age between 25 to 45 years, spouses lived with patient for at least 3 years or more than three years, able to understand Hindi or English, those who gave informed consent form and those who have no significant psychiatric co-morbid condition.

**Exclusion criteria of spouses of patients with alcohol dependence and normal controls:** Age less than 25 and more than 45 years, individuals with major psychiatric illness and

neurological illness, individuals with major physical illness, lived with patient less than 3 years and those who did not give informed consent form.

**Description of The Tools**

**Socio Demographic Data sheet:** Semi-structured socio-demographic data sheet was used to obtain background information of the subjects on different dimensions like age, length of stay, education level, occupation, family types, family income etc.

**The World Health Organisation Quality Of Life –Bref**

(WHOQOL –BREF, 1996): Hindi version of the WHOQOL-BREF has been derived from the original World Health Organization Quality of life scale. The Hindi version WHOQOL-BREF scale is adopted by Saxena *et al.* (1998). WHOQOL-BREF contains 26 questions in 4 major domains (i.e. physical health, psychological health, social relationships and environment) to measure the quality of life. This scale emphasizes subjective experiences of the respondents rather than their objective life conditions. The alpha score of all domain ranges from 0.59 to 0.87, Cronbach alpha of the all domains are 0.87, the factor loading of the item ranges 0.52 to 0.84 WHOQOL-BREF is highly valid version across cultures. Social Support Questionnaire (Pollack & Harris, 1983 a.s modified for use in India by Nehra & Kulhara, 1987):

The Social Support Questionnaire of Pollack & Harris (1983) was translated in Hindi, the local language. Back-translation was done to check adequacy of translation as well as semantic closeness to the original questionnaire. After this the questionnaire was item analysed and subjected to test-retest reliability. The original questionnaire had 23 items but the modified Hindi version of the Questionnaire has 18 items. Each item of the scale has 4 options which range from no agreement (scored as 1) to extreme agreement which is scored a.s 4. Higher score indicated that more social support is available to the individual.

**RESULTS**

**Socio-Demographic Variables**

All participates were female spouses in the both groups. The socio-demographic variables were compared between the spouses of patients with alcohol dependence and normal Controls.

**Table 1** Comparison of age and length of stay between spouses of patients with alcohol dependence and normal controls.

Variables	Group(Mean±SD) (N=100)		T	df	P
	ADS	Normal Control			
Age of spouse	30.94 ± 5.49	29.12±5.82	1.608	98	0.111NS
Length of stay	11.68 ± 5.27	10.54 ± 5.44	1.063	98	0.290NS

ADS= Alcohol dependence syndrome, NS=Not significant

Table 1 reveals that the result of t-test found the age of spouses (t=1.608, p >0.05) and length of stay (t=1.063, p>0.05) that there was no significant difference in age and length of stay between spouses of patients with alcohol dependence and normal controls.

**Table 2** Comparison of socio-demographic variables among spouses of patients with alcohol dependence and normal controls.

Variables	Group(Mean±SD) (N=100)		Df	χ <sup>2</sup>	P	
	ADS	Normal controls				
Education	Illiterate	19(38.0%)	21 (42.0%)	1	0.167	0.683NS
	Literate	31(62.0%)	29(58.0%)			
Occupation	Employed	30 (60.0%)	16 (32.0%)	1	7.890	0.005**
	Housewife	20(40.0%)	34 (68.0%)			
Family types	Joint	4(8.0%)	7(14.0%)	2	1.497	0.473NS
	Nuclear	42(84.0%)	41 (82.0%)			
Family income	Extended	4(8.0%)	2(4.0%)	2	4.587	0.101NS
	Less than 10000	26(52.0%)	21(42.0%)			
	10000 to 20000	17(34.0%)	13(26.0%)			
Domicile	Above 20000	7(14.0%)	16(32.0%)	2	2.551	0.279NS
	Rural	24(48.0%)	28(56.0%)			
	Semi-urban	9(18.0%)	12(24.0%)			
	Urban	17(34.0%)	10(20.0%)			

N=Number, df=Degree of freedom, SD=Standard deviation, NS=Not significant, \*\*=Significant at 0.01 level ADS= Alcohol dependence syndrome

Table 2 reveals that there was no significant difference in education ( $\chi^2=0.167$ ,  $p >0.05$ ), family type ( $\chi^2=1.497$ ,  $p >0.05$ ), family income ( $\chi^2=4.587$ ,  $p >0.05$ ), and domicile ( $\chi^2=2.551$ ,  $p >0.05$ ) among spouses of patients with ADS and normal controls. The table also shows that there was a most significant difference in occupation between both groups ( $\chi^2=7.890$ ,  $p \leq 0.01$ ).

**Table 3** Comparison of Social Support among spouses of patients with alcohol dependence and normal controls

Variables	Group (Mean±SD) (N=100)		T	Df	P
	ADS	Normal Control			
Social Support	37.54 ± 6.91	45.08±7.10	5.378	98	0.00

N=Number, df=Degree of freedom, SD=Standard deviation, ADS= Alcohol dependence syndrome,  $p \leq 0.01$

Table-3 Shows mean score and SD of the Social Support among the spouses of patients with ADS and normal controls. The total means score in Social Support among spouses of patients with ADS and normal controls were 37.54 ± 6.91, 45.08±7.10 respectively. The result ( $t=5.378$ ,  $p \leq 0.01$ ) shows that there was significant difference found among spouses of patients with ADS and normal controls in terms of their social support.

**Table 4** Comparison of quality of life among spouses of patients with alcohol dependence and normal controls:

Variables	Group (Mean±SD) (N=100)		T	Df	P
	ADS	Normal Control			
Physical Health	18.40 ± 4.41	24.96±2.67	8.978	98	0.00
Psychological Health	13.56 ± 1.89	19.42 ± 1.64	7.305	98	0.00
Social Health	4.46 ± 0.76	8.20 ± 4.30	6.043	98	0.00
Environmental Health	16.24 ± 2.33	23.00 ± 5.03	8.608	98	0.00
Overall Quality of Life	52.66 ± 4.67	75.58 ± 8.60	16.172	98	0.00

N=Number, df=Degree of freedom, SD=Standard deviation, ADS= Alcohol dependence syndrome

Table 4 shows mean score and SD of overall Quality of life among spouses of patients with ADS and normal controls were 52.66 ± 4.67, 75.58 ± 8.60 respectively. Quality of life (domain wise) was made among the spouses of patients with ADS and normal controls. Significant group differences were found in terms of physical health ( $t=8.978$ ,  $p \leq 0.01$ ), Psychological health ( $t=7.305$ ,  $p \leq 0.01$ ), social health ( $t=6.043$ ,  $p \leq 0.01$ ), and environmental health ( $t=8.608$ ,  $p \leq 0.01$ ). Also significant difference was found in the total quality of life between the both groups. The mean score in quality of life of both groups respectively were as 18.40 ± 4.41,

24.96±2.67 in physical health 13.56 ± 1.89, 19.42 ± 1.64 in Psychological health 4.46 ± 0.76, 8.20 ± 4.30 in social health and 16.24 ± 2.33, 23.00 ± 5.03 in emotional adjustment.

## DISCUSSION

The present study has found no significant difference in areas of (socio-demography) age, length of stay, education, family type, family income and domicile except occupation. The spouses of ADS were larger to hold employment than normal controls. The present study also shows that significant difference in social support among spouses of patients with ADS and normal controls. In the study of caregivers burden and alcohol use the results have implicated the amount of social and emotional burden due to caregiving were at risk for problematic alcohol use and need special attention from health and mental health care professionals (Rospenda *et al.*, 2010)<sup>12</sup>. High levels of various forms of social support have a buffering effect on alcohol use outcomes in both adolescents and adults (Jarnecke *et al.*, 2014)<sup>13</sup>. Researchers have found a strong positive correlation between perceived emotional support and mental health (Wethington and Kessler, 1986)<sup>10</sup>; whereas, the relationship between actual received emotional support and mental health were significantly weaker (Thoits, 1995)<sup>11</sup>. The present study also shows that significant difference in respect to quality of life (domain wise - physical, Psychological, social and environmental health) among the spouses of patients with ADS and normal controls. Families of individuals with alcohol use disorders are often described by conflict, chaos, communication problems, irregularity, contradictions in messages to children, breakdown in rituals and traditional family rules, emotional and physical abuse (Connors *et al.*, 2012)<sup>14</sup>. ADS families tend to show declined cohesion and increase in conflicts than non-ADS families (Yama *et al.*, 1992)<sup>15</sup>. The other studies have seen ADS is related to loss of employment which further may lead financial crisis in family. Incidences like domestic criminal offences such as domestic violence, marital conflicts and divorce, marital rape and assault, child neglect and abuse with result later long-lasting damage to the emotional development of children's of ADS (Isralowitz, 2004; Schade, 2006)<sup>16-17</sup>. Spouses of ADS who are lifetime at-risk drinkers showed greater psychological distress than in general population (Tempier, 2006)<sup>18</sup>.

### Limitations

Some of the methodological limitations of the present work need to be mentioned here. The major limitation of this study is its cross-sectional nature.

- The small sample size of the study was too small to generalize the findings.
- Purposive sampling was used in the present study.
- Spouses Assessment of psychopathology could not be done.
- Both the sex (spouse) should have been included for better understanding.

### CONCLUSION

The present study was indicated that spouses of patients with ADS had significant difference in respect to social support and quality of life comparisons to the spouses of normal control. In the spouses of alcohol abusers spend numerous care hours with their husband and family members and also face a lot of financial burden on a daily basis. Longer daily care hours significantly contribute to a higher care burden, poor quality of life and less social support.

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