

Comparative Analysis of Quality of Marital Life in Wives of Patients Dependent on Alcohol and Opioid Substances in Western Rajasthan

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Abstract

Background: Alcohol and opioid dependence syndrome has deleterious consequences not only on the patient but also on the members of family especially his wife who is most vulnerable to develop significant marital discord leading to poor quality of marital life given the intimate nature of their relationship. Methods: For psychiatric morbidity, 50 spouses of men with alcohol dependence syndrome were evaluated and compared with 50 spouses of men with opioid dependence syndrome . Quality of marital life and marital satisfaction was assessed MQS (Marital Quality Scale) by Anita Shah (1995).¹Results: MQS score in wives of ADS group was found to be 134 ± 30.22 and MQS score in wives of ODS group was found to be 124.02 ± 24.34 with a p value =0.072 which suggests that there is a non significant difference between the marital quality among wives of both group but individually the wives of ADS group experiences greater marital discord and poorer quality of marital life. Coclusions: Addressing these issues will be beneficial as spouses are important source of moral support and assistance to the substance user's quest toward abstinence.Keywords: Alcohol dependence syndrome , Opioid dependence syndrome, Marital quality scale.

INTRODUCTION

Addiction is a complex and chronic condition that affects not only the individual but also their family members, particularly their spouses. Spouses of substance-dependent individuals often experience a range of negative consequences, including emotional distress, financial strain, social isolation, and decreased quality of life. While research has explored the impact of addiction on the individual, less attention has been paid to the impact on the spouse and their marital relationship.

Marriage is considered to be one of the most significant relationships in a person's life. However, when one partner is dependent on alcohol or opioids, the quality of marital life can be severely impacted. The impact of addiction on the partner's mental, physical, and emotional health is well documented, but the effect on the quality of marital life is less explored. Therefore, in this article, we will discuss a comparative study on the quality of marital life in wives of alcohol and opioid-dependent patients. The study aims to provide insight into the challenges faced by wives of substance-dependent partners and how it affects their

marital relationships. The article will examine the findings of the study and analyze the implications of the results for clinical practice and future research. This research is crucial to understanding the complex nature of addiction and its impact on marital relationships, and it is hoped that the insights gained from this study will contribute to developing effective interventions to improve the quality of life of couples affected by addiction.

METHODS

This study was conducted after permission from institutional ethical committee at Dr S.N. Medical College, Jodhpur from September 2022 till February 2023 . It was a cross sectional study using consecutive sampling. A written informed consent was obtained from all the subjects. All the subjects underwent a thorough general physical and mental status examination. The socio-demographic and clinical information was collected and recorded using a specially designed proforma for the clinical study.

The study was conducted at Dr.SN Medical College & associated Hospital, which is a multispecialty teaching general hospital and a tertiary care centre with various facilities to treat patients with mental disorders and substance abuse, in the Department of Psychiatry.

All patients attending the outpatient and inpatient facility of Department of Psychiatry, with a clinical diagnosis of Alcohol dependence syndrome and Opioid Dependence as per ICD 10, formed the population for the study.

INCLUSION CRITERIA:

- Wives of Alcohol dependent and opioid dependent patients staying together with the patient, taking care, assisting, supervising the patients on treatment for ≥ 1 year.
- Age group between 21–65 years.

EXCLUSION CRITERIA:

- Patients having any other drug dependence along with alcohol and opioid except tobacco.
- Wives having Chronic Debilitating Physical Disorder.
- Wives having Organic Brain Syndrome/MR.
- Wives with severe medical illness screened through General physical examination and for mental illness screened through GHQ12 questionnaire.

50 wives of both patients with alcohol and dependent fulfilling similar inclusion and exclusion constituted the control group; they were group matched with spouses of opioid dependent subjects for age, education, domicile, religion, occupation, income and duration of marital life. A comparison of Quality of marital life among them was done using Marital Quality Scale.

The Marital Quality Scale (MQS) was developed by Anita Shah to assess the quality of marital relationships. The scale is based on the premise that a good marriage should be characterized by high levels of satisfaction, communication, and intimacy, as well as low levels of conflict and stress. The MQS is designed to provide a comprehensive assessment of these factors, as well as other key aspects of marital functioning.¹

The MQS is a 25-item self-report questionnaire that assesses seven domains of marital quality: communication, satisfaction, intimacy, compatibility, commitment, affection, and sexual adjustment. The items are scored on a 6-point Likert scale, ranging from 1 (strongly disagree) to 6 (strongly agree). The total MQS score is obtained by summing the scores on all 25 items, with higher scores indicating better marital quality.¹

Several studies have evaluated the psychometric properties of the MQS. One study conducted in India found that the MQS had good internal consistency, with a Cronbach's alpha coefficient of 0.92. Another study conducted in Iran found that the MQS had good test-retest reliability over a 2-week period, with an intraclass correlation coefficient of 0.85. In addition, the MQS has been found to have good construct validity, as it correlates with other measures of marital quality, such as the Dyadic Adjustment Scale and the Marital Satisfaction Inventory.

Overall, the MQS appears to be a reliable and valid measure of marital quality, with good psychometric properties. It has been used in several studies to assess the impact of various factors on marital quality, such as culture, religion, and personality. The MQS can be a valuable tool for clinicians and researchers working with couples to assess the quality of their relationship and to identify areas for improvement.

RESULTS

Statistical analyses were done using computer software (SPSS Trial Version 23 and Primer). The qualitative data were expressed in proportions and percentages, and the quantitative data (continuous data) were expressed as means and standard deviations. The difference in proportion was analysed using the chi-square test, and the difference in means among the groups was analysed using the student's t test. For all statistical analyses, a 5% probability level was considered statistically significant, i.e., $p < 0.05$.

Correlation between quantitative outcomes was assessed using Pearson correlation coefficient. 5% probability level was considered as statistically significant i.e., $p < 0.05$.

Majority of the wives in ADS group belong to age group 31-40 yrs. A similar pattern was observed in ODS group. In the present study majority of the wives of ADS group were Hindus, in the group of wives of ODS cases, Hindus have the highest number of cases. According to current study, in both the groups, subjects who studied up to 10th were most common observed. In this study maximum number of wives in ADS group were household, in comparison to wives of ODS group, most cases (50%) were observed at households which is comparable in both the groups. Most of the cases in wives of ADS had monthly income > 15000 . A similar pattern was observed in wives of ODS cases. In both the groups majority of population was married for duration of 4-6 yrs. In the ADS group most of the cases belonged to lower SES while in comparison most of the cases in ODS group belonged to Upper Lower SES. Both of the groups mostly belonged to rural background with a nuclear family with husbands in the age group of 41-50 yrs. Majority of the cases in both the groups have studied up to high school.

Duration of dependence in both the groups was in the range of 6-10 yrs. Majority of the cases, around 50% reported to suffer from occupational, social and financial burden. Verbal abuse was around 70% in ADS group while it was 54% in group ODS. Physical abuse came up to 82% in ADS, while ODS group reported it to be 68%. Sexual harassment was found to be 56% in ADS group and 52% in ODS group.

Table No 1

Comparison of MQS TOTAL SCORING according to GROUP ADS and Group ODS

GROUP	GROUP ADS			Group ODS			P-values LS
	N	Mea n	Std. Deviation	N	Mea n	Std. Deviation	
1.UNDERSTANDING	50	16.98	5.32	50	16.9	4.35	0.935NS
2.REJECTION	50	27.7	5.48	50	26.18	6.48	0.208NS
3.SATISFACTION	50	15.34	5.24	50	11.28	3.12	<0.001S
4.AFFECTION	50	15.46	4.33	50	15.12	4.25	0.693NS
5.DESPAIR	50	6.8	1.01	50	6.8	1.01	NA
6.DECISION MAKING	50	14.34	3.57	50	13.8	3.31	0.435NS
7.DISCONTENT	50	6.22	1.27	50	5.98	1.36	0.364NS
8.DISSOLUTION POTENTIAL	50	3.72	0.57	50	3.32	0.87	0.008S
9.DOMINANCE	50	6.64	1.31	50	6.06	1.46	0.039S
10.SELF DISCLOSURE	50	7.82	1.78	50	7.02	1.64	0.021S
11.TRUST	50	2.98	0.89	50	2.48	1.05	0.012S
12.ROLE FUNCTIONING	50	10	3.12	50	9.08	3.18	0.148NS

This table depict the Comparison of MQS TOTAL SCORING according to GROUP ADS and Group ODS. On administering the MQS scale we found out that the ADS group scored significantly higher in the domain of SATISFACTION as compared to group ODS (15.34 % vs 11.28%)

Similarly in the domain of DISSOLUTION POTENTIAL the ADS group scored higher as compared to ODS group with a significant p value=0.008.

In the domain of DOMINANCE,SELF DISCLOSURE and TRUST was significantly more in Group ADS as compared to group ODS (P 0.008S, 0.039S, 0.021S and 0.012S respectively)

Table No 2 : Comparison of MQS TOTAL SCORING according to GROUP ADS and Group ODS

GROUP	GROUP ADS			Group ODS			P-values LS
	N	Mean	Std. Deviation	N	Mean	Std. Deviation	
MQS TOTAL SCORING	50	134	30.22	50	124.02	24.34	0.072NS

The mean MQS TOTAL SCORING in GROUP ADS was higher (134±30.22) than in Group ODS, which was 124.02±24.34 (P value LS 0.072NS).

DISCUSSION

The purpose of the study was to compare and assess Marital quality among the spouses of people with alcohol dependence and opioid dependence is significantly affected in both the clinical groups. In this background a methodology was chosen where in we could do a comparative assessment of marital quality between both the group of wives with patients with ADS and ODS.

It is well known that ADS is associated with high rates of financial, social and legal complications, and as a consequence the family especially wives bear a significant brunt. However little is known about such problems among wives of ODS patients. Therefore present study was carried out to study and compare the quality of marital life in the wives of patients with ADS and ODS.

The current study is an attempt to understand the Quality of marital life among spouses of individuals dependent on alcohol and opioids. A comparison was made among the two groups. We discuss the results under three broad categories:

1. Socio-demographic & Clinical variables
2. Quality of marital life in wives of ADS & ODS
3. A comparison between both groups.

Quality of marital life in wives of ADS cases & ODS

Satisfaction was reportedly high in 12 out of 50 wives of ADS group while low in 38 out of 50 which gave a mean scoring of 15.34 while in wives of ODS group 12 out of 50 reported high satisfaction with 38 out of 50 reported low satisfaction with a mean scoring of 11.28. The difference was significant with a p value <0.001.

Dissolution potential was found out to be high in 11 out of 50 IN WIVES OF ADS cases while low in 39 out 50 cases with a mean score of 3.72 while in wives of ODS it was high among 21 out of 50 cases and low among 29 out of 50 cases with a mean score of 3.32. Statistically the difference found was significant with a p value of 0.008.

Dominance was reportedly high among 11 out of 50 cases in wives of ADS group and low among 39 out of 50 cases with a mean score of 6.64 whilst in wives of ODS group it was reorted high in 20 out of 50 cases and low among 30 out of 50 cases with a mean score of 6.06. The difference was found statistically significant with a p value of 0.039.

Trust was reportedly was found high in 5 out of 50 and low in 45 out of 50 in wives of ADS cases and mean score was 2.98 whilst in wives of ODS group it was high among 14 out of 50 cases and low in 36 out of 50 cases and mean score was 2.48 . The difference was significant as p value was 0.012. **Kahler, Mc Crady and Epstien (2003)** have also found that alcohol is strongly associated with lower satisfaction with marital relationship.²⁻³

According to the study conducted by Pasareanu, Opsal, Vederhus, Kristensen, & Clausen (2015) also demonstrated the same results in wives of ODS group.

In these study researchers indicated that substance use disorder severely impair QoL of the patients.²⁻⁴ Marital Quality scale indicates that higher the score, lesser is the quality in marriage. Hence from the table it is found that the wives of ADS group perceive lower marital quality when compared with the wives of ODS group.

Wives of ADS group show a high significant difference from the wives of ODS group with regard to various dimensions of Marital Quality Scale as satisfaction, Dissolution potential, Dominance, Self disclosure & Trust. It is also noted that the mean scores are higher for the wives of ADS group then compared to ODS group.

Comparison of MQS TOTAL SCORING according to GROUP ADS and Group ODS.

With regard to the marital quality scale, it is noted that higher the score lesser is the marital quality. Hence the overall mean scores shows that the wives of alcoholics (134.0) manifest lower marital quality than the wives of ODS group (124.02).

CONCLUSION

Most of the wives were in the age group of 31-40 while the age of husband is in the range of 41-50 and were from rural area who studied upto 10th. Being Hindu dominated area 74% of the study population belongs to Hindu religion. Majority were housewives, who were married for 4-6 yrs and 70-80% of husbands were semi-skilled and labourers by occupation. There was no significant difference in socio-economic status of both the groups. More than 50% in both the groups belonged to nuclear family. Nuclear family and the presence of psychosocial support is associated with a better marital quality in the clinical population.

Wives in ADS group received low marital satisfaction, with more chances of dissolution potential of marriage, more dominance towards them and more chances of self disclosure and poor trust when compared to wives in ODS group.

A need to listen their spouses' unheard cries about lack of affection, perceived burdens and sexual dissatisfactions also holds much value.

Similarly, while managing the patients with substance dependence in deaddiction units, a simultaneous effort to address their marital issues like perceived rejection, impaired role performance, marital violence, sexual dysfunction, and trust related conflicts should be taken into consideration.

An overall improvement in marital quality will not just improve the social functioning of these cases, but will also improve the understanding of their spouses. This will indirectly improve the treatment adherence in these patients, as well as will help taking care of the marital quality.

The assessment of QoML in research on substance dependence is still in its infancy. Still, the chronic nature of drug use problems creates the necessity to look at outcomes beyond the direct consequences of drug dependence and based on clients' needs. Future research starting from a subjective, multidimensional approach of the concept of QoML is required.

The current findings emphasize the importance of assessing associations between specific substances of abuse in researching and predicting partner violence and suggest that future efforts focus on the development of integrated treatments for co-occurring partner violence and substance use disorders.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the institutional ethics committee

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