The Quality of Life of Women with Addicted Husbands and its Related Factors in Gorgan, Iran

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Abstract

Background: Substance abuse can cause problems for family members, especially spouses, and impair the addicts' quality of life; hence, it seems necessary to identify issues that can endanger their quality of life and health. Therefore, the present study aimed to determine the quality of life of women with addicted husbands, and its related factors.

Methods: We conducted the present cross-sectional study on 300 women with addicted husbands who were in the list of clients of private and public addiction treatment centers in Gorgan in 2018. The convenient sampling was used for recruited participants. We gathered data using the World Health Organization Quality of Life-BREF (WHOQOL-BREF), the higher scores indicated a better quality of life. We also analyzed the data in SPSS 16 using descriptive statistics, Chi-square and Mann-Whitney tests at a 95% confidence interval.

Results: The results indicated that women with addicted husbands had lower mean scores of physical health (33.3±19.1), mental health (28±3.19), environmental health (31.5±18.1), social relationship (30.2±21.4), and total scores of quality of life (318.18). There were significant correlation between scores of quality of life and its dimensions with women's job, family income, duration of substance abuse, and type of substance (P<0.001). Also, the quality of life was directly associated with women's jobs and family income, but inversely related to the husband's duration of substance abuse and type of substance.

Conclusion: Women with addicted husbands needed more support due to their low quality of life. These findings help the healthcare provider pay more attention to the problems of women with addicted husbands.
Discussion

According to the research results, the quality of life of women with addicted husbands was at a low level. The results were consistent with findings of many studies, indicating that addiction decreased the quality of life, and increased psychological and social problems for them. Navabi et al. (2017) extracted experiences about the quality of life from addicted families and classified them that a family with lower income had worse living conditions. Kruskal-Wallis test also indicated that there was a significant relationship between the variety of substances and the total score of quality of life (P<0.001). Women whose husbands had a history of abusing more than one type of substance, had a lower quality of life.

The Table also indicated that the mean scores of physical health (33.3±19), mental health (28±3.19), environmental health (31.5±18.1), social relations (30.2±21.4) as well as the total score of quality of life (31.8±18) of women with addicted husbands were low in the study, and the lowest score belonged to mental health, and the highest score belonged to physical health. There was a direct and positive correlation between dimensions of quality of life (physical health, mental health, environmental health, and social relationships) with together, and with the total score of quality of life. The mental health dimension had the highest correlation, and the social relationships dimension had the lowest correlation with the total score of quality of life (Table 2).

Table 1. Distribution of demographic characteristics of women with addicted spouses (N=300)

<table>
<thead>
<tr>
<th>Variables</th>
<th>N (%)</th>
<th>Total quality of life (Mean±SD)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Year)</td>
<td>31-55</td>
<td>36-40</td>
<td>&gt;40</td>
</tr>
<tr>
<td>Educational level</td>
<td>Diploma (26.4%)</td>
<td>Bachelor or equivalent (28.1%)</td>
<td>Middle or high school (27.3%)</td>
</tr>
<tr>
<td>Socioeconomic level</td>
<td>Medium (37.8%)</td>
<td>Low (32.6%)</td>
<td>High (29.6%)</td>
</tr>
<tr>
<td>Income status</td>
<td>Rent (30.3%)</td>
<td>Owner (26.7%)</td>
<td>With the wife's family (26.9%)</td>
</tr>
<tr>
<td>Variety of husband's jobs</td>
<td>One (27.9%)</td>
<td>Two (26.8%)</td>
<td>More than two (25.3%)</td>
</tr>
<tr>
<td>Duration of marriage</td>
<td>1-5 years (27.8%)</td>
<td>6-10 years (27.8%)</td>
<td>11-15 years (27.8%)</td>
</tr>
<tr>
<td>Substance use</td>
<td>&gt;20 (27.8%)</td>
<td>16-20 (27.8%)</td>
<td>12-15 (27.8%)</td>
</tr>
</tbody>
</table>

Table 2. Correlation between dimensions of quality of life in women with addicted spouses

<table>
<thead>
<tr>
<th>Physical health</th>
<th>Mental health</th>
<th>Environmental health</th>
<th>Social relationships</th>
<th>Total score of quality of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.000</td>
<td>0.87</td>
<td>0.84</td>
<td>0.79</td>
<td>0.94</td>
</tr>
</tbody>
</table>

Validity and reliability of the tool were performed by Nejat et al. in a study, titled "Standardization of the World Health Organization Quality of Life-BREF (WHOQOL-BREF): Translation and psychometrics of the Iranian species; and the questionnaire had good validity. The Cronbach's alpha values between the four domains were 0.73 for obtaining the reliability (19). After obtaining the necessary permission from Golestan University of Medical Sciences and obtaining an official permission from the Ethics Committee of the University to attend Gorgan Addiction Treatment Centers, the researcher visited the centers and introduced himself to research units after selecting them, and then he managed the research purpose. After obtaining the written consent from the samples, the questionnaires and information registration forms were completed in the presence of the researcher and through interviews.

The data were provided in SPSS statistics for windows, version 16.0 (SPSS Inc., Chicago, Ill., USA) using descriptive statistics, including mean, standard deviation, frequency, and percentage. To analyze the data, first the normality conditions were examined for the quantitative variables, and the independent t-test was used if the conditions were met, otherwise the Mann-Whitney test was used. Chi-square test was also used for classified variables. Pearson correlation test examined the correlation between domains of quality of life.

The results indicated that the highest age frequency of women participating in the study belonged to the age range of over 40 years (29%), most of whom (54%) had under high school diploma, were housewives (51%), had low income (75.3%), and lived in rented houses (47.6%). In terms of variety of husbands' drugs, 142 husbands (47.4%) had a history of consuming two types of substances (Table 1). Due to the lack of normality of total quality of life scores in different subgroups of independent variables, the Kruskal-Wallis nonparametric test indicated no statistical significant relationship between total scores of quality and age of women (P>0.295), educational status of women (P=0.251), and family housing status (P=0.295) (P>0.05), while there was a significant relationship between the husbands' duration of substance abuse and the total score of quality of life (P=0.038). There was also a significant relationship between women's jobs and total quality of life score (P=0.001) (Table 1). The difference belonged to the job groups of daily wage with housewife and also daily wage with employee. Women who had to work to earn a living, had a worse quality of life. Mann-Whitney nonparametric test also indicated that there was a significant relationship between family income and total quality of life score (P=0.001) so

prevented by recognizing them; secondly, this group can support the patients in the process of intoxication and encourage them to continue this way (10). In fact, examining the individuals' quality of life and taking efforts to improve and enhance it will increase the individuals' physical and mental health. Accordingly, we conducted a study with an aim to determine the quality of life of women with addicted husbands and its related factors.

Methods

We conducted the present cross-sectional study on women with addicted husbands in 2018 for five months (from May to September). Samples were selected from women whose husbands visited public and private addiction treatment centers in Gorgan by a convenience sampling method. In Gorgan, there are a public center and 70 private addiction treatment centers. After obtaining official permission from the ethics committee of the university and also the deputy of treatment of Golestan University of Medical Sciences, we visited the addiction treatment centers (a public center and 20 private centers). We selected 300 women using the convenience sampling method after preparing a list of clients in the addiction treatment centers. We prepared the list of clients only to identify the eligible individuals for the research, and any sample with the inclusion criteria was included in the research. Inclusion criteria: no substance use history, no physical and psychiatric disorders in the samples. We utilized the demographic information registration form, including the participants' age, education levels, and job, family income, residential status, variety of husband's drug, and its duration) and the World Health Organization Quality of Life-BREF (WHOQOL-BREF) to collect the data. The questionnaire, which was developed by a group of experts from the World Health Organization in 1996 by modifying the item form of a 100-question form of the questionnaire, measures the overall quality of life. This questionnaire has 4 subscales, physical health, mental health, social relationships, and environmental health (10).

The physical health domain (8 items, including questions 3, 4, 10, 15, 16, 17, and 18), mental health (6 items, including questions 5, 6, 7, 11, 19, and 26), environmental health (7 items, including questions 8, 9, 12, 13, 14, 23, 24, and 25), and social relations (3 items, including questions 20, 21, and 22) ask 24 questions. The first two questions do not belong to any of the domains, and they generally assess the health and quality of life. Therefore, the questionnaire has a total of 26 questions. The questionnaire items are also evaluated on a 5-point scale each which receives a score of 1 to 5. Initially, a raw score is obtained for each subscale and becomes a standard score between 0 and 100. A score of 0-30 indicates an unfavorable quality of life, a score of 30-70 indicates a medium quality of life, and a score of 70-100 indicates a better and more desirable quality of life (17). A score of 0 to 100 was considered for each domain to compare the scores of the domains with each other according to the following equation (18).

\[ Y_i = \frac{X_i - \text{min(XXX)}}{\text{max(XXX)} - \text{min(XXX)}} \times 100 \]

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of the quality of life score with their job status and the lack of relationship with their educational levels and age, the findings were consistent with a study by Mancheri et al. (2013) who found that working women had a better psychological and social status than women who were not employed (33). For the relationship of quality of life score with type of substance, the finding as consistent with a study by Narimani et al. (2014) who found that the quality of life of the children of heavy drug abusers was lower than the quality of life of the children of light substance abusers. According to the finding, heavy substance abuse by parents had a more destructive effect on the family structure, including the high rate of divorce among the families (5), but in a study by Najafi et al., the demographic characteristics, including family income, job, and housing status, were similar between the two groups and there was no statistically significant difference (10). In their study, there was no statistically significant difference between demographic characteristics, including family income, and job with quality of life between the two groups (women with addicted husbands, and women without addicted husbands) (10), and the result was inconsistent with findings of the present research probably due to personal, cultural, and research society differences.

Conclusion
Low quality of life in families, especially women with addicted husbands, need comprehensive understanding and support. The findings give a new perspective to the treatment team to have a more realistic understanding of the families of addicts and their real problems. Given the lack of education and treatment centers, and officials who help us in the study.

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Ethical statement
This study was approved by the ethics committee of the Golestan University of Medical Sciences.

Conflict of interest
The authors declared no conflict of interest.

Author contributions

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