

Study of Addiction in the Family and its Impact on the Quality of Family Life from the Women Point of View

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Abstract: Addiction, because of its progressive nature in all aspects of life, is considered as a health hazard and its adverse effects are visible in mental, physical, social, emotional, spiritual and cognitive health of people in the family and community. This study shows the relationship between addiction in family and quality of life in Iranian families and in this respect addiction was considered as the independent variables and quality of life was the dependent variable. The research method used in this study includes library and survey methods which collected information and data by questionnaires techniques. Statistical population in this study include 200 wives of addict people in three drug addiction centers in Tehran district 11 who voluntarily cooperated and were questioned through Nonprobability Sampling method. Results showed that the main hypothesis of the study is confirmed, which indicates that there is a significant relationship between addiction in family and quality of life, from the perspective of women in Iranian society.

Keywords: Addiction, family, quality of life, women

INTRODUCTION

Today, addiction is a problem beyond a health problem and has been raised as a social crisis, with global scope and undoubtedly is followed by negative social, cultural, political consequences. In addition to adverse effects on quality of life, addiction reduces the family and social acceptance rate of the person which is considered as a major obstacle for the rehabilitation of addicts in the community.

Quality of life has recently discussed in the literature of sustainable development and social development planning and new economy and has found a special place. Various nations and institutions in the national and local levels have worked on its measurement and creating its indicators. Life quality directly interacts with developed. All development efforts in its various dimensions aim to improve life quality. The quality of life has been defined as the sense of the person about his health, life satisfaction or dissatisfaction, happiness or unhappiness and etc (Hansen, 2010).

Family and the relationships among its members play an important role in shaping the quality of life. Family relationships can also be affected by poor quality of life. Poor quality of life can make people to apply ineffective Coping and adaptation mechanisms which subsequently increase their tension and an increase in tension is directly related to physical factors and can increase the severity of illness in people. Many researchers have examined the relationship between individual characteristics and quality of life and have

identified some factors. These factors include the extent of self-scrutinizing, suffered stress, achieved life goals, coping and adaptation methods (Ghaffari *et al.*, 2010).

Using a series of mechanisms, addiction leads the family towards inefficiency and unhealthiness, family rules would change and a painful and anxious environment will form. Family members, to survive and exist in this chaotic situation, will play a destructive role which is imposed on them by the environment. In general it can be said that playing these destructive roles will make them as partners of the addicted person and start to protect the addict against the natural negative consequences of addiction, which continues the addiction and intensifies the inefficiency in the family. Therefore, for the treatment of drug addiction must go beyond individual treatments and specially detoxification and shall note family infrastructures with its complex conditions. Today, new psychotherapy methods with approach to family have emerged which not only targets the addiction and drug abuse, but also treats family inefficiencies and removes obstacles in the path of the transformation of individuals and their families (Ghamari, 2010).

Therefore the psychological and physical health of each individual can also be effective in quality of life of family members, which means that health is an indicator for person's compatibility with the family and if the family members are physically and mentally healthy, it can be expected that the possibility to obtain good quality of life for all household members increases. But here women as mothers and wives play an important role in the health of other family members

and also incur more effects. This study examines the relationship between addiction in the family and quality of life in Iranian families from the perspective of wives of addicts in Iranian society.

THEORETICAL LITERATURE

Theoretical framework: Quality of life can be examined in individual and collective and subjective and objective dimensions. Objective dimension of quality of life is security of basic necessities and enjoyment of material resources to meet social demands of citizens. In the subjective dimension it refers to independence in increasing subjective well-being which includes enjoyment, satisfaction, purpose in life and personal growth, growth and prosperity and social care and extensive participation in social activities. In the collective dimension it is defined as stable physical and social environment, social resources within groups and communities where they live, such as civil solidarity, integrity, extensive network relationships and temporary bonds in all levels of society, norms, trust, altruism and other humanitarian behaviors, fairness, social justice and equality. But to measure quality of life in cities and countries and also between different segments of a society, measurable indicators are used which have objective measures. Enjoyment of basic needs such as education and health and employment, joy and happiness, life satisfaction, achieving personal goals of enhancing and strengthening human skills are some of these important measures (Aystryn, 2009).

There are two main views about the quality of life, one is the agent-oriented approach in which individual activism is the key subject in the discussion about quality of life, i.e., it is more focused on mentalities, capabilities and abilities of individuals rather than social structural conditions or environment. The second approach is the structuralism approach, which is different from the first approach in two ways; first, it offers a complete and comprehensive concept of quality of life that covers all the areas effective in improving the quality of life and the second difference is that it focuses on society as a whole. In fact this view says that the quality of life in its real meaning cannot be conceptualized independent of relations and common social bonds and interdependence in the context of distributive justice which guarantees personal and economic security, civil protection and human rights (Ghamari, 2010).

Research background: Fridkian (2010) studied the disorder in family functions and its impact on addiction of children. This research used casual-comparison method and collected data by questionnaire and also

examined two groups of addicts and healthy subjects from two population groups. The findings of this study has shown that the most frequent duration of addiction was 7 years and above that and in addition the highest level of education for fathers and mothers was under high school diploma which respectively consisted 90 and 91% of subjects. Also the highest prevalence of fights was observed in 71% of families which have the lowest rate of conflict among its members. The results showed that the disorder in family functions such as parental drug abuse, divorce and permanent conflicts between family members especially parents are the most important family factors that will lead to children addiction.

Hojjati *et al.* (2010) in a research aimed to study the mental health and its relationship to quality of life of addicted people. In this descriptive cross-sectional study, 322 subjects who were qualified for the study were selected through a census from addiction centers of the province in 2009. Data were recorded in a questionnaire consisted of demographic specifications and two questionnaires in relation to mental health (MSE) and quality of life (SF17). The results showed that 52% of studied mental health units were somewhat favorable and 17% favorable. However, 53% had somewhat favorable quality of life and 8 percent had a favorable quality of life. There was a significant correlation between mental health and quality of life. Also there was a significant relationship between mental health and the type of consumed drug and quality of life and occupation and type of used drug. Given that subsequent return to drug and the inability of withdrawal from addiction have been observed in the majority of addicts, the treatment team members shall identify the common characteristics and personality traits of addicted people and their systems of protection and mental health promotion and life quality, to facilitate their prevention, treatment and rehabilitation.

Shams *et al.* (2009) in a comparison study evaluated the quality of life and religious attitudes in addicts and non-addicted people in Kerman and evaluated 200 individuals in two groups of addicts and non-addicted people using two questionnaire of quality of life (36SF) and attitude religious gauge. The findings of this study showed that there is a significant difference between the two groups in terms of religious attitude. Drug addicts in comparison with non-addicted people had lower religious attitudes. There has been a significant difference between the two groups in quality of life and their subscales. Addicts compared with non-addicts had lower quality of life. There was a significant positive correlation between religious attitude and quality of life in both addicted men and non-addicted men.

Hojjati *et al.* (2009) conducted a research named quality of life and its relationship to social acceptance of addicts. This study was a descriptive correlational research and samples were selected through random cluster sampling. Data collection tool consisted of a 17-item questionnaire for Quality of Life and a 33-item questionnaire for social acceptance which the validity and reliability of both questionnaires have been tested frequently in past and the information were analyzed by spss statistical software. The results showed that the drug addiction has a negative effect on quality of life and social acceptance of people. In general numerous social, psychological and biological problems affect the tendency towards addiction and its continuation. Therefore improvement of the quality of life and social acceptance for drug prevention or its cessation requires comprehensive planning and creating a vision and a new attitude toward this issue.

In another research Ghamari (2010) tried to compare the dimensions of family functions and quality of life and the relationship of these variables among addicts and non-addict people. It was casual-comparative research and the measurement tools were family measurement and quality of life. The results showed that disruption in family function dimensions in addicts is more than non-addicts. Addicts have lower quality of life than non-addicts. Also there is a relationship between dimensions of family functioning and quality of life in addicts and non-addict people. The regression analysis results showed that roles and relationships of family function dimensions explain about 17% of the variation in quality of life of people addicted. About 17% of non-addicts' life changes are explained by behavior control of family function dimension. So there is a relationship between the dimensions of family function and quality of life in addicts and non-addicts and there is a negative relationship between impaired function of family relationships and quality of life of children.

METHODOLOGY

Questions:

- Is there a significant correlation between men addiction in the family and the quality of life of their wives?
- Is there a significant correlation between men addiction in the family and the physical health condition of their wives?
- Is there a significant correlation between men addiction in the family and the mental health condition of their wives?

- Is there a significant correlation between men addiction in the family and the condition of welfare and recreational facilities of their wives?
- Is there a significant correlation between men addiction in the family and the education and employment status of their wives?
- Is there a significant correlation between men addiction in the family and the family attachment and social status of their wives?

Hypotheses:

- There is a significant correlation between men addiction in the family and the quality of life of their wives
- There is a significant correlation between men addiction in the family and the physical health condition of their wives
- There is a significant correlation between men addiction in the family and the mental health condition of their wives
- There is a significant correlation between men addiction in the family and the condition of welfare and recreational facilities of their wives
- There is a significant correlation between men addiction in the family and the education and employment status of their wives
- There is a significant correlation between men addiction in the family and the family attachment and social status of their wives

Theoretical and operational definitions of variables:

Independent variables:

Addiction: Addiction is a mental, social and economic illness, which is caused by abnormal and unauthorized use of some substances such as alcohol, opium, hashish, etc. and leads to psychological or physiological dependence of the suffered person (addicted) to these substance and marks adverse effects on his physical, psychological and social performance. The addiction phenomenon is studied in medical, psychology and sociology fields. According to the definition of World Health Organization, an addict is person who due to repeated and continuous use, is dependent on drugs or medicines or other materials and have these characteristics:

- Due to regular consumption of drugs or medicine, a mental habit will develop and this habit creates a psychological need and tendency towards drugs or medication and encourages the individual to obsessive use of drugs.
- To maintain the desired result for the addicted person, a growing number of consumables are used.

- After the drug or medication withdrawal some especial symptoms appear in addicts and those symptoms depend on the type of drug or medication (Hojjati *et al.*, 2009).

Dependent variable:

Quality of life: The term quality of life is used to evaluate the general wellbeing of individuals and communities. This term is used in a wide range of areas, including international development, health and policy. The researchers agree on its three important features including its multi-dimensional, subjectivity and dynamism features. Quality of life is a multi-dimensional subject and has physical, mental, social and spiritual dimensions which match the definition of health. In this line indicators and components of quality of life include wealth and jobs, environment, physical and mental health, education, recreation and leisure and family and social belonging (Mukerjee, 2006). The operational definition of quality of life in this study include these components in the form of following indicators which are presented as a Likert's five-part range in quality of life evaluation questionnaire with 25 questions:

- **Physical health**

- How satisfied are you with your health?
- How safe is your environment?
- Do you have enough energy for everyday life?
- How satisfied are you with the appearance of your body?
- How much physical pain prevents you from doing your desired tasks?
- How much medical treatment do you need for everyday activities?

- **Mental health**

- How much do you enjoy your life?
- How much do you feel that your life is meaningful?
- How much can you focus?
- How much do you feel safe in their daily life?
- How much are you affected by conditions such as sad mood, hopelessness, anxiety and depression?

- **Material and welfare facilities**

- How much do you need money and financial resources?
- How much do you have access to the information you daily need?
- How much can you do leisure activities?

- How much can you move and be active?
- How much are you satisfied with your sleep?
- How much are you satisfied with the conditions of your living place?
- How much are you satisfied with your access to health services?
- How much are you satisfied with your transportation facilities?

- **Employment and Education**

- How much are you satisfied with your ability to perform everyday life?
- How much are you satisfied with your ability to work (jobs)?
- How much are you satisfied with your education and skills?

- **Family and community belongings**

- How much are you satisfied with your private affairs?
- How much are you satisfied with your sex?
- How much are you satisfied with the support you received from your friends?

- **Research methods:** This research is an operational study and is composed of two parts. The first part used the library and attributive method which through studying documents, theses, books and various magazines, all the resources that were somehow related to social participation and women's issues were collected and discussed. The second part which is a field research and is based on survey method, related data were collected using questionnaire techniques. This questionnaire which aimed to evaluate quality of life consisted of 25 questions with indicators that were discussed in the form of Likert's five-part spectrum and after opinions of individuals were collected, their scores were calculated. At this stage data were analyzed statistically through spss software and results are discussed.

The Cronbach's alpha coefficient of the questionnaire was calculated using spss software. For data analysis descriptive statistics were used and for classification of raw scores, a frequency distribution table was designed, dispersion parameters such as mean, standard deviation and variance were calculated. Inferential statistics were used to determine the parametric and nonparametric tests. To determine the normal distribution of variables Kolmogorov-Smirnov test was used. Then the Leuven test was used to

Table 1: Regression statistical characteristics of addiction on subscales of spouses' quality of life

Model index	SS	df	Ms	F	P	R	R ²	SE
Regression	3553.783	2	1265.89	3.513	0.033	0.226	0.314	31.962
Remaining	56845.475	198	60.3424					
Sum	60398.25	200						

Table 2: The regression coefficients of family men addiction on the quality of family life of women

Variable index	B	SEB	β	T	P
Physical health constant	42.121	9.017		4.475	0.0001
Mental health Facilities	0.587	0.305	0.493	2.635	0.014
Employment and Education	0.332	0.101	0.198	1.047	0.011
	-0.358	0.136	-0.284	1.108	0.016
	0.278	0.145	0.121	1.109	0.016
Family and community affiliations	-0.214	0.158	-0.103	1.041	0.012

determine the homogeneousness of variance between variables. To determine the relationship between variables, parametric tests such as chi-square, regression and Pearson and Spearman correlation coefficient were used.

Sampling method and statistical population:

Statistical population in this study consisted of 200 wives of addicts in three rehabilitation centers in district 11 of Tehran who voluntarily cooperated and were selected through nonprobability sampling.

RESULTS

The first hypothesis: There is a significant relationship between men addiction in the family and quality of life of their wives.

Regression statistical characteristics of addiction on subscales of spouses' quality of life is shown in Table 1.

Assuming that R² is the common variance percentage of addiction of family men in predicting quality of life of their wives, results in Table 1 indicates that men addiction predicts 0.314 variance of women's quality of life. Since calculated F is less than 0.055 of significance level (P = 0.033, F = 3.513), therefore the linear regression model is significant and men addiction in families and quality of life of women have a significant linear relationship. Evaluation results of the significant model in the form of regression coefficients table are presented in Table 2.

Results in Table 2 shows that the variance of family men addiction is able to predict the quality of life of women. T test is significant of regression coefficient levels lower than 0.05 and given that b is the non-standard regression coefficient, it is recommended to compare the standard regression coefficients. Comparison of standard regression coefficients show that physical health ($\beta = 0.493$) has a greater share in predicting women's quality of life. It is noteworthy that

according to the calculated beta and as there is a negative relationship between men addiction and component of quality of life (mental health $\beta = -284/0$ and family and social attachments, $\beta = -103/0$), it can be concluded that the more is the duration of men addiction, the less is the mental health and family and community affiliations level of women and vice versa.

The second hypothesis: There is a significant relationship between men addiction in family and physical health status of their wives.

The correlation coefficient between men addiction in families and physical health status of their wives is shown in Table 3.

Given the information in the correlation table, the mentioned hypothesis was tested using correlation method. The results showed that there is a significant relationship between men addiction in families and physical health status of their wives in alpha level of 0.05. Therefore the null hypothesis is rejected and with 95 percent of confidence it can be said that there is a significant relationship between men addiction in family and physical health status of their wives.

The third hypothesis: There is a significant relationship between men addiction in families and mental health status of their wives.

The correlation coefficient between men addiction in families and their wives mental health status is shown in Table 4.

Given the information in the correlation table, the mentioned hypothesis was tested using correlation method. The results showed that there is a significant relationship between men addiction in families and mental health status of their wives in alpha level of 0.05. Therefore the null hypothesis is rejected and with 95% of confidence it can be said that there is a significant relationship between men addiction in family and mental health status of their wives.

Table 3: The correlation coefficient between men addiction in families and physical health status of their wives

Option	N	R	p-value
Addiction of men in the family and physical health status of their wives	200	0.214	0.005

Table 4: The correlation coefficient between men addiction in families and their wives mental health status

Option	N	R	p-value
Men addiction in families and their wives mental health status	200	0.587	0.005

Table 5: Correlation coefficient if men addiction in the family and welfare and recreational facilities of their wives

Option	N	R	p-value
Men addiction in the family and welfare and recreational facilities of their wives	200	-0.332	0.005

Table 6: Correlation coefficients between men addiction in the family and employment and education status of their wives

Option	N	R	p-value
Men addiction in the family and employment and education status of their wives	200	0.183	0.005

Table 7: The correlation coefficient between the men addiction in families and family and social affiliations status of their wives

Option	N	R	p-value
Men addiction in families and family and social affiliations status of their wives	200	-0.195	0.005

The fourth hypothesis: There is significant relationship between men addiction in family and welfare and recreational facilities of their wives.

Correlation coefficient if men addiction in the family and welfare and recreational facilities of their wives is shown in Table 5.

Given the information in the correlation table, the mentioned hypothesis was tested using correlation method. The results showed that there is a significant negative relationship between men addiction in the family and welfare and recreational facilities of their wives in alpha level of 0.05. Therefore the null hypothesis is rejected and with 95% of confidence it can be said that there is a significant relationship between men addiction in the family and welfare and recreational facilities of their wives.

The fifth hypothesis: There is a significant relationship between men addiction in the family and employment and education status of their wives.

Correlation coefficients between men addiction in the family and employment and education status of their wives is shown in Table 6.

Given the information in the correlation table, the mentioned hypothesis was tested using correlation method. The results showed that there is a significant relationship between men addiction in the family and

employment and education status of their wives in alpha level of 0.05. Therefore the null hypothesis is rejected and with 95% of confidence it can be said that there is a significant relationship between men addiction in the family and employment and education status of their wives.

The sixth hypothesis: There is a significant between men addiction in families and family and social affiliations status of their wives.

The correlation coefficient between the men addiction in families and family and social affiliations status of their wives is shown in Table 7.

Given the information in the correlation table, the mentioned hypothesis was tested using correlation method. The results showed that there is a significant negative relationship between men addiction in families and family and social affiliations status of their wives in alpha level of 0.05. Therefore the null hypothesis is rejected and with 95% of confidence it can be said that there is a significant relationship between men addiction in families and family and social affiliations status of their wife.

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