

Association between quality of life and marital adjustment of individuals with alcohol dependence syndrome

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ABSTRACT

Background: Alcohol consumption creates various psychosocial issues among families. Spouses of individuals with alcohol dependence syndrome are more affected. Marital conflict and the quality of life of individuals and family members are hampered. **Aim:** The aim of the present study was to assess the relationship between quality of life and marital adjustment in individuals with alcohol dependence syndrome. **Methodology:** This study used a cross-sectional, hospital-based descriptive research design. The total sample size of the study was 100, and participants were selected using a purposive sampling technique. Measurements used in this study included: a) a self-prepared socio-demographic data sheet, b) the Quality of Life Questionnaire (WHOQOL-BRIEF), and c) the Marital Adjustment Questionnaire. **Results:** The correlation between marital adjustment and quality of life was found to be significant. **Conclusion:** The present study found a significant relationship between alcohol intake and poor quality of life, indicating poor marital satisfaction that needs to be addressed.

Keywords: Alcohol dependence, quality of life, marital adjustment

INTRODUCTION

Marital Adjustment is state in which there is an overall emotional understanding between wife and husband in some points like: happiness, social maturity and satisfaction with their married life among each other. Satisfactory relationship among spouses was characterized by mutual concern, proper care of each other, acceptance and understanding. Marital adjustment is considered as a fraction of social well-being in family and community, distressful marital relationship among spouses. Disturbed relationship between spouses affected individual mental health, daily functioning, physical health, quality of life and financial outcomes. [1] Among individual with chronic psychiatric illness marital relationship is a serious concern, this is directly affecting treatment outcomes and complications. Literature suggested that there is well-establish relationship among individual psychopathology and marital status. [2]


There was poor marital interaction reported by couples where husband was diagnosed with ADS and wife was non-alcoholic. It was found that excessive drinking has a detrimental impact on marital adjustment and when the problems are unresolved it might result in marital separations and divorce. However, in lack of research evidences, the nature and strength of the influence of alcohol abuse cannot be confirmed. In addition, it is also not clear that marital conflict can be a moderating factor in alcohol abuse. [3]

Husbands who suffer from alcoholism may have problems in their marriages. Poor communication, erratic husband behaviour, and their carelessness in family affairs can frequently result in a couple's relationship being of low quality. [4] People who are dependent on alcohol experience interpersonal problems, marital discord, accidents, crimes, difficulties adjusting to life at home and at work. [5]

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Long absences from home, disarray in the home, poor communication, marital violence, and animosity towards the wife are examples of alcohol misuse by the husband.^[6] Alcoholics' spouses have a wide range of effects. Significant rates of emotional and physical health issues, communication difficulties, a lack of social interaction, and low marriage satisfaction are among the issues they frequently face.^[7]

The study's objective was to evaluate the relationship between a person's quality of life and marital adjustment in individuals with alcohol dependency syndrome.

METHODS AND MATERIAL

A cross-sectional hospital-based descriptive research approach was employed in this study. For the purposes of this study, 100 participants made up the sample. The sample was chosen with the purposive sampling technique. The Institute of Mental Health and Hospital Agra's outpatient and inpatient departments served as the study's sites. Following receipt of the Institute's ethical consent, study subjects were added: identified using ICD-10.^[8] Age range: 21 to 55; married; residing with spouse for the past three year at least; and duration of history was more than two years. The study excluded participants with comorbidities of other serious medical illnesses or any other mental disorder. Tools were employed in the study to evaluate socio-demographic data sheet, marital adjustment Questionnaire,^[9] and Quality of Life Scale (BREF).^[10] Version 21st of the Statistical Package for the Social Sciences (SPSS) will be used for the statistical analysis.

RESULTS

Results shows in table 1 socio demographic details of the participants. Mean age of the participants was 37.31±6.39 years. The present study similar to earlier study. Majority (43 %) of the participants were illiterate. Other result shows that (36%) of the participants were educated till Primary, (13%) were educated up to Secondary and (8%) were educated up to Higher Secondary. Majority of the (86 %) participants belong to Hindu religion comparison with Islam (7%) and others (7%). Result found that in study types of the family (50%) participants were lived in nuclear family and (50%) lived in Joint family. Majority (40.0%) of the participants were farmer

followed by private job, government job and business (33.3%), (20%) and (6.7%) respectively. More than half (63%) belongs to rural area comparison with (26%) urban and (10%) semi-urban participants found in present study.

Table 1: Socio-Demographic Details of Participants (N=100)

Variables	Frequency (%)
Age	
Mean ± SD	37.31±6.39
Education	
Primary	43
Secondary	36
Higher Secondary	13
Graduate and above	8
Religion	
Hindu	86
Islam	7
Other	7
Family Type	
Joint	47
Nuclear	43
Separated	10
Occupation	
Government	15
Farmer	34
Private	29
Business	6
Unemployed	14
Domicile	
Rural	63
Urban	27
Semi-urban	10

Correlation

There is no significant correlation present between quality-of-life domain and SAD-Q.

Association of score of SAD-Q and Marital Adjustment Scale shows. There is significant negative correlation present between Marital Adjustment Domain (Social & Emotional Adjustment) and SAD-Q at 0.05 level p= -.027 & -.028.

Significant correlation found sexual adjustment and physical health .375, social relationship .461 at (p>0.05) level. Social adjustment and social relationship highly significant associated .483 at (p> 0.01) level.

Table 2 shows that the association among Marital Adjustment and Quality of Life Scale.

Table 2: Correlation between Marital Adjustment and Quality of Life Scale

Adjustment	Physical Health	Psychological	Social Relationship	Environmental
Sexual	.375 [*]	.205	.461 [*]	-.204
Social	.287	.275	.483 ^{**}	.270
Emotional	-.040	-.010	-.062	.229

**=0.01, *=0.05 level. (2-tailed)

DISCUSSION

Kearns & Leonard conducted a longitudinal study to assess the association between frequent and excessive drinking with marital satisfaction for a period of three years. Longitudinal influence was observed to be contradictory and the result showed that husband or wife having history of alcohol abuse is not associated with declines in marital satisfaction and vice versa.^[11] The findings shows significant relationship among individual substance taking behaviour positively correlate with couples poor quality of life and unsatisfactory marital relationship.

The study conducted previously was revealed that children’s risk of maladjustment due to parental drinking problems. The sample of the study comprised of 215 mothers and fathers of kindergarten children from the community who completed measures of problem drinking symptoms.^[12] present study found that problematic drinking was associated with poor marital satisfaction and ineffective parenting. One study found statistically significant negative correlation between alcohol consumption and marital satisfaction. It was found that in compare to appropriate groups, marital satisfaction and marital interaction was poor in alcoholics under treatment and their spouses.^[13]

Study assessed predictive factors of marital status influencing amount of alcohol consumption and mediating effects of parental status. The study was a longitudinal cohort study conducted at Great Britain. Participants belonged to England, Wales and Scotland with age group 23 to 33 years, with history of heavy drinking, both male and female were selected for the study. It was found that participants who were divorced had more consumption (21.4% to 13.0% in males and 3.4% to 6.4% in females) in compare to married participants. The study concludes that divorced participants reported

heavy drinking level. Thus, marital separation was one of the predictive factors for heavy drinking problems.^[14]

Whisman in the year 1999 studied the relation among marital dissatisfaction and 12-month prevalence rates of Diagnostic and statistical manual of mental disorders.^[15] It was found that spouse of alcohol dependent reported negative impacts at various levels as they were experiencing significant mental and physical problems, communication problems, social activity and poor marital satisfaction.^[7]

Marital dissatisfaction and psychiatric morbidity are significantly correlated, with poorer marital satisfaction reported by spouses with substance dependence. The degree of alcohol dependence in men and marital satisfaction negatively associated, with satisfaction declining with increasing dependence.^[17] While one Indian study revealed a positive link between men's duration of dependence and their partners' greater degrees of discomfort, studies conducted in the West have established a correlation between alcohol dependency and marital discord.^[18]

CONCLUSION

Excessive drinking adversely affects marital satisfaction, stability and understanding among spouses. Marital and family relationship gets disrupted due to alcohol intake. A significant relationship present among alcohol dependence and poor quality of life with poor marital satisfaction.

Conflict of Interest: None

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