# "QUALITY OF LIFE AMONG THE FAMILY MEMBERS OF PATIENT WITH SUBSTANCE ABUSE RESIDING IN RURAL AREAS"

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#### ABSTRACT

**Background**: Substance use disorder, commonly seen as a hereditary condition, also has a detrimental impact on the lives of family members. Carers experience stress and strain due to the rise in unpredictable and unreliable behaviour exhibited by individuals with Substance use disorder. **Objectives**: To assess quality of life in family members of patient with substance abuse residing in rural areas and to find out an association between the quality of life family members of patient with substance abuse residing in rural areas with their selected demographic variables **Methodology**: A descriptive survey design was adopted for the study. Study was conducted at rural areas of Belagavi district of Karnataka. The samples for the study were selected by using probability multistage random sampling. Study was conducted among 600 samples and data was collected by interview technique. **Results**: The study result reveal that, quality of life scale, mean was 59.02, median was 60; mode was 59 with standard deviation 6.51 and range score of 33-72. Majority 488(81.3%) of participants were had medium level quality of life, 57(9.5%) participants were had high level quality of life and remaining 55(9.2%) of participants were had low level of quality of life. **Conclusion:** A significant proportion of the individuals exhibited moderate levels of quality of life. By attending to the mental health concerns of family members of individuals with substance abuse disorders, it is possible to not only alleviate their burden but also enhance their overall quality of life and treatment outcomes.

Key Words: Quality of life, substance use disorders, family members, rural areas

#### **INTRODUCTION:**

The family is the fundamental building block of society and plays a significant role in the welfare of its members. The prevalence of mental illness is increasing worldwide, leading to a corresponding increase in the caregiving responsibilities experienced by individuals who are mentally ill.<sup>1</sup> In addition to offering assistance with routine tasks, families also extend emotional, social, and financial assistance to persons afflicted with mental illness. Family members, being the initial individuals to interact with individuals with mental illness, are likewise confronted with societal stigma, shame, and discrimination. The presence of a chronic mental illness in a family member can have a profound impact on the lives of other family members, leading to limitations in their opportunities for leisure, social interaction, and employment. This increases their susceptibility to mental disease.<sup>2</sup> Drug use disorder encompasses a collection of behavioural and physiological manifestations, such as withdrawal, tolerance, and craving.<sup>3,4</sup>

Substance use disorder, commonly seen as a hereditary condition, also has a detrimental impact on the lives of family members. Carers experience stress and strain due to the rise in unpredictable and unreliable behaviour exhibited by individuals with Substance use disorder.<sup>5</sup> Consequently, this results in impaired coping mechanisms and heightens their susceptibility to mental disorders. The burden of domestic violence, encompassing physical, verbal, and sexual manifestations, mostly falls upon the family unit. Other factors that hinder the well-being of carers include low levels of marital satisfaction, poverty, and feelings of humiliation. Ultimately, this leads the family to a state of extreme poverty.<sup>6</sup> Alcoholism has a significant impact not only on the individual consumer but also on their entire family unit. According to estimates, the number of dependent alcohol users in India is approximately 10.6 million out of a total of 62.5 million alcohol consumers.<sup>7</sup> Although there is significant progress being made in providing assistance to these individuals, particularly in urban regions of the nation, their spouses and children remain marginalised and overlooked.<sup>8</sup> Wives of individuals with alcoholism commonly have notable challenges, including marital discontent, limited social engagement, communication difficulties, physical ailments, and mental health illnesses.<sup>9</sup>

Through a comparison study, the authors conducted an assessment of the quality of life between wives of patients with alcohol misuse and healthy participants. The findings revealed that the former group had lower scores across all dimensions of quality of life. Moreover, the intensity of alcoholism had a greater impact on the aspects of social relation and environment compared to the physical and psychological dimensions.<sup>10</sup>

In a developing nation such as India, there is a scarcity of health professionals and facilities dedicated to mental health, which hinders the provision of long-term therapies. Consequently, healthcare professionals are constrained to depend on the family unit to address the needs of the bulk of the population.<sup>11</sup> Therefore, the presence of sufficient familial support is crucial for the provision of patient care and to alleviate the workload on healthcare professionals and administrators. Alcohol Use Disorder impacts individuals from many backgrounds. The ingestion of alcohol is associated with potential negative health and societal outcomes due to its intoxicating, poisonous, and addictive characteristics. The data published by the World Health Organisation (WHO) indicates that alcoholism accounts for around 20% of all mortality cases. In general, Alcohol Use Disorders (AUDs) account for over 5% of the worldwide mortality rate.<sup>12</sup> The prevalence of alcohol use in India, as reported by general population surveys, varied between 1.15% and 50% in the year 2017.<sup>13</sup> Alcohol use disorder exhibited a prevalence rate of 8.7% among males and 1.9% among females, whereas alcohol dependence was found to be 5.5% among males and 1.35% among females.<sup>14</sup>

Epidemiological studies published in both foreign and domestic publications have demonstrated that drug use/abuse is a significant mental health concern within the context of India. Furthermore, numerous studies have documented numerous problems linked to substance usage among family members. Based on the aforementioned facts and data, the current study was conducted to assess the quality of life among the family members of patient with substance abuse.

# **OBJECTIVES:**

- 1. To assess quality of life in family members of patient with substance abuse residing in rural areas.
- 2. To find out an association between the quality of life family members of patient with substance abuse residing in rural areas with their selected demographic variables.

# **HYPOTHESIS:**

 $H_{01}$ : There will be no statistical association between levels of quality of life of family members of patient with substance abuse and their selected socio demographic variables at 0.05 level of significance.

#### **METHODOLOGY:**

A quantitative research approach with descriptive survey design was adopted for the study. Study was conducted at rural areas of Belagavi district of Karnataka. The population in the present study comprises of family members of patients with substance abuse selected by using probability multistage random sampling. Study was conducted among 600 samples and data was collected by interview technique.

#### TOOLS OF DATA COLLECTION:

The tool for data collection was divided into 2 parts which consists of demographic data and for assessment of quality of life of family members of patient with substance abuse a quality of life assessment scale given by World Health Organization was used. This scale consisted of 26 items related to quality of life which assess the overall quality of life and 4 other different domains like physiological domain, psychological domain, social relationship domain and environmental domain.

# DATA COLLECTION PERIOD: 15th January 2021 to 15th April 2021

#### **RESULTS:**

#### Section 1: Description of Selected Personal Variables of participants

The socio demographic variables of the participants described as, majority 263 (43.8%) of the respondents belong to the age group of 31-40 years, majority 436(72.7%) of participants were females, majority 384(64%) of participants were belonged to Hindu religion, majority 372(62%) of participants were belonged to nuclear family, majority 305(50.8%) of respondents were had more than 4 members in the family, majority 273(45.5%) of respondents were had high school education, majority 231(20.7%) of respondents were doing agricultural work, majority 224(37.3%) of respondents family income was 10001-15000, majority 350(58.3%) of participants were spouse of patients.

#### Section 2: Description of quality of life scale scores of participants a. Description of mean, median, mode, standard deviation and range scores of quality of life scale

				$\mathbf{N}=60$	0
Domain of quality of life	Mean	Median	Mode	Sd	Range
General Health	4.33	4	4	1.05	2-8
Physical health	15.18	15	15	2.38	7-21
Psychological Domain Social health domain	13.06	13	13	2.45	6-20
	7.39	7	6	1.47	3-12
Environmental health domain	19.04	19	19	3.01	10-26
Total QOL	59.02	60	59	6.51	33-72

 Table 2

 Quality of life scores of participants

Table 2 reveals the mean quality of life scores of participants, it shows that,

- In the area of general health, mean was 4.33, median was 4; mode was 4 with standard deviation 1.05 and range score of 2-8.
- In the area of physical health, mean was 15.18, median was 15; mode was 15 with standard deviation 2.38 and range score of 7-21.
- In the area of psychological domain, mean was 13.06, median was 13; mode was 13 with standard deviation 2.45 and range score of 6-20.
- In the area of environmental health domain, mean was 19.04, median was 19; mode was 19 with standard deviation 3.01 and range score of 10-26.
- Total quality of life scale, mean was 59.02, median was 60; mode was 59 with standard deviation 6.51 and range score of 33-72.

# b. Description of findings related to level of quality of life among participants

# Table 3 Frequency and Percentage distribution of participants according to level of quality of life

	N=600					
Level of quality of life						
Low level	Medium level	High level				
f (%)	f (%)	f (%)				
55 (9.2)	488 (81.3)	57 (9.5)				

The data presented in the Table 3 shows level of quality of life of participants, it reveals that,

Majority 488(81.3%) of participants were had medium level quality of life, 57(9.5%) participants were had high level quality of life and remaining 55(9.2%) of participants were had low level of quality of life.



Fig 1: Percentage distribution of participants according to their level of quality of life

#### c. Comparison of various demographic characteristics with mean quality of life of participants

The participants mean quality of scores with their various demographic characteristics was calculated, it represents the,

- Quality of life scores of participants in general health domain not found significant for any selected socio demographic variables. It indicates that, there is no significant difference of mean quality of life scores of participants in general health domain with respect to any of demographic variables.
- Quality of life scores of participants in physical health domain not found significant for any selected socio demographic variables. It indicates that, there is no significant difference of mean quality of life scores of participants in physical health domain with respect to any of demographic variables.
- Quality of life scores of participants in psychological health domain not found significant for any selected socio demographic variables. It indicates that, there is no significant difference of mean quality of life scores of participants in psychological health domain with respect to any of demographic variables.
- Total quality of life scores of participants in social health domain with respect to sources of information was found significant and not found significant for other selected socio demographic variables. It indicates that, there is significant difference of mean quality of life scores of participants in social health domain with respect to their sources of information.
- Quality of life scores of participants in environmental health domain not found significant for any selected socio demographic variables. It indicates that, there is no significant difference of mean quality of life scores of participants in environmental health domain with respect to any of demographic variables.
- Total quality of life scores of participants with respect to sources of information was found significant and not found significant for other selected socio demographic variables. It indicates that, there is significant difference of mean quality of life scores of participants with respect to their sources of information.

#### d. Association between levels of quality of life of participants with demographic characteristics

Computed Chi-square value for association between level of quality of life of participants and their selected demographic variables is not found to be statistically significant at 0.05 levels for any of the selected socio demographic variables indicating no association between quality of life of participants with their selected demographic variables.

# CONCLUSION:

The study involved the voluntary participation of individuals residing in chosen rural areas of Belagavi district. A significant proportion of the individuals exhibited moderate levels of quality of life. By attending to the mental health concerns of family members of individuals with substance abuse disorders, it is possible to not only alleviate their burden but also enhance their overall quality of life and treatment outcomes.

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