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.
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 the private and public 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 abuse and known 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 items 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-item scale of each which 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 30-50 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):

\[ Y = \frac{X - \text{min}(X)}{\text{max}(X) - \text{min}(X)} \]

Validity and reliability of the tool were performed by Nejati et al. in a study, titled "Standardization of the World Health Organization Quality of Life-BREF (WHOQOL-BREF): Translation and psychometrics of the Iranian version," 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 the researchers after selecting them, and then he explained 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.

Results
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=0.293) (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 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 (33.2±19.1), 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).

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.
into seven main topics, including financial issues, intercourse disability, physical, emotional, social, and mental health, and performance-related issues. The quality of life of family members of addicts was low and it was consistent with the present study (20).

In Najafi's study, the mean score of the GHQ28 was 28.5 in the group of women with addicted husbands and, and 13.3 in the control group; and the men had lower levels of general health in terms of symptoms of depression, somatic disorders, anxiety, insomnia, and social performance in comparison with the control group, and the difference was significant in depression, anxiety, and insomnia and somatic disorders. (P < 0.001)

The present study indicated that women with addicted husbands had lower levels of mental health, and the result was consistent with studies by Mahdizadeh (21), Mariarty et al. (2011) (22), Mancheri et al. (2013) (23), and Keshavarz et al. (2014) (24). Addiction is a family illness, and after years of enduring the anxiety of living with an addicted person, family members, especially the addicted person's spouse, may be in a much worse psychological state than the addicted person. The sad truth is that the addicted person drowns in the drunkenness caused by the substance abuse, and does not know what problems the addiction will bring for oneself or family. The addict's family members have no choice but to endure the problems that the addicted person has created for them, and since they have no available support to bring comfort and peace of mind, they further feel the devastating and terrifying effects of the family member's addiction. Even if the addict stops using the drug and is recovering, family members will still be affected by the psychological and emotional damage left from the addiction time. As long as the family members do not accept that their own lives are affected by the addiction and need a solution to recover, they will undoubtedly continue the same painful and unhealthy life that they have been accustomed to for many years with an addicted person (25).

In the present study, the mean score of spouses in physical dimension was 33.3 that was a low level. Choudhary (2016) (26), Ray et al. (2006) (27), and Lee et al. (2011) (25) found that family members of addicts had physical problems probably since living with substance abusers was stressful. Substance abusers often take actions that can adversely affect their own and family members' lives (24).

Addiction is an ominous social phenomena and the importance of the women's role in families with addicted heads doubles since that the family is the most vulnerable social institution to the effects of addiction and the addiction and their family, especially the addicted person's spouse, may be in a much worse psychological state than the addicted person. The mental health had the highest correlation with the quality of life of the children of addicted people. The authors are grateful to women with addicted husbands, personnel of the addiction treatment centers, and officials who helped 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.

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References


27. Ray GT, Mertens JR, Weisner C. Family members of people with alcohol or drug dependence: health problems and medical cost compared to family members of people with diabetes and asthma. Addiction. 2008; 104(2):203-14. [View at publisher] [DOI] [Google Scholar]


29. Naemi AM. Effectiveness of family-based education on mental health and resiliency of women with addicted husband (Case study: Sabzevar). Wom Dev Pol. 2015; 1(13):4-52. [View at publisher] [Google Scholar]


32. Vaez M, Kristenson M, Lafortune L. Perceived Quality of Life and Self-rated Health Among First-Year University Students. Social Indicators Research. 2004; 68(2):221-34. [View at publisher] [DOI] [Google Scholar]


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