



“PSYCHOSOCIAL ISSUES AND COPING AMONG THE FAMILY MEMBERS OF PATIENT WITH SUBSTANCE ABUSE RESIDING IN RURAL AREAS”

Dr. Suresh Patil^{1*}, Dr. Meenaxi R. Devangmath², Mr. Tanveer Ahamed³

¹Associate Professor, Government college of Nursing, BIMS, Belagavi, Karnataka

²Principal, Sankanur Institute of Nursing sciences, Gadag, Karnataka

³Assistant Professor, Government college of Nursing, BIMS, Belagavi, Karnataka

***Corresponding Author:** Dr. Suresh Patil

*Associate Professor, Government college of Nursing, BIMS, Belagavi, Karnataka

ABSTRACT

Background: Substance use disorders have a broader impact beyond the individual who engages in substance abuse. They have the potential to adversely affect the entire family unit, leading to disruptions in interpersonal relationships, communication patterns, and social cohesion among family members.

Objectives: To find out the psychosocial issues of family members of patient with substance abuse residing rural area and to identify coping strategies adopted by family members of patient with substance abuse residing in rural areas.

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, Majority 390(65%) of participants were had moderate nature problems, 115(19.2%) participants were had severe nature problems and remaining 95(15.8%) of participants were had mild nature problems. With respect to coping majority 371(61.8%) of participants were had poor coping, 212(35.3%) participants were had moderate coping and remaining 17(2.8%) of participants were had good coping. There was statistically significant association found at 0.05 levels between psychosocial issues and educational status, occupation and family income of participants.

Conclusion: The family members faced one or other issues related to use of substances in family. They adopted some coping strategies to cope with the situation. These people need support from the society and health care members to adequately get adequate treatment for patient with substance use disorder and cope with the difficult situation.

Key Words: Psychosocial issues, coping, substance abuse, family members, rural areas

INTRODUCTION:

Substance addiction is a multifaceted health issue that carries significant implications across various domains, including individual, economic, biological, pharmacological, social, family, legal, and psychological aspects.¹ The prevalence of substance use disorders, encompassing drug and/or

alcohol addictions, among those aged 12 years and older was estimated to be 21.5 million, as reported by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) and the National Survey on Drug Use and Health.²

The prevalence of substance abuse significantly affects the familial dynamics of several individuals who endure the profound consequences associated with these addictive behavior's. Several individuals lack the necessary assistance to address these issues in their everyday lives, resulting in adverse consequences for their families.³ This issue encompasses not only the individuals struggling with addiction but also their family and is linked to a range of consequences, specifically psychological disorders, for both the perpetrators and their relatives.⁴

Substance use disorders have a broader impact beyond the individual who engages in substance abuse. They have the potential to adversely affect the entire family unit, leading to disruptions in interpersonal relationships, communication patterns, and social cohesion among family members. A family can be conceptualized as a complex system with various components, referred to as "parts," wherein alterations in one component might have far-reaching effects on the entire system. The impact of a family member with a substance use disorder on their family can differ greatly, contingent upon factors such as the severity of the disorder, availability of resources, family structure, substance misuse patterns, and the presence of substance misuse or related activities within the family residence, among others.⁵

While every family is unique, families that experience substance usage frequently exhibit shared characteristics. Individuals in this group commonly exhibit a deficiency in adaptability, as opposed to an abundance. They tend to face elevated levels of discomfort and dysfunction, exhibit diminished levels of family expressiveness, cohesion, and agreement, and encounter a phenomenon known as the "reciprocal causality" of maladjustment. Substance misuse is a cause of family dysfunction, and it is also a factor that influences substance misuse and relapse. Hence, the two phenomena are intricately linked.^{6,7,8}

There exists variability in the patterns and dynamics that families exhibit in response to substance use disorder. Families exhibit significant diversity, with their issues and concerns being shaped by many contextual elements and life events. Nevertheless, there were shared characteristics across families exhibiting comparable family structures and diagnosed substance use disorders. When engaging with couples who do not have children, families that include teens, or blended families, it is common to encounter relational complexities and challenges related to substance use disorders. Substance abuse can have a detrimental impact on intimate relationships, including both married and unmarried couples. The sustainability of relationships is frequently compromised when at least one individual involved in the relationship is afflicted with a substance use disorder. According to data from the NESARC, couples with lifetime AUD have significantly greater rates of marriage breakdown compared to couples without lifetime AUD, with rates of 48 percent and 30 percent respectively. An analysis of data from the National Comorbidity Survey conducted over a period of 10 years revealed that the usage of alcohol or drugs was strongly associated with a 1.62-fold higher likelihood of experiencing divorce in the future.^{9,10}

There is a correlation between drug use and alcohol misuse and a higher occurrence of intimate relationship violence.¹¹ According to the American Society for Addiction Medicine, the prevalence of substance use in instances of intimate partner violence ranges from approximately 40 percent to 60 percent.¹² The prevalence of substance abuse among women who have been subjected to intimate partner violence is significantly greater, ranging from 18 percent to 72 percent, compared to women who have not experienced such violence. The prevalence of intimate partner violence among women seeking treatment for substance use disorder ranges from 47 percent to 90 percent during their lifetime.¹³

The ramifications of substance misuse often extend beyond the immediate familial unit. Feelings of abandonment, worry, fear, wrath, concern, humiliation, or guilt may be experienced by extended family members. Consequently, individuals may opt to disregard or sever connections with the individual implicated in substance misuse and mental illness.^{14,15} Certain family members may

perceive a necessity for legal safeguards against the individual engaged in substance misuse. Furthermore, the impact on families might persist across multiple generations. The intergenerational consequences of substance misuse can detrimentally affect the role modelling, trust, and notions of acceptable conduct, hence compromising intergenerational relationships. For instance, a child whose parent engages in substance misuse may develop into an excessively protective and controlling parent, so impeding their child's ability to exercise adequate autonomy.¹⁶

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 evaluate the difficulties encountered by family members and the coping mechanisms employed by them in rural areas.

OBJECTIVES:

1. To find out the psychosocial issues of family members of patient with substance abuse residing rural area.
2. To identify coping strategies adopted by family members of patient with substance abuse residing in rural areas.
3. To find out an association between the psychosocial issues of family members of patient with substance abuse residing in rural areas with their selected demographic variables.
4. To find out an association between the level of coping of family members of patient with substance abuse residing in rural areas with their selected demographic variables.

HYPOTHESIS:

H₀₁: There will be no statistical association between level of psychosocial issues of family members of patient with substance abuse and their selected socio demographic variables at 0.05 level of significance.

H₀₂: There will be no statistical association between level of coping among 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 3 parts which consists of demographic data, Structured BioPsychoSocial challenges scale consisted of 34 statements related to psychosocial issues faced by participants and structured coping strategies scale consisted of 30 statements related to coping strategies used by the participants.

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

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

Table 1: Frequency and percentage distribution of participants according to socio demographic variables

N=600

Sl No	Demographic variables	Frequency (f)	Percentage (%)
1	Age (in yrs)		
	a) 10-20	41	6.8
	b) 21-30	173	28.8
	c) 31-40	263	43.8
	d) Above 40	123	20.5
2.	Gender		
	a) Male	164	27.3
	b) Female	436	72.7
3.	Religion		
	a. Hindu	384	64
	b. Muslim	146	24.3
	c. Christian	59	9.8
	d. Other	11	1.8
4.	Language		
	a. Kannada	383	63.8
	b. Hindi	149	24.8
	c. English	68	11.3
	d. Other	00	00
5.	Type of family		
	a. Nuclear	372	62
	b. Joint	165	27.5
	c. Extended	63	10.5
6	Members in family		
	a. 2	12	2
	b. 3	49	8.2
	c. 4	234	39
	d. More than 4	305	50.8
7	Education		
	a. No formal education	54	9
	b. Primary school (1 st - 7 th std)	180	30
	c. High school (8 th - 10 th std)	273	45.5
	d. PUC and above	93	15.5
8	Occupation		
	a. House wife	124	20.7
	b. Agricultural work	231	38.5
	c. Business	122	20.3
	d. Employed	65	10.8
	e. Student	49	8.2
	f. Not working	9	1.5
9	Family income (Rs/Month)		
	a. Below 5000	67	11.2
	b. 5001 – 10000	192	32
	c. 10001 – 15000	224	37.3
	d. Above 15000	117	19.5
10	Dietary pattern		
	a. Vegetarian	334	55.7
	b. Mixed	266	44.3
11	Relationship with Patient		
	a. Father	48	8
	b. Mother	170	28.3
	c. Spouse	350	58.3
	d. Children	32	5.3
12	Sources of information		
	a. News paper	77	12.8
	b. Social media	198	33
	c. Family and friends	227	37.8
	d. Others	98	16.3

Data presented in table 1 reveals that, 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 psychosocial issues among participants

a. Description of mean, median, mode, standard deviation and range scores of bio-psycho-social challenges scale

Table 2: Bio-Psycho-Social challenges scores of participants
N = 600

Mean	Median	Mode	Sd	Range
97.16	95	93	14.11	64-147

Table 2 reveals the mean psychosocial issues scores of participants, it shows that, bio-psycho-social challenges scale mean was 97.16, median was 97; mode was 93 with standard deviation 14.11 and range score of 64-147.

b. Description of findings related to level of psychosocial issues among participants

Table 3: Frequency and Percentage distribution of participants according to level of psychosocial issues

Level of Bio-psycho-social challenges		
Mild Nature f (%)	Moderate nature f (%)	Severe nature f (%)
95 (15.8)	390 (65)	115 (19.2)

The data presented in the **Table 3** shows level of bio-psycho-social challenges of participants, it reveals that, Majority 390(65%) of participants were had moderate nature problems, 115(19.2%) participants were had severe nature problems and remaining 95(15.8%) of participants were had mild nature problems.

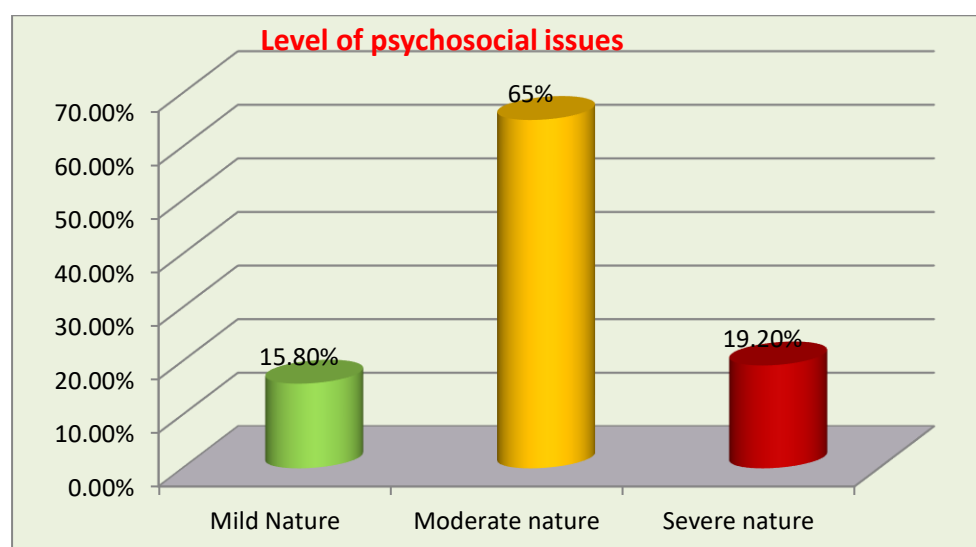


Fig 1: Percentage distribution of participants according to their psychosocial issues

c. Association between levels of psychosocial issues of participants with demographic characteristics

Computed Chi-square value for association between level of Bio-psycho-social challenges of participants and their selected demographic variables is found to be statistically significant at 0.05 levels for educational status, occupation and family income of participants and not found statistically significant for other socio demographic variables.

Section 3: Description of coping among participants

a. Description of mean, median, mode, standard deviation and range scores of coping strategies scale

Table 4: Coping strategies scores of participants

N = 600

Mean	Median	Mode	Sd	Range
57.22	57	57	4.82	38-72

Table 4 reveals the mean coping strategies scores of participants, it shows that, coping strategies scale mean was 57.22, median was 57; mode was 57 with standard deviation 4.82 and range score of 38-72

b. Description of findings related to level of coping strategies among participants

Table 5: Frequency and Percentage distribution of participants according to level of coping strategies

N=600

Level of coping		
Poor coping f (%)	Moderate coping f (%)	Good coping f (%)
371(61.8%)	212 (35.3%)	17(2.8%)

The data presented in the **Table 5** shows level of coping of participants, it reveals that, majority 371(61.8%) of participants were had poor coping, 212(35.3%) participants were had moderate coping and remaining 17(2.8%) of participants were had good coping.

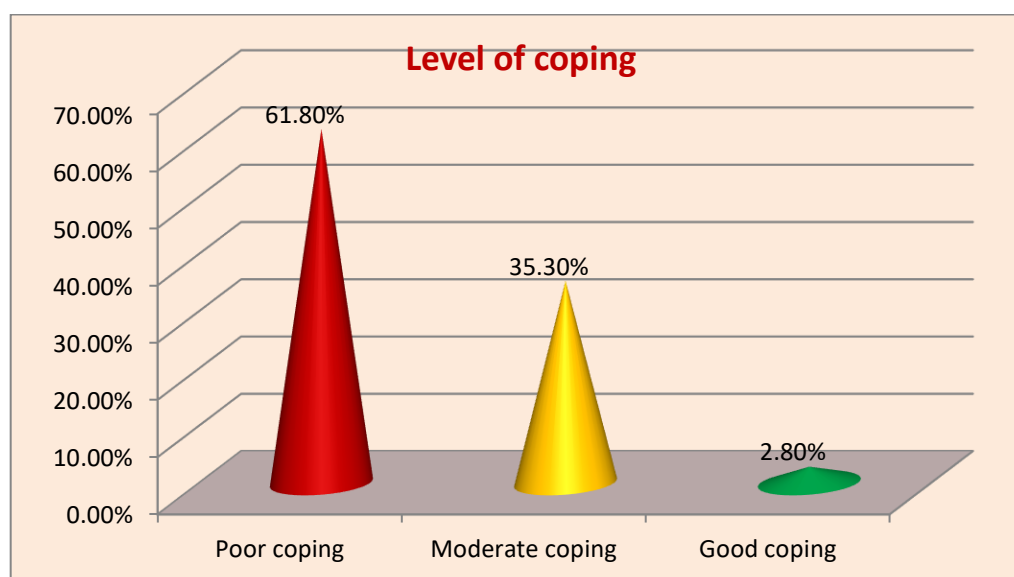


Fig 2: Percentage distribution of participants according to their level of coping

c. Association between levels of coping strategies of participants with demographic characteristics

Computed Chi-square value for association between level of coping of participants and their selected demographic variables is not found statistically significant for any of the selected socio demographic variables.

CONCLUSION:

All participants from selected rural areas of Belagavi district were willingly participated in the study. The participants had moderate nature of psychosocial problems and moderate level of coping with situation. They gave free and frank responses and willingly participated in the study.

Further, the conclusion drawn on the basis of the findings of the study includes:

1. All participants were had some level of bio-psycho social challenges related to patient with substance abuse in the family.
2. All participants adopted one or other coping strategies to cope with the situation of patient with substance abuse in the family
3. There was association between level of Bio-psycho-social challenges of participants and their selected demographic variables is found to be statistically significant at 0.05 levels for religion and dietary pattern of participants.
4. There was no significant association found between the level of coping and selected socio demographic variables of participants

BIBLIOGRAPHY:

1. Dentzer S. Substance abuse and other substantive matters. Health Aff. 2011; 30(8):1398.
2. Momtazi S, Rawson R. Substance abuse among Iranian high school students. Curr Opin Psychiatry. 2010; 23(3): 221–26.
3. Dehkordi AH, Safavi P, Parvin N, Mosayebi B. Effect of methadone maintenance treatment of opioid dependent fathers on the mental health and perceived family functioning of their children in Iran. Heroin Addict Rel Cl. 2016; 18(3):9–14.
4. Solati K, Hasanpour-Dehkordi A. Study of Association of Substance Use Disorders with Family Members' Psychological Disorders. J Clin Diagn Res. 2017; 11(6):VC12-VC15.
5. www.ncbi.nlm.nih.gov/books/NBK571087
6. Bradshaw SD, Shumway ST, Wang E., Harris KS, Smith DB & Austin-Robillard, H. Family functioning and readiness in family recovery from addiction. Journal of Groups in Addiction and Recovery. 2016;77(1):21–41.
7. Elam KK, Chassin L & Pandika D. Polygenic risk, family cohesion, and adolescent aggression in Mexican American and European American families: Developmental pathways to alcohol use. Development and Psychopathology. 2018;30(5):1715–1728.
8. Klostermann K & O'Farrell TJ. Treating substance abuse: Partner and family approaches. Social Work in Public Health. 2013;28(3-4):234–247.
9. Cranford JA. DSM-IV alcohol dependence and marital dissolution: Evidence from the National Epidemiologic Survey on Alcohol and Related Conditions. Journal of Studies on Alcohol and Drugs. 2014;75(3):520–529.
10. Mojtabai R, Stuart EA, Hwang I, Eaton WW, Sampson N, & Kessler RC. Long-term effects of mental disorders on marital outcomes in the National Comorbidity Survey ten-year follow-up. Social Psychiatry and Psychiatric Epidemiology. 2017;52(10):1217–1226.
11. Reyes HL, Foshee VA, Tharp AT, Ennett ST, & Bauer DJ. Substance use and physical dating violence: The role of contextual moderators. American Journal of Preventive Medicine. 2015; 49(3):467–475.
12. Soper RG. Intimate partner violence and co-occurring substance abuse/addiction. ASAM Magazine. 2014:1-9.

13. Substance Abuse and Mental Health Services Administration. (2017, August 1). Complex connections: Intimate partner violence and women's substance abuse and recovery. PowerPoint slides presented as part of Relationships Matter, a webinar series on women's behavioral health. Rockville, MD: Substance Abuse and Mental Health Services Administration and Administration for Children and Families. Retrieved September 10, 2020, from <https://www.youtube.com/watch?v=IE13p5GgW0E>
14. Solati K, Hasanpour-Dehkordi A. Study of Association of Substance Use Disorders with Family Members' Psychological Disorders. *J Clin Diagn Res.* 2017; 11(6):VC12-VC15.
15. Zimic JI, Jakic V. Familial risk factors favoring drug addiction onset. *J Psychoactive Drugs.* 2012; 44 (2):173-85.
16. Shamsaei F, Mohamad Khan Kermanshahi M, Vanaki Z, Hajizadeh E, Hayatbakhsh MR. Experiences of family caregivers of patients with bipolar disorder. *Asia Pac Psychiatry* 2010;2(4):201-207.