

Caregiver Stress, Perceived Stigma and Mental Health in Female Family Members of Drug Addicts: Correlational Study

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Abstract

Objective: To investigate the relationship of caregiver stress and perceived stigma with mental health in female family members of drug addicts.

Method: The correlational study was conducted in Lahore, Pakistan, from February to August 2017, and comprised female family members of drug addicts from various rehabilitation and health facilities of the city. A brief interview form along with Perceived Stigma of Substance Abuse Scale, Kingston Caregiver Stress Scale and Mental Health Inventory was used for data collection. SPSS 20 was used for data analysis.

Results: Of the 200 subjects, 66 (33%) were daughters, 66(33%) were sisters and 68(34%) were wives of drug addicts. The overall mean age was 30.57 ± 8.07 years (range: 21-55 years). Perceived stigma and caregiver stress were significant predictors of mental health of the subjects ($p < 0.05$ each). Moreover, daughters, sisters and wives of drug addicts did not significantly differ with respect to perceived stigma, caregiver stress and mental health ($p > 0.05$).

Conclusion: Perceived stigma and caregiver stress were found to be significant predictors of mental health of female family members of drug addicts.

Keywords: Stigma, Caregiver stress, Mental health, Drug addicts, Female. (JPMA 69: 1303; 2019)

Introduction

Drug addiction is a chronic and relapsing brain disorder that encompasses repetitive and compulsive act of taking drugs in spite of its dire consequences on health.¹ Drug is known to change the structure and functions of a brain, resulting in damage and self-destructive behaviours. Usually, addictive behaviour gets out of control, leading to physical, emotional and social problems for addicts and their families. For this reason, drug addiction is not only harmful for the individual, but it also makes the entire family sick.

Researchers have described drug addiction as one of the significant causes of family destruction and disturbed relationship.² Family relationships are at risk owing to drug abuse and associated hazards. Researches addressing the health issues of families have reported numerous mental health problems among children and spouses of drug addicts. A study³ has depicted children of substance addict fathers experiencing depression, anxiety and hypomania. Children of drug users also suffered from different internalised and externalised problems.⁴

It is a hard reality that females are directly affected by drug abuse problems in men. A drug addict spends huge money to buy drugs, resulting in poverty and economic instability of the entire family. Due to financial constraints, females step in to handle family matters besides taking care of their male addicts. Despite contributing a lot, females are wounded by social criticism, neglect and stigma. Researches highlighted that stigma exacerbates nearly all domains of life.⁵ The community blames drug addicts for their addictive behaviour.⁶ In such a situation, females are required to give care and attention to their male patients. As a result, they themselves fall victim to depression, anxiety, guilt feelings, isolation and suicidal thoughts.⁷ A study has shown wives of substance abusers suffering from anger, social dysfunction, anxiety, depression and hostility.⁸ Domestic violence is the most common issue of an addict's family.⁹ Drug addicts are the cause of pressure and violence.¹⁰ Due to violent behaviour and delusional jealousy in drug users, their spouses were found to be attempting suicides.¹¹ Spouse of drug abusers seemed to use avoidance and withdrawal as coping strategies in problematic situation.¹²

A detailed review of above mentioned previous researches

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has raised the issue of addressing the mental health of female family members of drug addicts. Most of the studies^{13,14} have dealt with the psychological health status of wives of people of drug users. Rest of the female family members, like sisters and daughters, have not been given sufficient attention. The current study was planned to address the factors predicting mental health of wives, sisters and daughters of drug addicts. It was postulated that perceived stigma and caregiver stress were significant predictors of the mental health of the subjects.

Subjects and Methods

The correlational study was conducted in Lahore, Pakistan, from February to August 2017, and comprised female family members of drug addicts from Fountain House, Mayo Hospital, Services Hospital, and Combined Military Hospital.

The sample size was calculated via post-hoc analysis using G-Power¹⁵ with a statistical power of 0.95 and effect size 0.15 at significance level of 0.05. Only one female relative - either wife, daughter or sister -- of individuals addicted to more than one drugs at least for last two years was recruited. Females who reported to be suffering from physical illnesses, like asthma, cardiac problems, hypertension, physical disability diabetes mellitus, etc., were excluded.

A brief interview form along with Perceived Stigma of Substance Abuse Scale (PSSAS), Kingston Caregiver Stress Scale (KCSS) and Mental Health Inventory-18 (MHI-18) was used for data collection. The interview form was designed in Urdu to gather demographic information as well as drug-related history of the patients. PSSAS measured substance abuse-related stigma perceived by the participants. It has 8 items to be scored on 4-point Likert scale ranging from 'Strongly disagree' =1 to 'Strongly agree' = 4. It is reliable ($\alpha=0.73$) and moderately valid ($\alpha=0.48$) research tool.¹⁶ The reliability of the Urdu version has been reported to be $\alpha=0.83$.¹⁷

The KCSS is a 10-item scale in which each item is responded on a 5-point Likert scale ranging from 'No pressure = 1 to 'Extraordinary pressure' = 5. It is a valid ($\alpha=0.82$) and reliable ($\alpha=0.85$) tool.¹⁸ Reported reliability of the Urdu version is $\alpha=0.78$.¹⁹

For MHI-18, all items are scored on 6 points of continuum: 'All of them' = 1, 'Most of the time' = 2, 'Good bit of time' = 3, 'Some of the time' = 4, 'A little of the time' = 5, and

'None of the time' = 6. The reliability of the full scale in both English²⁰ and Urdu versions has been reported to be $\alpha=0.93$.²¹

Prior to data collection, permission was obtained from the respective administrations, and informed consent was taken from all the subjects. Data was analysed using SPSS 20. Data was subjected to Shapiro-Wilk normality test, multiple regression analysis and one-way analysis of variance.

Results

Of the 200 subjects, 66(33%) were daughters, 66(33%) were sisters and 68(34%) were wives of drug addicts. The overall mean age was 30.57 ± 8.07 years (range: 21-55 years).

Table-1: Summary of demographic characteristics of participants (N = 200).

Demographic Characteristics of participants	n (%)
Age	
21-30	126 (63)*
31-40	39 (19.5)
41-50	28 (14)
>50	7 (3.5)
Educational Level	
Matriculate	79 (39.5)*
Intermediate	45 (22.5)
Graduation	28 (14)
Masters	48 (24)
Socio-economic Status	
Lower	50 (25)
Middle	113 (56.5)*
Upper	37 (18.5)
Family System	
Nuclear	143 (71.5)*
Joint	57 (37.5)
No. of family members	
1- 10	161 (80.5)*
11-20	39 (19.5)
Relation with drug addicts	
Daughters	66 (33)
Sisters	66 (33)
Wives	68 (34)

Table-2: Summary of Normality Test.

Variables	Shapiro-Wilk Statistics	df	p-value
Perceived Stigma	0.976	200	0.002
Caregiver Stress	0.985	200	0.029
Mental Health	0.933	200	0.504

Table-3: Summary of Multiple Regression Analysis.

Predictor Variable	Model			p-value	
	B	SE	t		
Perceived Stigma	0.522	0.187	0.176	2.79	0.006
Caregiver Stress	0.748	0.092	0.512	8.11	0.000
R ²	0.375				
ΔR^2	0.369				

a. Dependent variable: Mental health

Table-4: Summary of one way analysis of variance (ANOVA).

Variables	Groups	Sum of squares	df	Mean square	F	p-value
Perceived Stigma	Between group	47.492	2	23.746	2.193	0.114
	Within group	2133.383	197	10.829		
	Total	2180.875	199			
Caregiver stress	Between group	81.101	2	40.550	0.898	0.409
	Within group	8896.979	197	45.162		
	Total	8978.080	199			
Mental health	Between group	141.631	2	70.816	0.735	0.481
	Within group	18983.389	197	96.362		
	Total	19125.020	199			

All socio-demographic details were noted (Table-1). Data of only one measure (Mental health inventory) was normally distributed (Table-2). Perceived stigma and caregiver stress were significant predictors of mental health of the subjects (Table-3). Also, daughters, sisters and wives of drug addicts did not significantly differ with respect to perceived stigma, caregiver stress and mental health (Table-4).

Discussions

Results showed the significant predictive role of perceived stigma in mental health of female family members of drug addicts. Previous studies have also shown a significant relation of stigma with mental health.²² Stigmatising drug abuse is common in the general public.²³ Stigma encompasses embarrassment and discrimination. Family's reputation is at risk due to drug-related criminal activities such as theft, snatching, robbery, drug peddling and so on. Drug users also get involved in illicit sexual behaviour.²⁴ All these factors bring defame to the family's reputation. Clan members of drug addicts encounter regret, emotional detachment and disgrace.²⁵ Feelings of shame and guilt are developed in response to perceived discrimination and blame because substance abuse is strongly deemed as a moralised behaviour²⁶ instead of a health disease. As found by the current study, caregiver stress and health conditions were also found earlier to be associated with each other.²⁷ Drug addicts do not accept their social obligations, leading tension, depression, nervousness and aggression in spouses.²⁸ Males are supposed to take care of their female family members, but the addicts are unable to fulfill their responsibilities, and, instead, become dependent on the family. Resultantly, children have to work at an early age at the expense of their education. Females in the household need finance, time and energy in order to get their patients rehabilitated. In doing so,

they are overwhelmed by mental health problems like anger, depression, preoccupation, blaming, denying and co-dependency.²⁹

In the current study, wives, daughters and sisters of drug addicts did not significantly differ with respect to perceived stigma, caregiving stress and mental health. Previous studies demonstrated that cultural factors determine stigma.³⁰ People do not like to get married with the sister or daughter of an addict. Females encounter rejection, avoidance and vilification at the social level³¹ In South Asian societies, female are also blamed for the misfortune of male members, specially related to money and children. Wives of drug addicts are frequently considered responsible if their husbands could not get rid of their addictions. Consequently, they become co-dependent and suffer from various physical and mental health problems, such as chronic cough, weight loss, aches, irritability, anxiety and depression.³²

In terms of limitations, the current study did not analyse the role of demographics in determining the mental health of female family members of the addicts. Moreover, it could not address the impact of single drug on patients and their family members. Also, the sample was not randomly selected. Despite the limitations, the study has implications for health and rehabilitations professionals, the government and the community at large.

Conclusion

Perceived stigma and caregiver stress were found to be significant predictors of the mental health of female family members of drug addicts. Also, all females, irrespective of their relation with the addicts, equally perceived stigma and experienced caregiver stress. As such, the consequences for their mental health were the same.

Disclaimer: The study is part of an M. Phil thesis. The Title has been amended to some extent and the term 'poly drug user' has been replaced with 'drug addicts' to avoid plagiarism.

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References

1. National Institute on Drug Abuse. The Science of Drug Abuse and Addiction: The Basics. [Online] 2016 [Cited 2017 September 14]. Available from: URL: <https://www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics>

2. Schäfer G. Family functioning in families with alcohol and other drug addiction. Family functioning in families with alcohol and other drug addiction. *Social Policy J New Zealand* 2011; 37: 1-17.
3. Farhat U. Substance Addicts Fathers and Psychological Problems of their Adult Children. [dissertation]. Institute of Clinical Psychology, University of Karachi; Pakistan: 2003.
4. Raman V, Prasad S, Appaya MP. Children of men with alcohol dependence: Psychopathology, neurodevelopment and family environment. *Indian J Psychiatry* 2010; 52: 360-6.
5. Livingston JD, Milne T, Fang ML, Amari E. The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction* 2012; 107: 39-50.
6. Lloyd C. The stigmatization of problem drug users: A narrative literature review. *Drugs: Education Prevention Policy* 2013; 20: 85-95.
7. United Nation Office on Drug and Crime. Burden on Women due to Drug Abuse by Family Members: The Burden Study. [Online] 2002 [Cited 2017 August 03]. Available from: URL: <http://www.unodc.org>.
8. Ali AZ, Sadiq R. Psychological problems in wives of adults with substance abuse problems. *Pak J Clin Psychol* 2011; 10: 69-79.
9. Kahler CW, McCrady BS, Epstein EE. Sources of distress among women in treatment with their alcoholic partners. *J Subst Abuse Treat* 2003; 24: 257-65.
10. Sarkar S, Patra BN, Kattimani S. Substance use disorder and the family: An Indian perspective. *Med J DY Patil Univ* 2016; 9: 7-14
11. Ponnudurai R, Uma TS, Rajarathinam S, Krishnan VS. Determinants of suicidal attempts of wives of substance abusers. *Indian J Psychiatry* 2001; 43: 230-4.
12. Chandrasekaran R, Chitralka V. Patterns and determinants of coping behavior of wives of alcoholics. *Indian J Psychiatry* 1998; 40: 30-4.
13. Makvand-Hosseini S, Aghabeigi IBA. Codependency and mental health in wives of opioid drug abusers. *J Clin Psychol* 2009; 1: 71-9.
14. Mahohar PS, Kannappan R. Domestic violence and suicidal risk in the wives of alcoholics and non-alcoholics. *J Indian Acad Appl Psychol* 2010; 36: 334-8.
15. Faul F, Erdfelder E, Buchner A, Lang AG. Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behav Res Methods* 2009; 41: 1149-60.
16. Luoma JB, O'Hair AK, Kohlenberg BS, Hayes SC, Fletcher L. The development and psychometric properties of a new measure of perceived stigma towards substance users. *Subst Use Misuse* 2010; 45: 47-57.
17. Mushtaq M, Ejaz A, Kausar R. Social Support, Coping Strategies and Perceived Stigmatization in Drug Addicts. [Thesis]. Institute of Applied Psychology, University of Punjab; Pakistan: 2013.
18. Hopkin RW, Kilik LA. Kingston Caregiver Stress Scale. Providence Care. [Online] 2015 [Cited 2018 May 15]. Available from: URL: <http://www.providencecare.ca/wp-content/uploads/2016/10/KCSS-Assessment-Form.pdf>
19. Fatima M. Emotional Intelligence, Caregiver stress and Social Support as Predictors of Marital Adjustment in the Mothers of Children with Physical Disability. [Thesis] Department of Applied Psychology, University of Sargodha, Pakistan: 2018.
20. Veit CT, Ware JE Jr. The structure of psychological distress and well-being in general population. *J Consult Clin Psychol* 1983; 51: 730-42.
21. Rafiq M. Perceived Stigma, Quality of Life and Caregiver Stress as Predictors of Mental Health among Female Family Members of Poly Drug Users. [Thesis] Department of Applied Psychology, GC Women University; Faisalabad: 2017.
22. Alonso J, Buron A, Bruffaerts R, He R, Posada-Villar Y, Lepine J, et al ; World Mental Health Consortium. Association of perceived stigma and mood and anxiety disorders: results from the World Mental Health Surveys. *Acta Psychiatr Scand* 2008; 118: 305-14.
23. Lloyd C. The stigmatization of problem drug users: A narrative literature review. *Drugs: Education Prevention Policy* 2012; 20: 85-95.
24. Riaz Z, Shahzad S, Ali AZ, Abrar N. Socio-demographic characteristics of male heroin addicts. *Pak J Clin Psychol* 2011; 10: 21-32.
25. Nace EP, Dephoure M, Goldberg M, Cammarota CC. Treatment priorities in a family-oriented alcoholism program. *J Marital Fam Ther* 1982; 8: 143-50.
26. Room R. Taking account of cultural and societal influences on substance use diagnoses and criteria. *Addiction* 2006; 101: 31-9.
27. Riana P, O'Donnell M, Schwellnus H, Rosenbaum P, Kind G, Brehaut J, et al. Caregiving process and caregiver burden: Conceptual models to guide research and practice. *BMC Pediatr* 2004; 4: 1.
28. Pirsaraee HY. The effects of drug dependence on spousal relationship in Iran. *Asian J Counsel* 2005; 12: 95-121.
29. Sharma U. Social Consequences of Drug Abuse in South Asia. [Online] 2009 [Cited 3 May 2018]. Available from: URL: <https://www.drugabuse.gov/international/abstracts/social-consequences-drug-abuse>
30. Abdullah T, Brown TL. Mental illness stigma and ethno cultural beliefs, values, and norms: An integrative review. *Clin Psychol Rev* 2011; 31, 934-48.
31. Reyes C, Duchene B. Caregiver emotional experience regarding their adolescent's substance abuse problems [Project]. California State University; San Bernardino: 2015.
32. Mehra P. Women and Drug Abuse: The Problem in India. [Online] 2002 [Cited 3 August 2017]. Available from: URL: <http://www.unodc.org>.