

Original Research Article

Psychological profile and impact of addiction/s amongst women attending a de-addiction center in Pune city of India

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ABSTRACT

Background: Gender differences in the medical consequences of substance use have been highlighted, with the females reporting higher physical and psychological impairment with an accelerated progression of alcoholism labeled as ‘telescoping’. The pattern and degree of psychiatric comorbidity related to substance use is different in women as compared to men. Lack of resources, lack of awareness and negative attitudes to women’s substance use contributes to the scarcity of gender-related epidemiological data and other research on women’s substance use problems. Aim was to determine the level of depression, anxiety, stress and impact of addiction/s amongst women attending a de-addiction center.

Methods: The study was conducted in a randomly selected de-addiction centre in Pune city. All the women attending the de-addiction center in a year from IPD were interviewed after explaining the purpose of the study and informed consent and information was obtained from the women in a pre-designed, pretested questionnaire. The proforma consisted of questions related to their addiction, DASS scale as well as drug use questionnaire score scale.

Results: In the present study, out of 45 women, 31 (68.9%) had depression, 30 (66.7%) had anxiety and 28 (62.2%) had stress. Majority 26 (57.8%) of women had moderate level of problems related to substance abuse. Majority of women had impact of addiction on marital domain of life (91.1%) followed by family (71.11%) domain, health (64.44%) and social (46.67%) domain of life.

Conclusions: The study brings out psychological co-morbidities present along with addiction/s and highlights impact of addiction/s on various domains of life.

Keywords: Addiction, Impact, Psychological profile, Women

INTRODUCTION

Although the problem of drug abuse among women is being increasingly recognized, female drug problems do not usually show up in official drug statistics. This is partly due to their limited numbers and the largely subordinate position of women users in the drug subculture.¹ The social disadvantage and subordination of women on one hand and the rapid socio-cultural and

economic changes on the other, have significantly altered traditional structures and institutions within the society.² It is also difficult to interview women users because of additional stigma and perceived consequences attached to the phenomenon. Caregivers do not recognize the problem thereby limiting the treatment seeking.³ Gender differences in the medical consequences of substance use have been highlighted, with the females reporting higher physical and psychological impairment with an

accelerated progression of alcoholism labelled as 'telescoping'. The pattern and degree of psychiatric comorbidity is different in women as compared to men.² Thus, lack of resources, lack of awareness and negative attitudes to women's substance use contributes to the scarcity of gender-related epidemiological data and other research on women's substance use problems.⁴ It is therefore important to evolve alternate strategies to identify women with problems related to drug abuse in order to understand its impact both from the individual as well as from the gender perspective.¹ Studying the socio-demographic and psychological factors of treatment seeking substance dependent women can help us understand the problem better and respond appropriately in terms of prevention strategies.

Objectives of the study

To determine the level of depression, anxiety and stress amongst women attending a de-addiction centre; and to determine the impact of addiction/s amongst them.

METHODS

The present study was planned to see the addiction profile, psychological co-morbidities present in women attending a de-addiction centre, along with impact of addiction/s on them.

It was a cross-sectional study conducted for a period of 18 months (November 2012 to April 2014).

Study area

The list of all de-addiction centres in Pune city was obtained from the internet. There were in all 13 de-addiction centres in Pune: out of them one de-addiction centre was randomly selected (by using random sampling method). The study was conducted in the randomly selected de-addiction center in Pune city after obtaining permission from the authority/management of the centre.

Data collection

The data collection was started after obtaining Institutional Ethics Committee approval. A pilot study was then conducted for about 2 months in the selected de-addiction centre and questionnaire was finalized in order to collect information from the women. The Investigator visited the de-addiction centre once a week for about 1 calendar year. After explaining the purpose of the study and obtaining informed consent, all the women attending the IPD of the de-addiction centre in a calendar year were interviewed. There were in all 45 women admitted in the IPD of de-addiction centre excluding those who were not willing to participate in the study and not in a physical/mental condition to give informed consent. The information was obtained from the women in a pre-designed, pretested questionnaire which was filled in by interview technique. The proforma consisted of questions

related to their addiction profile; Anxiety, Depression and Stress Scale (DASS) as well as drug use questionnaire score scale.^{5,6}

DASS scale was a 21 question scale that was designed to assess the level of depression, anxiety and stress in women. The minimum score for each question was 0 and maximum score was 3. The score for the questions of depression, anxiety and stress were summed up separately and multiplied by 2 and a separate score for each of depression, anxiety and stress was calculated. Then the calculated score was further divided into normal, mild, moderate, severe and extremely severe for depression, anxiety and stress separately.⁵

Drug use questionnaire score scale was a 20 questions scale for assessing implication of addictions i.e. the severity of problems or consequences related to drug abuse. A answer "no" was scored 0 and a 'yes' was scored 1- except for questions 4 and 5, where the scoring was reversed. The total score was calculated and further divided into low (1-5), moderate (6-10), substantial (11-15) and severe (16-20) level of problems related to drug abuse.⁶

Statistical analysis

Data obtained from the study was entered in the Microsoft Excel sheet and SPSS 19.0 statistical software was used for analysis. Initially, the descriptive statistics were generated for all the variables under study to highlight the status of addiction in women. In case of attributed (i.e. qualitative variables) the frequency along with percent-frequency distributions were generated for quick understanding of status of addiction in women.

RESULTS

The study period comprised of a total of 45 women admitted in the IPD of the de-addiction center in one calendar year excluding the women not willing to participate and not in a physical/mental condition to give informed consent. In the present study, 45 women were in the age group of 20-65 years, majority (48.9%) being in middle age group (31-50 years) (Figure 1).

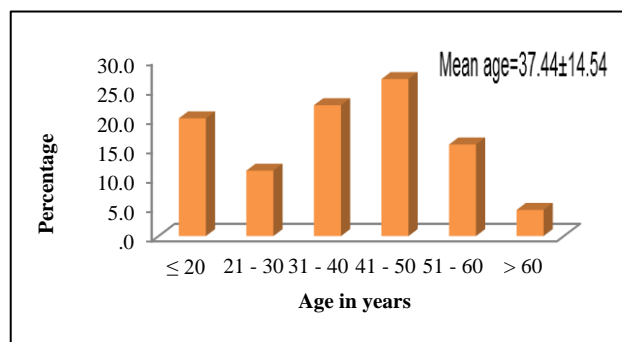


Figure 1: Distribution of study subjects according to age.

Out of 45 women, majority 31 (68.9%) of women had depression- 11 (24.4%) women had moderate depression, 8 (17.8%) had extremely severe depression and mild and severe depression was seen in 6 (13.3%) each. In the study, majority 30 (66.7%) of women had anxiety- 12 (26.7%) had moderate anxiety, 8 (17.8%) had extremely severe anxiety, 6 (13.3%) had severe anxiety and 4 (8.9%) had mild anxiety. The study revealed that majority 28 (62.2%) of women had stress- 13 (28.9%) had severe stress, 7 (15.6%) had mild stress, 7 (15.6%) had moderate stress and only 1 (2.2%) had extremely severe stress (Table 1).

Table 1: Distribution of study subjects according to the grades of DASS scale (n=45).

Grades of depression anxiety and stress	Depression N (%)	Anxiety N (%)	Stress N (%)
Normal	14 (31.1)	15 (33.3)	17 (37.8)
Mild	6 (13.3)	4 (8.9)	7 (15.6)
Moderate	11 (24.4)	12 (26.7)	7 (15.6)
Severe	6 (13.3)	6 (13.3)	13 (28.9)
Extremely severe	8 (17.8)	8 (17.8)	1 (2.2)

Table 2: Distribution of study subjects according to the level of problems in day to day life due to substance abuse (n=45).

Impact of addiction/s	Frequency	Percentage
Low	3	6.7
Moderate	26	57.8
Substantial	16	35.6
Severe	0	0
Total	45	100.0

In this study, it was observed that all women had impact on life due to addiction/s as measured by the level of problems related to substance abuse. Majority 26 (57.8%) of women had moderate level of problems related to substance abuse, 16 (35.6%) had substantial level of problems and 3 (6.7%) had low level of problems (Table 2).

Table 3: Distribution of study subjects according to the impact of addiction/s on various domains of life (n=45).

Implications of addictions	Frequency	Percentage
Marital	41	91.11
Family	32	71.11
Health	29	64.44
Social	21	46.67
Occupation	9	20.00
Illegal	5	11.11

In the current study, it was observed that most of the women had impact of addiction/s in all the domains of life. Majority of women had impact of addiction on marital domain of life (91.1%) followed by family (71.11%) domain, health (64.44%), social (46.67%), occupational (20%) and the least was seen in the legal (11.11%) domain of life (Table 3).

DISCUSSION

According to world statistics, female population is 49.6% and according to Indian statistics female population is 48.5%.^{7,8} Even though such a large number of female population, very limited data is available on women and substance use in India, which is mainly due to taboo associated with it and negative outlook towards it, thereby affecting the treatment seeking behavior and attitudes among them. Gender empowerment has increased the financial and economic status of women but increase in substance use (alcohol and drugs) is making women more vulnerable to various health consequences related to substance use.⁹

In the current study, majority 31 (68.9%) of women had depression which was greater than the cohort study by Marsden et al where depression was seen in 29.7% females and from Grover et al were 8 (22.9%) and the study by Potukuchi et al were 8.4%.¹⁰⁻¹² Depression might be due to middle-aged loneliness in housewives, nuclear family lifestyle, and peer pressure in working women, history of addiction in the family, sole bread winners, multiple addictions at the same time. Study by Marsden et al had 32.3% females with anxiety which was less than the present study where 30 (66.7%) women had anxiety.¹⁰ This may be due to burden of multiple responsibilities in earning women, marital disputes and strained relations. Current study had higher number of women i.e. 28 (62.2%) with stress as compared to Study by Marsden et al which was 29% in both men and women.¹⁰ Murthy in Women and Drug Use in India: (UNODC-ROSA) Report stated that almost 50% of women had emotional stress and feelings of depression.⁹ Nebhinani et al study had 25% of cases with psychological problems.² The substance use might be due to stress associated with balancing of both work and family life in working women, illiteracy and longer duration of substance use. These psychological co-morbidities might increase the burden of ill-health on their life affecting them and the family as a whole, decreasing work productivity and career possibilities.

Our study observed that majority 26 (57.8%) of women had moderate level of problems related to substance abuse, 16 (35.6%) had substantial level of problems and 3 (6.7%) had low level of problems. The current study found that most (91.1%) of the women had problems in marital domain of life which was greater than the Nebhinani et al study was 33% followed by 71.11% in family domain which was greater as compared to Grover et al (68.5%) and Nebhinani et al (57%).^{2,11} Impact of

addiction on health was seen in 64.44% women which was less than that observed in Grover et al (68.5%) and Nebhinani et al (74%).^{2,11} Impact on social domain was seen in 46.67% women as compared to 77% in Grover et al study and 56% in Nebhinani et al study.^{2,11} Addiction may affect their physical and mental health, cause marital disputes, strained relations, and may disrupt social and occupational life. Least affected was legal (11.11%) domain of life as compared to 18% in Murthy study, in Women and Drug Use in India: (UNODC-ROSA) Report study.⁹ Other studies like Murthy, in Women and Drug Use in India: (UNODC-ROSA) Report observed financial difficulties in 73% women and Nebhinani et al study in 43% women.^{2,9} Impact on Occupational domain in Nebhinani et al study was 42% as compared to our study which was 20%.²

CONCLUSION

This study provides data on women and substance use along with the psychological co-morbidities which may be the cause or the result of addiction/s. Understanding the causative factors and treating the underlying mental health problems along with the treatment for addiction/s will help us to understand the problem better and devise strategies to deal with the problem.

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Ethical approval: The study was approved by the Institutional Ethics Committee (BVDUMC/IEC/59)

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