

The Effects of Addiction on Children and Women: A Qualitative Study

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Abstract

Background

Substance abuse is regarded as a principle issue in the world which causes numerous devastating challenges for family members of the abuser. This study explores how family head addiction affects women's and children's lives.

Materials and Methods: This is a qualitative content analysis study that was conducted in 2018 in Gorgan city, Iran. Using a qualitative study design and purposive sampling, 36 participants (11 children including 5 boys and 6 girls who had substance-dependent fathers, 15 women whose husbands were involved in substance abuse, 10 service and healthcare providers) were subjected to a semi structured, in-depth individual interview. A conventional content analysis approach using the Granheim method was employed to analyze the data.

Results: Results are divided into four main categories: 1) Psychological and physical disadvantages included three subcategories of family psychological breakdown, Family deprivation in terms of emotional, physical health concern, 2) Social isolators consisted of three subcategories of disadvantaged social status, family violating norms, and addiction as a family phenomenon, 3) Disrupted family included three subcategories of decline in sex, Rule of doubt in the family and marital conflicts, and 4) Economic constraint consisted of the family deprivation financially and addiction in contrast to welfare.

Conclusion

Given that children and women in these families have problems in various aspects, our results emphasize the importance of comprehensive interventions by therapists, healthcare providers, to maximize behavioral adaptation in children and women that live with family head substance abuser.

Key Words: Addiction, Children - Substance abuse, Qualitative Study, Women.

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1- INTRODUCTION

Family is a dynamic system whose elements interact with one another for balance and survival. Experts believe that family health depends on having healthy relationships and proper function (1), but one of the factors that affects the function and dynamism of the family is the issue of addiction in families, which results in increasing challenges in family members (2). The United Nations Office on Drugs and Crime estimates that out of the world's 7 billion population, about 230 million people use illicit drugs at least once a year. This represents about 1 in 20 persons between the ages of 15 and 64. In the same age group, approximately 1 in 40 people use drugs more regularly, at least once a month, and less than 1 in 160, that is, about 27 million people, use drugs in a manner that exposes them to very severe health problems (3). United Nations Office on Drugs and Crime reported that, Iran has the highest population of substance users in the world among the population. Substance abuse in Iran varies from 2 million to 4 million. Along with this report, the state welfare organization of Iran reported, in Iran, the growth of substance abuse is three times the population growth (4).

Substance abuse and drug dependence are among the significant health challenges around the world, which directly affect people and tens of thousands are victimized every year. Billions of dollars have also been spent on the treatment of irreparable drug-related complications, which are caused by personal, familial and social issues (5). In the families with a husband who has a substance abuse problem, the wife has to take on financial issues and family responsibility in addition to housekeeping and childcare. They are also exposed to a variety of drug abuse injuries. The bitter evidence of emotional failures, divorce and disintegration of family center are among the adverse

effects of this category. Husbands suffering from substance abuse, show most of the negative and devastating relationships, such as criticism, blaming, humiliation and anger themselves and express a low level of empathy in solving family problems. Negative relationships reduce the use of problem-solving skills, such as open discussion and encouragement, and the family degrades in terms of performance (6). Children in addicted families are struggling with many challenges. Cases of chronic diseases or disturbances, such as depression, anxiety, aggression, etc. are very common among these people. Their relationships with peers are at an unfavorable level. Their academic performance is associated with a severe decline and numerous disciplinary issues are observed in their cases. In addition to the problems that parental behavior imposes on these children, humiliating and violent behavior, along with inattention of people of the community and neighbors, imposes serious devastating challenges on them (7).

Such children often feel alone even if they are surrounded by people and have problems in finding and maintaining close friends, become angry quickly, are vulnerable to frustration, are distracted, and dissociable (8). Nevertheless, addiction is a fact that is perceptible to familial problems and is one of the examples that penetrates the function of the family and causes mental and physical damage to the family members (9), further, substance abuse affects economic costs of society and family. A few studies have documented the variety of problems experienced by these families. The extent of the problems can be widespread and devastating, and potentially involves occupational, social, emotional and physical aspects of the lives of people living with the person suffering from substance abuse, and many researchers also conducted quantitative research to

examine issues in some areas in this group. In this research, the researchers decided to examine a study aimed at explaining how family head addiction affects women's and children's lives in a qualitative way so that they can study accurate and profound aspects of life with a person dependent on drugs from their viewpoints and deep aspects of the problem are clarified in this way.

2- MATERIALS AND METHODS

2-1. Study design

This study is a qualitative content analysis study with a conventional content analysis approach that was conducted in 2018. In this way, information is obtained directly from the participants studied, without imposing predetermined classes or previous theoretical views, and the knowledge generated is based on their unique viewpoints and actual text data and codes and categories are extracted directly and inductively from raw data (10). The research setting in this study is Gorgan (Golestan province, a region in North of Iran). The participants included the children who had substance abuser fathers, women who had substance abuser husbands and service and health providers. To access the data, children and women were recruited from public and private addiction treatment centers where their fathers and mothers were referred for treatment. Health providers were also selected from drug addiction treatment centers, the Welfare Center and the Counter-Narcotics Headquarters Consulting Center. These centers are among the most important ones for providing services to the families of people involved in substance abuse.

2-2. Sampling

Sampling of the present study was conducted purposefully. The selection of the participants considered two criteria: participants had sufficient experience of

the phenomenon under study and good information (11). Thus, for sampling, researcher referred to the addiction-related centers and interviewed people who met the criteria for entry into the study. The distribution of age, education level, number of children, type of substance abuse, and duration of father/husband's abuse, father/husband's job, and father/husband's leaving history were also considered for maximum variation. Data collection was continued to the phase of data saturation. This means that new participants did not raise any new issues, and the information provided by them seemed to be repeated (12). In this study, the number of samples was saturated with 36 participants, including 15 women, 11 children (5 males and 6 females), and 10 service and health providers.

2-3. Data Collection

Data Collection tool in this study was Semi-structured interviews. It was attempted to conduct the interviews in a comfortable and quiet environment in a private room in the centers. The interviewer first introduced himself and thanked the attendee for the interview. Oral consent was obtained from the participants. Consent of the parents was also received for the participation of the children in the interview. Average interview time lasted 35 to 110 minutes. During the interviews, participants were routinely asked: 1. How has your life been affected since your husband became addicted? (for women) 2. How has it affected your life since your father became addicted? (for children). 3. Express your experiences of the impact of the head of the family's addiction on family members (for service and health providers). Then, we used probing questions (such as can you provide an example? or can you explain more? or what do you mean by this?), according to interview responses in order to add to the depth of the data. Participants allowed the researcher to

record the interview; the researcher allowed participants to record the interview, and if the recording was not allowed, the interview was written. Interviews were collected on a Japanese-made Sony Mark Recorder. Immediately after the interview, the participant's comments were reviewed and completed. In this study, two participants needed to be interviewed twice, questions were asked by referring to addiction treatment center. Typing and analyzing was done on the same day as the interviews, if possible.

2-4. Data Analysis

Analysis was done using the 5-step method for analysis of qualitative data described by Granheim and Landman, as follows: 1. determining content of the analysis or unit of analysis; 2. determining meaning units; 3. condensed meaning units were abstracted and coded; 4. codes were compared based on similarities and differences and classified into categories and subcategories; 5. categorical themes were specified and reflected the latent content of the text (main category). The researcher listened to the interviews several times immediately after recording each interview, and after finding a general overview of them, the interviews were implemented and written in a word-for-word way, and handwritten notes were reviewed several times. Then the texts were read row by row and the sentences and phrases were determined and the semantic units were extracted in the form of primary codes. In the following, the codes were categorized according to the semantic and conceptual similarity and compressed as little as possible and the subcategories were formed, which were more comprehensive and abstract. The categorization of the subcategories led to the formation of the main category (13).

2-5. Rigor

For validation and reliability, four criteria provided by Lincoln and Guba, including

credibility, dependability, and conformability and transferability, were used (14). The methods of supplying credibility in the present study include the long-term participation of the researcher in the research environment, the use of various information sources, including wife, counselors, nurses, doctors and psychiatrists who worked in the service centers of this group. Also, a full version of the code, including the key words and codes obtained to assess the compatibility of the codes with the participants' experiences, was shared with some of the participants after encoding each interview in the present study. Discussion and analysis of the research team on conflicting findings and the achievement of the final consensus were also one of the other ways to secure the findings. To provide credibility to the findings, the researchers coded the transcripts of the interviews a few days after the initial coding and compared the results with the first coding, confirmed by achieving similar results and data stability and coordination. In order to enhance dependability and conformability, a part of the interview, along with its analysis, was provided to two external observers who were well experienced in both qualitative research and the issue studied. In order to achieve transferability, the results of the research were shared with several therapists and women whose husbands were involved in substance abuse and who did not participate in the research, and how well they matched the experiences of our participants.

2-6. Ethical consideration

This study was taken from the approved common project of Isfahan University of Medical Sciences and Golestan University of Medical Sciences that was approved by the Medical Ethics Committee of this university (IR.GOMS.REC.1397.21). Ethical considerations were also considered in this research. For example,

informed consent from the participants was taken to participate in the research, recording their interviews and assuring them about the destruction of recordings. The principle of secrecy and confidentiality of the information was considered and the right to withdraw from the study was given to the participants.

3- RESULTS

Thirty-six participants including 15 women with substance abuser husbands,

11 children with substance abuser fathers and 10 service and health providers of related centers including 3 nurses, 2 psychologists, 1 center physician, 1 psychiatrist, 1 provincial mental health director, 1 provincial well-being director and 1 Counter-Narcotics Headquarters Consulting Center director, were participant in this study. The participants' baseline characteristics are presented in **Tables 1, 2.**

Table-1: Women' baseline characteristics.

Variables	Sub-group	Number	Percent
Age	20-30	6	40
	31-40	4	26.7
	>40	5	33.3
Education	Illiterate	3	20
	Less than a diploma	4	26.7
	Diploma	5	33.3
	More than a diploma	3	20
Occupation	Employed	3	20
	Housewife	9	60
	Worker	3	20
Economic situation	Moderate	5	33.3
	Low	10	66.7
	High	0	0
Housing situation	Own home	6	40
	Rent	9	60

Table-2: Children's baseline characteristics

Variables	Sub-group	Number	Percent
Sex	Son	5	45.5
	Daughter	6	54.5
Age	10-15	8	72.7
	16-20	3	27.3
Education	Less than diploma	10	20
	(Student)	1	26.7
	Diploma		
Economic situation	Moderate	5	45.5
	Low	6	54.5
	High	0	0

Service and health providers had an age range of 27-52 years and their education ranged from bachelor degree to doctoral degrees. Type of substances used by drug substance abuser include: Opium, Drug Juice, Crack and Meth, Tramadol.

Addiction period of substance abuser was approximately 3 to 20 years. Occupation of substance abuser was unemployed, worker, employee, and self-employment. History of leaving the substance abuse was approximately 0 to 5 times. The results of

36 in-depth and semi-structured interviews of the participants, 471 initial codes, 11 subcategories, and finally 4 main categories were extracted, including 1)

physical-mental disorders, 2) social isolators, 3) disrupted family and 4) economic pressures are shown in **Table-3**.

Table-3: Main categories and Subcategories of the study of a qualitative study on how head of family's substance dependence impacts his family members' life.

Main categories	Subcategories
1) Psychological and physical disadvantages	Family psychological breakdown
	Family deprivation in terms of emotion
	Concern for physical health
2) Social isolators	Disadvantaged social status
	Family violating norms
	Addiction as a family phenomenon
3) Disrupted family	Decline in sex
	Rule of doubt in the family
	Marital conflict
4) Economic constraint	Family deprivation financially
	Addiction in contrast to the welfare in family

The research findings showed that one of the main categories of the research is "psychological and physical disadvantages". The addiction of the substance abuser and life problems have caused psychological and physical disturbances in the family members, the main category of which consists of three subcategories. The first subcategory of this main category was "family psychological breakdown" that children and women expressed experiences as stress, anxiety, depression, and aggression, which led them to refer to the psychiatrist and to use psychiatric drugs.

"I was very upset about my husband's addiction. I constantly cried about it. I was talking to myself badly and blaming myself, I constantly thought about taking pills during this hard time and save myself from this life" (P16- Family woman).

"Family deprivation in terms of emotional deprivation" is another subcategory of this category in which the members expressed experiences about inattention and emotional disintegration by the substance abuser.

"Children say that he uses drugs and does not pay attention to us, he does not care about us children, or he does not play with us and does not buy us presents" (P35- the Counter-Narcotics Headquarters Consulting Center Director).

The members also suffered from "physical health concern" due to substance abuse by the abuser. The members said that due to the addiction of the head of the family, they suffered from respiratory, cardiac, musculoskeletal, nervous, and digestive and sleep disturbances for many years and were always concerned about physical

illnesses and high-risk diseases such as hepatitis and AIDS.

"When my dad was involved in substance abuse, my sister and I both had headaches and nausea, and my sister still has headaches and takes medicine, and the reason for it goes back to that time" (P21-Family daughter).

"Due to substance abuse and illegal behavior, we had cases in which the substance abuser had been implicated in the transmission of illnesses such as hepatitis and AIDS to his wife" (P31-Province Well-Being Director).

The second major category in this study was the "Social isolators' category". Disadvantaged social status is one of the subcategories that the majority of the members felt uncomfortable with the label they were given, and because they did not want others to know about their family status the majority of them reported that their interactions with relatives were reduced due to addiction.

"Most of my friends do not know the situations of my life and I do not want them to know" (P8, Family son).

"The cases that have been observed in these women are that their husbands do not communicate with anyone because of their addiction, their husbands do not communicate with their relatives nor with their neighbors: when we are in society, people's styles are somewhat different" (P14-Nurse).

Family violating norms is the second subcategory that comprised this main category. In this sub-category, the members of the family expressed experiences about anti-social behaviors, legal conflicts and family abusiveness.

"My brother had lots of conflicts with others, he was often involved in wrongdoing, he was looking for things that he shouldn't, that's why he was arrested

and he was imprisoned for a while" (P9-Family daughter).

"Some people use their ladies for illegal ways. Excuse me, I say, with swagger" (P15, Psychologist).

"Addiction as a family phenomenon" is another subject in this category. Since the family members, especially children are witnessing their fathers using drugs, this leads to their curiosity to cause euphoria, and some contributors have said that their father's use of drugs has become a common cause for their addiction. Or it has caused them to be attracted to the substance abuse. The majority of husbands faced with the inappropriate atmosphere of their home encouraged their wife to use drugs. The women said that their husbands also infected them with substance to be an agent for adherence their common life.

"Maybe for us, because my dad was addicted, drug use was normal. Another thing that I was very curious about was my dad using drugs and then laughing" (P17-Family son).

"My husband has made me addicted because I always objected to him using drugs and he was afraid that I would leave him. By doing so, he has kept me by his side" (P14- Family woman).

The third main category in this study is a "disrupted family" consisting of three subcategories of decline in sex, rule of doubt in family and marital conflicts. In the dimension of sexual relations, the data showed that sexual relationships of many of the participants had many problems. In this regard, one of the participants said:

"It's about a year now that I have a problem with my husband in relation to sex. When they use drugs, they become cold. We do not have a good sexual relationship at all, and I do not feel good about it" (P4- Family woman).

Other cases expressed by the husbands were distrust in the family. Women stated

that their husbands were so likely to justify their behavior that they could no longer trust them.

"When my husband comes home I search all his pockets, I smell his clothes because I do not trust him at all" (P3- Family woman).

Another issue that exists in these families was conflict; fights, strife and family conflicts in these families were common that was mentioned by the majority of the participants.

"There was always a quarrel in our house, My father used drugs and my mother asked him, why you do this?!, that's why they were always fighting" (P28, Family son).

"Economic pressure" is the last major category of this study, which includes two subcategories of family deprivation financially and addiction in opposition to welfare in family, and regarding the subcategories of the family deprivation financially, the majority of the family members expressed the financial problem and even the failure to meet the essential needs of life:

"We had no money at all; we did not have any money. Everything we earned paid for my husband's opium. We did not have any money to buy anything, we had no money at all to buy something, and we had three children" (P27-woman).

The participants in this study experienced a lot of restrictions on travel and other leisure and enjoyment:

"I got tired, I did not travel, I did not have fun, I did not wear good clothes, I did not eat a good meal, what should I do?" (P4-Family daughter).

4- DISCUSSION

The purpose of the study was to determine the effects of family head addiction on children and women. In this study, the majority of the members expressed experiences based on

psychological problems, which were consistent with the study findings of Mancheri et al. (2013). They showed that the family members with a substance abuser were involved with some degrees of psychological issues such as anxiety, depression and aggression (15). Lander et al. (2013) concurred with this finding, stating that the family addiction negatively affected the behavioral and emotional patterns of the members (16).

Addiction is a familial illness and the members suffered from anxiety caused by life alongside the abuser after years of being mentally and psychologically worse off than the addict himself. The bitter reality is that the individual involved in substance abuse does not even know what his addiction puts into his head or those around him. The addicted family members have no choice but to endure the problems that the addicts have created for them, and because there is no support that makes them comfortable and relaxed, they can feel the devastating impacts of the family member addiction more. Even if the addicted person discontinues using and is recovering, the family members will continue to be affected by the mental and emotional damage remained from the addicted person's time (17).

In a house where a man is a drug addict, stability will not prevail. The use of narcotic drugs by men causes new challenges in the family and, thus, the family members of these people report a lot of pain and suffering. The unreliable and impolite nature of the addicted people creates disturbance and confusion in the family whereby they first uses all of their efforts to control the addiction, but emotional distress and unpredictable behaviors of the addict persist with chronic anxiety, family confusion and fear (18). The family members in this study expressed the ignorance and the lack of emotional relationship between the substance abuser and family members of

the complainant. Shahriari et al. stated in this regard that the drug abuse brought the addicts to a lower level every day morally and emotionally (19). Niyazi et al. also argues that instead of living together, such families are next to each other, they endure each other, and that children of these families are confused in terms of approval, control, supervision and father's support because the addicted father is very good-natured and enthusiastic when using drugs, and the role of affection is so strong that it affects the children and, at the time of hangover, he is so full of anger that he does not show the least feeling and reaction to the basic needs of his children (20). Regarding the topic of physical health, Ray et al. (2008) have shown that the family members have more physical problems (21). In line with this finding, Chadhoury (2016) also states that the family members suffering from substance abuse experience negative physical consequences, including skeletal musculoskeletal disorders, sleep disturbances (22).

Living with the individual experiencing substance abuse is stressful and the individual involved in substance abuse often takes actions that can have an adverse effect on the family life and the members of the addicted family (23), and creates chronic stress on the members and this tension created in the family is manifested as a physical challenge in the family, which is also a factor in increasing the burden of healthcare (24). The second major category in this study was social isolators, and studies such as Daley (2013) and Dalwandi et al. (2001) showed that the family members with substance use challenges had social problems. The addiction of the man in the family isolates the whole family and social relationships are reduced. The relatives often do not go to the home due to bad economic conditions and unemployment, or because of the fear of their husbands and boys

becoming addicted. The abusers mostly interact with those who are drug addicted or able to supply drugs (25). The family members are sometimes forced to take unhealthy and irrational behavior on their own (such as restricting social connections and denial of addiction) to be able to withstand the addicted person's insanity and annoyance, and to prevent the collapse of the family center and the risk of their own lives (17). The children of a father who is an addict are also in a very confusing situation that plays a decisive role in their socialization. Children in dealing with problems often imagine their father as a supporter and the person who they can rely on, if this support is not provided by the father, their reliance on the outside is transferred and vulnerabilities are provided. Also, the father who is an addict teaches deviance to his children and makes it easier for them to access the substance; therefore, some children of the families of addicted fathers repeat the same family patterns in adulthood (26).

Dalwandi et al. mention that for most people who are born and raised in the families of addicts, the repetition of drug use by the family members becomes normal for them, and the fear of experience is lost in them because the drug use becomes normal to them (8). Young people living in tense family situations are susceptible to the drug use, because the addiction is something that can be learned and a person raised in an addict family is more likely to become addicted (27). In addition, a family's daughter suffering from substance abuse is more vulnerable to special attention. Some of these girls may be used as carriers for substances used by their fathers. They may even be forced into prostitution to afford the cost of their fathers' addiction, as well as having less access to education and skills (28). Disrupted family is another main category of the study that, in line with this finding, Daley (2013) suggests the problem of

instability in these families and states that this may be due to abuse or violence or family separation resulting from separation, divorce or removal of children from the home by the child and adolescent services. The subject presented in this category by the participants has been a decline in sex. Subsequent to the use of the substances, male sexual power is reduced and people suffer from a lack of sexual arousal, which, along with their physiological state, causes irrational attitudes and beliefs about their marital relationship (28). The rule of doubt in family is another subcategory raised in this main category. When a parent becomes an addict in a family, there are secrets in the family and frequent absences occur due to community-based values about drugs, the lying environment, and the internal environment of the family is always involved (19). Another issue raised by the participants was marital conflicts, in which Mohammadifar et al. state that emotional failures, divorce and disintegration of family center are the challenges of substance abuse.

By observing the structure of disruptive families, including the families suffering from substance abuse, there will be a lack of proper relationship between couples, confusion and conflicts among the family members. The husbands experiencing substance abuse show most of the negative and vulnerable communication, such as criticism, blaming, humiliating and anger and they express a low level of empathy in solving the family problems. Negative relationships reduce the use of problem-solving skills, such as open discussion and encouragement, and the family degrades in terms of performance; therefore, the descending performance of the family will lead to the collapse and destruction of the family focus (6). Regarding economic constraint in line with these findings, studies by Daley (2013), Choudhary (2016), and Aghabakhshi (2009) showed

that the families suffering from substance abuse had economic challenges (22, 28, 29). The father's economic role in the Iranian family system is an important one. The father has always been the manifestation of the family activity and provider for the family. In contrast, the father has expectations from his family members and supervises home affairs and behavior of the children, but in the families of addicted fathers the disruption of the role of the father as a provider and the imbalance of expectations regarding the rights and duties of family members are observed. In the families of addicted fathers, the father's occupation base is disturbed. In addition, the cost of the family is imposed on the family because of the drug addiction. In some cases, home property is sold by the father and the family members are forced to work for the family's livelihood. Failure to provide the family needs, including food, rent, education, etc., puts great pressure on the family members, especially those who care about the comfort of their children (30).

5- CONCLUSION

The findings in the present study provide further evidence about the problems of the children and women that live with a substance abuser indicating that addiction of the head of the family in particular, can have a serious impact on the children's and women's health. Therefore, our results emphasize the importance of comprehensive interventions by therapists, healthcare providers, to maximize behavioral adaptation in children and women that live with substance abusers.

6- AN AUTHORSHIP DECLARATION

The article is the author(s) original work. The article has not received prior publication and is not under consideration for publication elsewhere. All authors have seen and approved the manuscript being submitted. As this part of the article deals

with the problems of children in a family that the father is a drug user, this paper may be appropriate for this journal.

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8- CONFLICT OF INTEREST: None.

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