Original Article

The Evaluation of Marital Adjustment among the Addicts in Isfahan NA Groups and Their Couples

Rezvan Rahimpour[1]; Hamid Reza Khankeh, PhD[2]; Masoud Fallahi Khoshknab, PhD; Ali Farhoodian, MD; Marjan Farzi, MSc.
University of Social Welfare & Rehabilitation Sciences, Tehran, Iran

Objective: This study intends to evaluate Marital Adjustment of the addicts in Isfahan NA groups and their couples.

Method: In this cross-sectional analytic-descriptive study, two centers were randomly selected among all of the NA groups in Isfahan in 2012. In the next stage, 40 addicts (both male and female) who were randomly selected from each center as well as their couples were asked to participate in the present study. Thus, 124 participants who were 62 couples took part in this study. The research data were collected through the questionnaire based on demographics information of the participants and the Dyadic Adjustment Scale (Spanir, 1976). Finally, SPSS software 16 was employed to analyze the data.

Results: The findings of this study indicate that 82% of addicts and their couples are unadjustable and only 18% of them are adjustable. The participants' education is from elementary to high school. The mean of their age is 31.3 years, the mean of the couples' marriage duration is 9.65 years, the mean of their age gap is 4.35 years, the mean of their addiction duration is 9.65 years and the mean of their number of children is 1.2. In addition, most of the addicts in this study (52.97%) use a combination of drugs and the others use only an especial substance as a dominant drug.

Conclusion: The results show that Marital Adjustment in addicts and their couples faces major problems and based on the prevalence of addiction requires more attention and it is essential to design and implement interventions in order to enhance Marital Adjustment of the addicts and their couples considering the critical age of 30 to 40 years old. Besides, it is necessary to recognize ways of interventions in educated addicts' family and also to design interventions for uneducated NA groups with high school educational level or lower than that.

Key words: Marital Adjustment, Addiction, Narcotics Anonymous (NA)

Introduction

Nowadays, in addition to the three global crises which are poverty and population growth, destruction of environment, and nuclear threats, drug consumption issue is considered as the forth crisis and the most crucial shock in the third millennium. It has involved more than 170 countries all over the world (1). The United Nations Office on Drug and Crime (UNODC) has reported that number of 15 to 64-year old drug consumers is 200 million people or 5% of the total population of the world. The official statistics reported by the United Nations (UN) in 2005 regarding Iran introduces Iran as the biggest market of consuming opium drugs such as morphine, opium, and Acetomorphine and in fact 20% of the population of 15 to 60-year people in Iran is involved in drugs issues (2). In Iran, although 70% of addicts are married, only 17.8% of addicts and their couples feel satisfied of their marital life (4) and 34% of divorces stem from drug addiction and the issues related to that (3). The side effects which are due to the continuance of addicts' and their couples' marital unadjustment have led to sever crises in families such as emotional or legal divorce (4, 5, 6), health damage of couples and children (5), girls scape from home, educational failure, mental disorder and even suicide. Besides, its side effects have resulted in decrease of social immorality (7).

However, in Iran, a little research has been conducted on addicts' traumatic families in which family members do not behave appropriately toward each other and they are deprived of each other's emotional support and solely live in a house together physically. Thus, this study intends to evaluate Marital Adjustment of addicts of narcotics anonymous association and their couples in Isfahan in 2012.

Method

In this cross-sectional analytic-descriptive study, in the initial stage, after making a list of narcotics anonymous association centers in Isfahan in 2012, via internet search and contact with the chiefs in urban committees, two centers were randomly selected. Forty persons, both male and female, were randomly selected from each center as well as their couples were asked to take part in this study. As a whole, 124 persons, 62 couples, participated in the present study. The data gathering instrument was a questionnaire consisted of two parts: the first part of the questionnaire was related to the demographic information of the participants such as age, gender, education, occupation, nationality, religion, marriage duration, age gap between couples, number of children, couples' addiction duration, type of addiction drugs used by the addicts. The second part of the questionnaire was the Dyadic Adjustment Scale (DAS) which was designed by Spanir in 1976 in order to evaluate the Marital Adjustment between couples or each two person living together. The Dyadic Adjustment Scale (DAS) is an instrument consisting 32 items which evaluates four dimensions of Dyadic Satisfaction (DS), Dyadic Cohesion (D coh.), Dyadic Consensus (D con.), Affectional Expression (AE). The total score of this scale is from 0 to 151 coming out of adding the score of the items. The Likert scale was applied to respond to the items of the questionnaire. The participants who obtained the score of 101 or less than this are not adjustable and those with the score of higher than 101 are considered as adjustable couples. The mean score of adjustable couples in Spanir's study was 114.7 and that of unadjustable couples was 70.7. Generally, the scores which are higher than the mean score of Marital Adjustment reveal high adjustment and those which are lower than the mean score indicate low adjustment between the couples (8). To localize the questionnaire among the Iranian addicts and their couples, the face validity of the original questionnaire as well as its Persian version which was translated by Amouzgar and Hosseini-Nejad (1995) was evaluated to be valid by 11 university professors. In this study, the reliability of the questionnaire was evaluated by the test-retest technique within a two-month interval with 20 participants who were 10 addicts and their couples. The Pearson correlation coefficient score of the overall scale was 0.986 and that of subscales were 0.992, 0.946, 0.974 and 0.973 respectively. Furthermore, the questionnaire reliability was calculated by Cronbach's Alpha of the results of the pilot study conducted by a sample of 100 addicts and their couples. The Cronbach's Alpha of the overall scale was 0.965 and that of its subscales were 0.834, 0.785, 0.953 and 0.734 respectively. To analyze the data, techniques of descriptive statistics such as frequency, percentage, mean score, and standard deviation were employed and techniques of reliability such as Cronbach's alpha and Pearson correlation coefficient were applied. The SPSS 16 software was used in this study to analyze the data. The ethics of research such as confidentiality and obtaining informed consent from the participants were taken into account in this study.

Results

In the present study, 66.1% of the addicts were male and remaining 33.9% were female. Besides, 100% of the male participants of this study were employed.

Table 1. The Frequency Distribution and Percentage of Addicts Considering Their Occupation

Gender	Housewife		Self-employment		Employee		worker		Total	
	P	F	P	F	P	F	P	F	P	F
Male	-	-	58.1	18	6.5	2	35.5	11	100	31
Female	48.4	15	38.7	12	3.2	1	9.7	3	100	31
Male	-	-	54.8	17	3.2	1	41.9	13	100	31
Female	45.2	14	38.7	12	6.5	2	9.7	3	100	31

The participants' educational level was from elementary school to diploma; the mean score of their age was 31.3 years old; the mean score of their duration of marriage was 9.65 years; the mean score of the couples' age gap was 4.35 years; the mean score of duration of their addiction was 11 years; and the mean score of their number of children was

1.2. The frequency distribution of the type of consumed addictive substance shows that most of the participants (52.97%) use a combination of drugs or according to themselves they use whatever is available and a small percentage of them use only a specific substance as the dominant substance.

Table 2. The Frequency Distribution and Percentage of Addicts Considering Their Consumed Addictive Substance

Group	Gender	Drug Combination		Crack		Crystal		Acetomorphine		Marijuana		Opium		Total	
		P	F	P	F	P	F	P	F	P	F	P	F	P	F
NA1 Center	Male	52.4	11	4.8	1	4.8	1	9.5	2	-	-	28.6	6	100	21
	Female	50	5	-	-	30	3	10	1	-	-	10	1	100	10
NA2 Center	Male	55	11	10	2	5	1	5	1	-	-	25	5	100	20
	Female	54.5	6	-	-	18.2	2	9.1	1	9.1	1	9.1	1	100	11
Total	Male and Female	52.97	33	3.7	3	14.5	7	8.4	5	2.3	1	18.17	13	100	62

In this study, the mean score Marital Adjustment between addicts and their couples was 77.72; the mean score of Dyadic Satisfaction was 27.59; the mean score of Dyadic Cohesion was 10.57; the mean score of Dyadic Consensus was 33.71; and that of Affection Expression was 5.83.

Table 3. The Mean Score and Standard Deviation of Marital Adjustment and its Subscales between Addicts and their Couples(n=124)

Variable	X	S
Dyadic Satisfaction	27.59	10.81
Dyadic Cohesion	10.57	4.47
Dyadic Consensus	33.71	14.33
Affection Expression	5.83	3.46
Marital Adjustment	77.72	30.49

Besides, according to the Spanir's idea which states those with the adjustment score of 101 or less than that are not adjustable, the results of this study shows that considering the total 62 couples taking part in this research, 82% of the participants are not adjustable and only 18% of them are adjustable.

Table 4. The Frequency Distribution and Percentage of Addicts and their couples' Marital Adjustment

Group	F	P
Adjustable	22	18
Unadjustable	102	82

Discussion

Family is the prominent and main institution in the society. It is also the smallest component of the society. A society which is formed by healthy and sound families is a sound society in which improving families and their members are a very significant issue (9). In our society, not enough studies has been

conducted on addicts' traumatic families the members of which do not behave and react appropriately toward each other and they are deprived of emotional support in the family and they only live together in the same home. Most of these families may have more severe and destructive effects on the children compared with single-parent families. In such families, keep living together is compulsory along with continued contention and instead of living together, wife and husband in such families tolerate each other hard (5). Marital Adjustment is one of the most dominant factors having impact on family survival, durability and growth (10). Marital Adjustment means a person is in a coordinating, congruent, and growing marital relationship. Such a person responds to his/her couples' requests consciously, effectively and safely and his/her couple reacts in the same manner considering his/her partners' requests. When wife and husband take into account all aspects of their marriage, satisfaction impression will improve and grow, thus, their marital relationship will be stable (11).

In this study, the mean score of Marital Adjustment of the addicts and their couples was 77.72; that of Dyadic Satisfaction was 27.59; that of Dyadic Cohesion was 10.57; that of Dyadic Consensus was 33.71; and that of Affection Expression was 5.83. Considering this point that the adjustment score of 101 or less is considered as unadjustable couple by Spanir, the findings of this study indicate that among the 62 couples participating in this study, 82% of them are unadjustable and the remaining 18% are adjustable couples. However, based on the literature reviewed, no study has been found to investigate

Marital Adjustment between addicts and their couples except two studies investigating Dyadic Satisfaction which is only one of aspects of Marital Adjustment. Erfanian (4) checked the addicts' and their couples' qualitative and quantitative Dyadic Satisfaction in 2006 and he concluded that Dyadic Satisfaction level among 73 participants was as the following: 17.7%: high, 68.5%: medium and 13.7%: low. Besides, their couples' Dyadic Satisfaction level was as the following: 17.8%: high, 65.8%: medium and 16.4%: low. Generally, he reported that Dyadic Satisfaction between addicts and their couples, both male and female, is at medium level of satisfaction. Furthermore, the results of the study conducted by Yousefy (12) in 2004, who investigated preliminary Dyadic Satisfaction and marital life in addicts, showed low quality and level of Dyadic Satisfaction among such people. On the whole, such outcomes indicate that Dyadic Satisfaction level in addicted couples face severe problems and based on the prevalence of addiction requires more attention.

In the present study, 66.1% of addicts were male and 33.9% of them were female. The mean score of the participants' age was 31.3 years old; the mean score of their duration of marriage was 9.65 years; the mean score of the couples' age gap was 4.35 years; the mean score of duration of their addiction was 11 years; and the mean score of their number of children was 1.2. Ahmadpour (1) investigated the amount of experience violence in women with their husbands' addiction to stimulants and opiate. He reported the demographic variables as the following: the mean score of addicts' couples' age was 37.78

years, the mean score of their duration of marriage was 7.92 years, the mean score of duration of their addiction was 10.91 years and most of them (38%) had only one child. Besides, the investigation of the mean score of addicts' age in three studies of RSA indicated that the mean score of their age is about 33 years (13). Thus, considering the problems of Marital Adjustment between addicted couples indicates the requirements of designing interventions appropriate for 30 to 40-year old people. The calculation of frequency distribution of the participants' job/occupation shows that 100% of male participants in this study are employed and none of the family heads are unemployed. Such statistics do not show any relationship between addiction and unemployment. To prove such claim, the study in which 7762 addicts were investigated can be referred to. In that study, only 13% of the participants were unemployed. So, noting constantly that the reasons of addiction are unemployment and unavailability of marriage conditions is not a scientific claim anymore. In fact, unemployment is one of the reasons of addiction along with other reasons (14).

The calculation of frequency distribution of the type of consumed addictive substance among the participants indicates that most of the addicts (52.97%) used a combination of drugs and only a small percentage of them used a specific addictive substance. The obtained outcome of the study in this regard is not in line with the outcomes of other studies. For instance, the following results of research can be pointed out:

Table 5. The Amount of the Most Dominant Consumed Substance among Addicts

Time	Researcher	Number of participants	The results of the prevalence of dominant addictive substances
2007	Drugs Control Headquarters	-	32.8% Opium 25.7% Crack 18.8% Acetomorphine 4.3% Opium sap 3.7% Crystal 1.9% Marijuana 1.5% Burnt sap 7.3% Others
2007	Narenjiha et al. (14)	7769 people	34% Opium 26.6% Afghani Crack 19.2% Acetomorphine 4.4% Opium sap 4.1% Horgesic 3.6% Crystal 2% Marijuana less than 0.5 % (LSD, Cocaine, XTC)
2008	Jaafari et al. (16)	-	The most prevalent consumed substances: Opium, Acetomorphine, prescriptive drugs, Buprenorphine, and Marijuana respectively.

Time	Researcher	Number of participants	The results of the prevalence of dominant addictive substances
2012	The present study	124 people	52.97% Combination of Drugs 18.17% Opium 14.5% Crystal 2.3% Marijuana 8.4% Acetomorphine 3.7% Crack

The differences among the statistics in different investigations indicate the change in consumption patterns among the addicts and to gain more accurate investigations, larger populations are required.

According to the addiction prevalence and the obtained results of this study in case of Marital Adjustment between addicts and their couples, it can be suggested that designing and implementing the interventions to improve the Marital Adjustment level between addicts and their couples is needed. It is obvious that the outcome of this study can guide and help the researchers to design such interventions.

Conclusion

This study intended to evaluate Marital Adjustment of the addicts in Isfahan NA groups and their couples among 124 persons (62 couple) from the addicts' population referring to NA groups in Isfahan and their couples in 2012. The results show that marital Adjustment between addicts and their couples face severe problems and considering the addiction prevalence requires more attention.

References

1. Ahmadpour N, Azkhosh M, Farhoudian A, Asgari A. [A comparative study of violence in woman with addicted husband to opiates and Stimulants (Persian)]. Thesis for Master in Rehabilitative counseling. University of Social Welfare & Rehabilitation Sciences. 2012.
2. TraitR. Iran faces up to its most lethal threat-drugs. [htt://www.mapinc.org/media/175]website. The Guardians. 2005 (accessible at, Oct 27, 2005.)
3. Pourghasemi M, Eghlima M, Raheb Gh, Rafie H. [The effect of training life skils on impoverment family function women of addicted husband (Persian)]. Thesis for Master. University of Social Welfare & Rehabilitation Sciences. 2010.
4. ErfanianTaghvaii MR, Esmaili H, Salehpour H. [Assesment of marital satisfaction in addict persons and their couples (Persian)]. Fundamentals of Mental Health. 2005; 7 (27& 28): 115-121.
5. Aghabakhshi H. [Addiction and Family (Persian)]. Tehran. University of Social Welfare & Rehabilitation Sciences; 2009.
6. Naderi F, Eftekhar Z, Amolazadeh S. [Relation among personality and intimacy in men addict couples in Ahvaz (Persian)]. New finding in psychology. 2010;4(11):61-78
7. Abhari M. [Causes of social damages (Persian)]. Tehran. Pashootan; 2001.
8. SanaiiZaker B. [Tools for family and marriage Evaluation (Persian)]. Tehran.Besat. 2000.
9. Satir V. (Human building in family psychology). Bireshk B. (Persian translator). Tehran. Roshd. 1991.
10. Mehrabizadeh Honarmand M, Hoseinpour M, Mehdizadeh L. [The effect of life skills training on enhancement of marital adjustment on marage women with 20-40 years (Persian)]. Education and learning studies. 2010;2 (1):125-132
11. Solghi A, Dadkhah A, khodabakhshi Koolaii A, Dolatshahi B. [A comparison between intimacy and marital adjustment among two styles of mates selection by institution of mates selection and introducing family (Persian)]. Thesis for Master. University of Social Welfare & Rehabilitation Sciences. 2010.
12. Yousefi M. [Assessment of marital satisfaction in addict persons (Persian)]. Thesis for Ph.D. TarbiatMoalem University; 2002.
13. Tavakoli M, Sahaf R, Ghaffari S, Farhoudian A, Hayatbakhsh R. [Cost Benefit analysis of Detoxification in Addicts Over 40 in Human Recovery Population (Congress 60) (Persian)]. Rehabilitation. 2012;12(5):52-57
14. Narenjiha H, Rafiee H, Baghestani AR, Noori R, Ghafoori B, Soleimaninia L, et al. [Rapid Situation assessment of substance abuse and dependency in Iran (Persian)]. Final Report. Substance abuse and dependency research center. University of Social Welfare & Rehabilitation Sciences. 2007.
15. Iran Drug Control Head Quarters. [Annual report of substance abuse and dependency in Iran (Persian)]. 2006. Available from: http://www.dchq.ir.
16. Sadeghi M, Ahmadi M, Farhoudian A, Jafari F, Yarmohammadi Vassel M. [Overview of the Status of Research on Drug Dependence and Abuse in Iran (Persian)]. Rehabilitation. 2012;12(5):27-36.