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THE EFFECT OF LIFE-SKILLS TRAINING INTERVENTIONS ON QUALITY OF LIFE, GENERAL HEALTH AND SOCIAL SUPPORT IN ADDICTED FAMILIES

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ABSTRACT

The purpose of this study was to investigate the effects of life skills training interventions on harm reduction and social protection for addicted families in Bandar Abbas. It is quasi-experimental. The statistical population of the study consisted of all wives of addicted people who receive interventions (NA groups and addicted drug treatment centers). Due to the unlimited statistical population, 100 individuals in two groups (addicted and non-addicted wives based on age characteristics, gender matched) were selected and designated as samples. Then quality of life questionnaire, general health (GHQ-28) and perceived support were completed. The results of the analysis of hypotheses showed that interventions have a significant effect on social support for addicted families (P <0.05, P = 0.61). Interventions have a significant effect on mental health for addicted families (P <0.05, P = 0.34). Interventions have a significant effect on quality of life for addicted families (P <0.05, F = 0.99). According to the results of this study, NA classes with treatment group were more effective than methadone maintenance therapy on perceived support, mental health, and quality of life.

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Introduction

The family is a social system, which enables them to meet their emotional, physical and intellectual needs, their evolution, their upbringing, and their subsequent adaptation. Family function in times of conflict, stress, and disruption of relationships can have consequences such as low self-esteem, decline in autonomy and disruption of socialization [1]

One of the factors that affect family functioning and dynamics is the issue of addiction, which increases the problems in family members [2].

Addiction is a physical and mental illness that, due to its progressive nature in all aspects of life, endangers the health of the individual, the family and the community, and the first place that is affected in this regard is the family system that is in this system. The negative effects of abuse, in particular, are on the wife, parents and children of the addicted person [3].

Therefore, living with a person who has a substance abuse problem is stressful, and a substance abuse person often does things that can have an adverse effect on family life and members of the addicted family, and family members from all age groups (children, wife, brother or sister, parents, close relatives) are affected and show high levels of physical and mental symptoms [4].

Also, the health care burden in these families has increased and the results indicate that the use of health care services for these families is four times higher than non-affected families [5]. The main elements of the family become addicted are stress and anxiety.

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For treatment, you must first reduce the tensions in the family and, as long as the severity of these pressures is not reduced, no action can be taken to treat it; therefore, the most effective steps to improve family members' relationships is to control pressure [6] . On the other hand, in the theory of social inequalities, it is assumed that neighborhoods that are characterized by poverty, low socioeconomic status, high population density and high crime rates, create a background in which material consumption grows, because materials The way of avoiding and relieving multiple tensions is with these types of social environments and materials are available in these types of environments [7].

Social support is a multidimensional concept defined in various ways, for example, it can be defined as a resource provided by others, as a means of coping with stress, or as an exchange of resources [8-10] argue that social support works as a possible supportive tool against the spread of drug-related problems, especially for people with a family history of substance and alcohol dependence. Family support is associated with low alcohol and drug abuse. In a longitudinal study in adolescents, [11] reported that close and kindly interactive attachment between parents and children was associated with less child abuse.

In fact, drug abuse has exerted huge social and economic costs through its devastating effects on the health of individuals and an increase in crime, law-breaking and death in society and has resulted in a major threat to societies [12]. Despite the vast resources of the government dedicated to preventing the spread of drug abuse, substance abuse in any age group, economic status, educational level, race, and region are expanding.

Meanwhile, surveys show that young people are most at risk for drug abuse [13]. According to the mentioned issues, the main question of the present research is whether interventions affect the reduction of social harm (improving the quality of life and mental health) and social protection for addicted families?

Method

The current research is a quasi-experimental research based on the purpose of the research. The statistical population of this research includes all wives of addicted people who receive health care interventions (NA groups and those who come to addiction centers).

A total of 100 people in two groups (having addicted and non-addicted husbands who have been matched according to age, sex, age) were selected and selected as sample. The questionnaires were then filled out by the selected sample.

At first, people who had input criteria for research (receiving social interventions and having informed consent about the research) were selected purposefully.

Subsequently, 100 patients were divided into two groups of 50 (one group was only quitting with methadone and the other group who participated in the addition of methadone in NA groups and the group of therapies carried out by addiction treatment centers).

Research intervention

Anonymous addicts will hold two types of sessions based on the predicted program. Closed or occasional sessions that are special for addicts or those who suspect may have problems with the drug, and open or public sessions where members accept anyone who wants to experience the community.

A. Session structure

The Lost Addicts Association Program is a combination of principles that are very simple to describe and people can use them in their everyday lives. The great point of these programs is its practicality. There are no terms and conditions in the Association of Anonymous Addicts. In these meetings, the personality of the group is formed on the basis of the firm commitment that the members of the group agree to. The sessions of the Association of Anonymous Addicts are made up of individuals with a dependency on materials with different backgrounds and identities, which has a continuous commitment and commitment to retrieve them altogether. The twelve traditions are responsible for the changes in these meetings. Each session was taught in one step (12 sessions and 12 steps).

B. Group therapy to improve life skills

In the workshops, through training, life skills are taught and taught in 8 sessions of 2 hours. First, educational pamphlets related to life skills including stress coping techniques, correct decision-making ability and problem solving, the ability of interpersonal communication and self-awareness to be provided to subjects, and then by a psychologist Techniques were taught to the participants. At the beginning of each session, the subjects consulted on a group problem. Individuals presented their strategies in the form of thoughtful rainfall proportional to the time of the session, or they performed skill in a role, then the instructor on the skill required for the basics. The theory was presented with examples, and at the end of the experiment, they focused on a hypothetical problem and presented a satisfactory solution. Among the sessions, people were reminded of all the daily events related to their technique and strategy.

Three questionnaires were used to collect data. The personal information questionnaire, which contains personal information questions such as age, education, gender, relative to the addict, is completed. To assess the quality of life, the SF12 questionnaire, a modified form of SF 36, was used. The questionnaire consists of 12 questions related to eight dimensions that are divided into two physical and psychological subscales. The minimum and maximum possible scores for each dimension of quality of life and total quality of life are between 0 and 100. This means that 100 of the best and zero are the worst scores of quality of life. The reliability of the questionnaire was 0.95 by test-retest.

For evaluation of mental health, 28 questions of General Health Questionnaire (GHQ-28) Goldberg & Hillier (1979), were used which included four scales of 7 questions (physical symptoms, anxiety, social dysfunction and depression) [14]. The method of scoring this questionnaire is more precise. Based on this method, each 4-point questionnaire is scored as 0, 1, 2, 3, resulting in the range of the score from zero to 84. The reliability of the questionnaire was 0.89 by Cronbach's alpha. For measuring social support, a 12-point perceived support questionnaire Zimet et al., (1988) was used. The questionnaire was scored in a five-point Likert scale, and the obtained alpha coefficient was equal to 0.78 [16].

Results

In this section, the values of descriptive indexes of the main variables of research (social support, mental health and quality of life) are presented in Table 1.

Table 1. Quantitative Index of Quantitative Description of Research Variables by Group

Variable	Group	N	M	SD
Social Support	Methadone	50	60.33	3.50
	NA	50	40.67	2.3
General Health	Methadone	50	56.60	2.83
	NA	50	44.40	2.22
Life Quality	Methadone	50	67.54	3.73
	NA	50	33.46	2.73

Results related to hypotheses

The first hypothesis:

H0: Interventions on social support for addicted families in Bandar Abbas have no significant effect.

H1: Interventions on social support for addicted families in Bandar Abbas have a significant effect.

To evaluate the effect of intervention, one-way variance analysis was performed on the variables related to social support variables.

Table 2. Analysis of variance analysis for comparing the average social support scores by group

Source	SS	DF	MS	F	Sig.	Eta
Constant	125954.01	1	125954.01	187.76	0.046	0.99
Group	670.81	1	670.81	12.61	0.001	0.56
Error	521.18	98	521.18			

**Sig. p<0.01 & *p<0.05

As the results of Table 2 show, there is a significant difference between the mean scores of social support in the two groups.

The second hypothesis

H0: Interventions on the mental health of addicted families in Bandar Abbas have no meaningful effect.

H1: Interventions have a significant effect on mental health of addicted families in Bandar Abbas.

To evaluate the effect of intervention, one-variable variance analysis was performed on the scores of dependent variables (mental health).

Table 3. The results of variance analysis to compare the mean of mental health scores by group

Source	SS	DF	MS	F	Sig.	Eta
Constant	25030.09	1	25030.09	584.14	0.02	0.98
Group	428.49	1	428.49	4.33	0.04	0.21
Error	968.42	98	9.88			

**Sig. p<0.01 & *p<0.0

As the results of Table 3 show, there is a significant difference between the mean scores of mental health in the two groups.

The third hypothesis

H0: Interventions on the quality of life of addicted families in Bandar Abbas have no meaningful effect.

H1: Interventions on the quality of life of addicted families in Bandar Abbas have a meaningful effect.

To evaluate the effect of intervention, one-variable variance analysis was performed on the variables of dependent variables (quality of life).

Table 4. Analysis of variance analysis to compare the mean scores of quality of life in terms of group

Source	SS	DF	MS	F	Sig.	Eta
Constant	11930.16	1	11930.16	152.17	0.05	0.99
Group	784	1	784	47.11	0.001	0.31
Error	1630.84	98	16.64			

**Sig. p<0.01 & *p<0.05

As the results of Table 4 show, there is a significant difference between the mean scores of social quality in the two groups.

Discussion

The First Research hypothesis: Interventions on social protection of addicted families in Bandar Abbas have a significant effect.

The results of analysis of variance showed that interventions on social support for addicted families in Bandar Abbas have a significant effect. This finding is in line with previous research results. Tayyibi, Abolqasemi and Alilu (2013) concluded that addicts suffer from lower social support than ordinary people and suffer from multiple social exclusion. Various studies have shown that drug addicts have less social support than healthy people.

[16] showed that drug addicts are more likely to be excluded from the community and receive little support from their families. Also, these people are more exposed to unemployment, have lower quality of life, less physical and mental health and more stress.

The second hypothesis

Research hypothesis: Interventions have a significant effect on mental health of addicted families in Bandar Abbas.

The results of variance analysis showed that mental health interventions have a significant effect on addicted families in Bandar Abbas. This finding is in line with previous research results. Ali Moradi (2011) found that there was a significant difference between the mental health of addicted and non-addicted people who had lower mental health status than the healthy group. [17] reported the same results. In explaining this finding, it can be said that the NA classes and the treatment group have had a positive impact on the addicts in a way that they have increased over the long term and show greater recovery, and this will reduce tensions, consumption temptations and The sense of support leads.

The third hypothesis

Research hypothesis: Interventions on the quality of life of addicted families in Bandar Abbas have a meaningful effect.

The results of variance analysis showed that interventions on quality of life have a significant effect on addicts' families in Bandar Abbas. This finding is in line with previous research results. Hosseinifar (2011) concluded that two groups of addicts and healthy people have a significant difference in terms of quality of life and mental health, and addicts have lower mental health status than healthy people, adding that addicts under conditions They are life-threatening and need more support and help. In explaining this finding, it can be said that in NA classes, skills such as problem solving, social skills, and stress management have reduced the demand for help from others [18]. The daily routine of life involves a person's interaction with the environment. If the addict is able to perform better and has better compatibility with everyday life and problems, he has a higher quality of life and better management of the situation.

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