Wives’ roles among alcoholic partners in the Philippine context

Kesshia Grace B. Rojas¹, Gie N. Maybuena², Erlinda Y. Posadas³, Lourdes C. Quisumbing⁴, and Adrian P. Ybañez⁵

ABSTRACT

Alcoholism, the most common form of addiction, can be considered a societal and familial problem. In controlling the alcoholic consumption of husbands, wives may play a significant role. The present study aimed to know the profile of selected couples, determine the wife’s effort in controlling the husband’s alcohol use, and assess the correlation of possible risk factors associated with husband’s alcohol use and wife’s effort in Talisay City, Cebu. A total of 97 couples were screened using inclusion criteria (18-60 years of age, living together for at least six months, and the husband must be an alcohol user). All couples satisfied most of the criteria except the criteria where the husband must be an alcohol user, leading to only 65 qualified couples (67%). Husbands and wives were interviewed separately using a structured questionnaire. Husbands were asked about their alcohol use and wives were asked regarding their efforts in controlling their husband’s alcohol use. Statistical analyses revealed significant differences between wives’ effort towards the alcohol-user husband and their husbands’ type of alcohol use, level of alcohol use, and history of alcoholism in the family. Moreover, significant positive relationships were found between the wife’s effort towards controlling the husband’s alcohol use and the number of children. Results imply that the wife’s effort to control the alcohol consumption of their husband has a relationship with the husband’s level of alcohol use. The wife is seen to play a critical role in regulating alcoholism in the family and community. Thus, in increasing awareness and control of alcoholism in the community, housewives must also be targeted.

Keywords: alcoholism, wife’s role, husband

I. INTRODUCTION

Alcoholism is considered to be a form of addiction most common among Filipinos (Zarco, 1995). A joint study by the University of the Philippines, College of Public Health and the Department of Health (DOH) in 2001 revealed in a sample population of 10,240 Filipinos, 38.9% were alcohol drinkers (Olarte, 2006). The World Health Organization (WHO) reported that Filipinos who are 15 years and older have 9% of their population having alcohol use disorder (Swahn, Palmer, Benegas-Segarra, & Sinson, 2013). The presence of alcoholism in the Filipino society may be partly caused by the easy access to alcohol.

Associated with greater alcohol availability is increased consumption and problems. Sexual and drug abuse, suicide and violence cases has been linked to alcohol drinking and intoxication among Filipinos (Valbuena, 2006). At the family level, it may be a problem as alcoholic husbands may subject their wives to unnecessary physical abuse. Thus, the wife may attempt to stop or minimize the alcohol consumption of...
her husband, which is referred to as “home treatment” (Wiseman, 1980). Alcohol treatment has resulted in reductions in marital violence (Stuart et al., 2003). Husbands who discontinued the use of alcohol were seen to function more efficiently in the society (Sulzer, 1965).

Alcoholism affects not only the substance user but the family members also. The development of several family-focused interventions emphasized the importance of family members for the treatment of alcohol abuse (Copello, Templeton, & Velleman, 2006). McCrady et al (1986) reported that behavioral treatment for alcoholics involving their spouses have resulted in marked decreased in alcohol drinking, and increased treatment compliance. This resulted to a faster decrease in drinking frequency and slower relapse after treatment with maintained or improved marital satisfaction (McCrady et al., 1986). Similar results were also reported by Walitzer and Dermen (2004) and McCrady, Epstein, & Hirsh, (1999) where the spouse’s alcohol focused involvement and couples behavioral therapy produced better outcomes in alcoholism treatment and higher chances of maintaining positive change after conjoint behavioral alcohol treatment.

In the Philippines, the wife may play a crucial role in controlling her husband’s alcohol consumption. Reports concerning husband’s alcoholism and the role of the wife in its control have been limited. Understanding this role may be vital to help reduce alcoholism problem in the country. Hence, this study aimed to determine if there is a relationship between the efforts of wives to control their husbands’ alcohol use and the husband’s alcohol consumption. Understanding this relationship can lead to better alcoholism treatment and prevention measures at the family level.

II. Methodology

The study was a descriptive-analytical type. Structured questionnaires were administered to wives and husbands.

From a total of 157 visited households, only 97 couples from Barangay Dumlog, Talisay City, Cebu consented to be interviewed. However, after using inclusion criteria (1-60 years of age, living together for at least six months, and the husband must be an alcoholic user), only 65 couples qualified. Brgy. Dumlog has a known population of 10,028 with 2,364 households.

Demographic profiles of respondents were gathered using researcher-made questionnaires that were pre-tested. Spouse Sobriety Influence Inventory (SSII) (Thomas, Yoshioka, & Ager, 1994) and Index of Alcohol Involvement (IAI) (MacNeil, 1991) were used to assess the wife’s effort to control her husband’s alcohol consumption and husband’s alcohol consumption, respectively. SSII is a 52-item questionnaire with scales ranging from 1 (always) to 5 (never) that followed reversed scoring. Score for each item was added to get the total score, which was interpreted as follows: 192-260 – high, 124-191 – moderate, 55-123 – low. It has been successfully employed for rapid clinical assessment and monitoring aspect of spouse sobriety influence, for evaluating interventions relating to such behavior and for examining the correlates of each aspect of sobriety influence. On the other hand, IAI is a 25-item questionnaire with scales ranging from 1 (never) to 7 (always). Only three items (5, 20 and 23) followed reverse scoring. Total scores were interpreted as follows: 123-175 – high, 74-124 – moderate, 25-73 – low. The IAI items were constructed of all items that indicates the absence or presence of difficulties associated with alcohol use. This instrument is relatively simple to use for assessing alcohol use. The instrument has an alpha coefficient of 0.90 which indicates excellent internal consistency. It also has very good factorial and construct validity. Alternatively, a local dialect version was also prepared for each questionnaire to accommodate those who may have difficulty in English.

A letter request signed by the researchers and school authorities to conduct the study was sent to the barangay captain (village chief). Upon approval, households were visited with the company of barangay personnel. To those who agreed, informed consent was obtained. SSII and IAI were respectfully administered to the wife and the husband during the interview process where respondents were guided with the contents of the questionnaire during answering. In cases where the husband or wife was not available during the visit, the couple was excluded from the interview.

Answers and scores from the questionnaires were encoded into Microsoft Excel using appropriate variable coding. The file was then transferred to a software for statistical analysis. Non-parametric tests, including Spearman rho, Mann-Whitney, and Kruskal-Wallis tests were performed at 0.05 α.

The study was implemented in conformity with the principles of Helsinki declaration that was developed by the World Medical Association and the Philippine Health Regulations Ethical Board. Obtained from the respondents were the informed consents. Approval was also acquired from the Research Department of the Gullas College of Medicine.

III. Results and Discussion

From the 97 couples that were screened, only 65 qualified with the inclusion criteria, indicating that 67% had alcohol user husbands. The rate reported in this
study is higher than previously reported by Olarte (2006) which is 38.6%. Most of the husbands may have patronized alcohol because alcohol drinking can be a way of coping and escaping from daily stressors. Filipinos do not perceive heavy drinking or alcohol addiction as a clinical problem. A big part of Filipino merry-making activities is alcohol drinking. An essential part of fiestas and parties is beer. Even without a special occasion, Filipinos enjoy each other’s company in the streets in front of their homes and convenience stores and partake in drinking gin and tonic which is a relatively cheaper alcoholic drink (Valbuena, 2001).

From the profile parameters, only the number of children showed a significant difference (p value = 0.016), which was accounted between non-alcoholic and occasional drinkers, and between occasional and problem drinkers (Table not shown). Results implied that those couples with 0-3 children might have husbands who are occasional drinkers. The positive relationship between wife’s effort towards the alcohol user husband and the number of children (rs = 0.26, p<0.05) entails that the greater the number of children the couple has, the more the wife exerts effort. Consistent with the Family Systems Theory, wives maintain the home as a place of safety and harmony for the children. Hence, they take an effort to control the alcohol use of their husband to protect the children (Bowen, 1974).

From the alcohol user husbands (Table 1), averages of almost 21 years in drinking alcohol, 3-4 drinks/glasses, and 3-4 drinking companies were noted. These findings reflect the long-standing inclination of most Filipinos towards alcohol use (Zarco, 1995). Showing an average of 3-4 drinking companies connotes that alcohol drinking may be a part of socialization and that the husband may experience peer pressure (Schlaadt & Shannon, 1994) to engage in such activity. On the other hand, the recommended alcohol consumption level for adult women is one standard drink per day and for adult men is two standard drinks per day which implies that, the 3-4 drinks/glasses per drinking session can be unsafe. Most alcohol user husbands were occasional drinkers, with preference to beer or rum. The beer has been consistently shown to be preferred by most Filipinos (Valbuena, 2006).

Most also had family members who were also alcohol users (n = 52, 80%), which implies that the family may play a significant role in the use of alcohol by people. Alcohol use in the context of the family has been investigated for possible relationship. Grant (1998) mentioned that the results from the studies by the National Institute on Alcohol Abuse and Alcoholism indicated that family history of alcoholism increases a person’s risk of becoming alcohol dependent, particularly first degree relatives. Another study looked into the various levels of positive family history on alcoholism and the probability of alcohol dependence during the past year found that there was a 45% increase in alcohol dependence among people with second or third degree relatives who are alcoholics, an 86% increase among those who have first degree relatives who are alcoholics and a 167% increase for those having first, second and third degree relatives who are alcoholics (Dawson, Harford, & Grant, 1992). Thus, exposure to family members who are involved in alcohol consumption increases the risk of an individual to become an alcohol user in the future (Dawson, et. al, 1992; Grant, 1998).

On another note, 10% of the wives reported that they experienced physical abuse from their husbands. The abusive husband may have had abusive parents (Straus & Kantor, 1994). However, it may also be related to social factors, where relationships may suffer as a result of abusive drinking. Marital partners may discover that the drinker is more interested in drinking than in being with them. The sedating effect of alcohol can be used to create a psychological screen to avoid intimacy or problems requiring attention. As a result, the drinker’s perception, interest, and judgment may be impaired. At the opposite end of the spectrum is a person who becomes violent while drinking or who shows marked personality change that includes destructive tendencies (Metzger, 1989). This kind of drinker should be persuaded to stop.

IAI scores revealed that alcohol user husbands were mostly classified as a non-alcohol abuser to problem drinker. These husbands were found to have no apparent to a slight drinking problem, but few were perceived by their wife to have more interest in drinking than being with their family. On the other hand, SSII scores showed that most wives were giving least to moderate efforts towards her alcohol user husband (Table 1). Some of the wives allowed their husbands to continue drinking alcohol during the drinking sessions as they feel that they are ready to accept their husband and the consequences that may arise from the drinking. Statistical analyses revealed that there was a significant difference between wives’ effort towards the alcohol user husband and their husbands’ type of alcohol user (X2 = 16.491, p < 0.05), and between the husbands’ level of alcohol use and their type as an alcohol user (X2 = 25.818, p < 0.05). Interaction among couples in controlling alcoholism is very important, and a relationship where the wife demands the husband to stop or withdraw alcohol is seen as effective in moderating alcoholism (Shoham, Rohrbaugh, Sticle, & Jacob, 1998). The level of effort that the wife exerts in
controlling her husband’s alcohol use must be in accordance with the type of alcohol user their husband is.

A significant difference between husbands’ level of alcohol use and their history of alcoholism in the family \( (X^2 = 8.34, p < 0.05) \) was observed. This indicates that exposure to alcohol use from the family influences the present alcohol use practice of the husband. In most cases, an alcoholic husband has been found to have relatives that are more likely alcoholic (Rice et al., 1995). Also, the husband might have been exposed to alcoholism as an adolescent (Grant, Stinson, & Harford, 2001), or had experienced abusive parental drinking (Brown, Tate, Vik, Haas, & Aarons, 1999). Wife’s must be prepared to understand and deal with her husband that has a familial history of alcoholism as its practice may be deep rooted.

Wives with regular alcohol user husband exerted more effort compared to those with occasional drinker husbands. Wives of regular alcohol user husbands were found to give more efforts compared to those who have husbands who are occasional alcohol users. The result reflects both an effort of the wife to reduce husband’s use of alcohol and to prevent family issues arising from alcohol use, including interpersonal and economic aspects (Homila, 1988). On the other hand, the use of alcohol by regular alcohol user husbands may also be influenced by the urbanization and globalization occurring at a rapid pace, including all the stressors that go with it. Alcohol drinking can be a way of coping and escaping from stress (Tyssen, Vaglum, Aasland, Gronvold, & Ekeberg, 1998). It may be an interplay between social reasons of the regular alcohol users, ranging from escaping personal problems, satiating one’s emotional needs and peer pressure (Almeida-Filho et al., 2004; Cooper, Russel, Skinner, Frone, & Mudar., 1992; Holahan, Moos, Holahan, Cronkite, & Randall, 2001).

A significant positive relationship between the level of alcohol use and wife’s effort \( (rs = 0.58, p < 0.05) \) was observed (Table 2), implying that wives exert more effort with increasing alcohol use of husbands. According to Fox and Lyon (1955), this effort reflects the wife’s protective and maternal kind nature that governs her will to help her husband’s addiction. Also, the result also supported the claim of the Family Systems Theory that important people in the family unit, represented in the study by the wives, play a role in a way that the family member and the alcoholic user husband may function well in relation with each other (Bowen, 1974). Alcoholism being the most common form of addiction in the country with the family represented by the non-alcohol user wife, has been recognized in this study as an important component in the maintenance and treatment of alcoholism. On the other hand, history of alcoholism in the family was found to be significantly correlated with SSII and IAI (Table 2).

The family has increasingly been recognized as an important component in the development, maintenance, and treatment of alcoholism (Casey, Griffin, & Googins, 1993). A supportive family milieu that is relatively stress-free has been considered as one of the important components to maintain the husband’s reduced drinking behaviour (Moos, Finney, & Cronkite, 1990). The wife would play a big role in maintaining such a family environment. Wives may attempt to treat drinking or alcoholism problem of their husbands at home. However, wives must look on strategies which would entail changing beliefs about the nature of alcoholism, and assessing current relationship with husband (Wiseman, 1980). Wives of alcoholics enable their alcoholic husbands making the drinking problem worse. Most of them do not recognize the extent to which their responses to alcoholics have resulted in dysfunctional behavior such as enabling. Thus, treatment of the wife towards their husband is also important in itself regardless of whether or not the alcoholic is in a recovery program. Few studies have provided relevant evidence on the wife’s drinking control efforts. If wife tries to control husband’s drinking, she, however, modifies the behavior of the husband, reducing the quantity or frequency of the drinking. Thomas and Santa (1982) have developed a program, which involves the cooperative wife. One of the several components of an approach to alcohol abuse was the developed program (Yoshioka, Thomas, & Ager, 1992). However, the wife’s efforts are not successful all the time. Wilbourne and Miller (2002) showed that logical reasoning or confrontation with a spouse to change habits and control drinking problem might be ineffective. O’Farrell (1986) added that drinking control efforts have a downside as it may contribute to maintain patterns of marital or family conflict about drinking. The abuser and spouse can easily become engaged in a continuing cycle of drinking and influence attempts, thus escalating levels of marital dissonance which may exacerbate the drinking. If the wife continues to control the drinking, she may remain emotionally over involved in the drinking. This may result in spouse frustration and anger.

IV. Conclusion

Wife’s effort to control the alcohol consumption of their husband has a relationship with the husband’s level of alcohol use. The wife is seen to play a critical role in regulating alcoholism in the family and community. Thus, in increasing awareness and control of alcoholism in the community, housewives must also be targeted.
REFERENCES
AUTHORS

Kesshia Grace B. Rojas was born in Cebu City. She was raised in Talisay City. She had her elementary education in Talisay Malayan Academy wherein she graduated in 2005 as salutatorian. In 2009, she graduated secondary education in the same school and she graduated as the Mathematician of the year and a Golden Suken Awardee given by a mathematics certification institute in Japan. She received in 2013 her Bachelor of Science in Nursing from Cebu Doctors’ University and that same year she had her license as a registered nurse. Currently, Miss Rojas is enrolled in Gullas College of Medicine finishing her Doctor of Medicine Program.

Gie N. Maybuena was born on March 17, 1992 at Awihao, Toledo City, Cebu. He had his primary education at Awihao Elementary School at Toledo City, Cebu, his secondary education at Toledo City National Science High School. He obtained his Bachelor of Arts in Psychology at University of the Philippines and presently taking up Medicine at Gullas College of Medicine, at Banilad, Mandaue City. He worked as market researcher at Aboitiz Microfinance and researcher at Building and Construction Information-Asia.

Erlinda Y. Posadas, MD was born on December 4, 1963 in Cebu City, Philippines. She earned a degree in Master of Public Health from the University of the Philippines – Open University, Los Banos, Laguna, Philippines in 2005. She acquired her degree in Doctor of Medicine from the Cebu Institute of Medicine, Cebu City in 1992. She graduated from the University of San Carlos, Cebu City with a degree in Bachelor of Science in Biology in 1984. She finished her secondary education from the Sacred Heart School – Hijas de Jesus in Cebu City. Her major field of study is public health. She is an ASSISTANT PROFESSOR of the Department of Preventive and Social Medicine and Department of Pharmacology and Therapeutics of the University of the Visayas, Gullas College of Medicine, Inc. in Mandaue City, Cebu. She is also an ASSISTANT PROFESSOR of the Department of Family and Community Medicine, Cebu Institute of Medicine. She is also a research instructor and advises medical students on their research work from protocol making to research work completion.

Dr. Posadas is a member of the Philippines Medical Association and a member of the Capacity Building Committee of the Central Visayas Consortium for Health Research and Development.

Lourdes C. Quisumbing, MD born 13 of February, 1945 in Toledo City, Cebu. She finished her Doctor of Medicine at Cebu Institute of Medicine last 1967, and Master of Measurement and Evaluation last 2002 at Miriam College, Quezon City.

She taught Physiology, Research at Cebu Institute of Medicine from 1968-1981, Chairman of Pharmacology department and concurrent dean of Divine Word University, College of Medicine in Tacloban City from 1981-1983, and faculty of College of pharmacology at University of SanCarlos for four years. A faculty of Gullas College of Medicine handling Pharmacology and Research since 1993-2016, a research coordinator at Cebu Doctors University, College of Medicine from 2016-2017, and a part time faculty at University of Cebu from 2016-2017.

Dr. Quisumbing is a member of Cebu Medical Society, Philippine Medical Association, Physiology Society of the Philippines, a Fellow of Philippine Society of Experimental and Clinical Pharmacology, diplomat in Philippine Anti-Aging Academy, Inc, a senior member of Philippine Academy of Family Physicians, a member of the board of Philippine Mental Health Association, Cebu Chapter and Golden Center Inc.

Adrian P. Ybañez, BAS, DVM, MBA, PhD, Dip. PCCP (Cand), Dip. PCVPH (Cand) is the Professor II, Department of Research and Laboratory Animal Facility, Gullas College of Medicine, Inc. and Research Consultant for the Laboratory Animal Research/Facility, University of San Carlos and University of Southern Philippines Foundation.

He is awarded as grand winner of the Outstanding Cebuano Youth Leader(TOCYL) – young professional category by the Cebu City government, Most Outstanding Veterinarian in the Veterinary Research Practice by the Veterinary Practitioners Association of the Philippines, the Outstanding Cebuano Awardee (Science and Technology Field) and Outstanding Young Professional in Veterinary Research by the Philippine Society of Animal Science.