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CHARACTERISTICS OF BRAZILIAN WOMEN AFFECTED BY A SUBSTANCE MISUSING RELATIVE

Short running title: Women affected by a substance misuse relative

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ABSTRACT

As in many other health disorders, people whom misuse substances tend to be assisted by female caregivers. Despite of this, little is known about the characteristics of women affected by a substance misusing relative (SMR). Data from 2541 Brazilian female affected family members (AFM) was analyzed. The majority of participants were mothers, age 45 or above, in a relationship, responsible for the substance use treatment of the SMR, and were related to a male SMR. After multivariate analysis, socioeconomic status , mothers, responsibility for the SMR's treatment, cocaine and crack-cocaine as substance of the preference of the SMR, and financial constrains as reason for the delay to seeking help, were associated with physical-psychological symptoms. Findings demonstrate the complex social systems associated with female AFMs and the need of gender sensitive approaches designed to address the AFM's coping responses to the substance misuse problem in the family.

Keywords: Woman, Affected Family Members, Substance Misusing Relatives

INTRODUCTION

The presence of a substance misusing relative (SMR) has been linked to numerous adverse mental and physical health consequences for their family members^{1,2}. Families that have to cope with a SMR often experience poor family functioning³, difficulties in communication⁴ and low quality of life⁵. It is within this context that a growing body of evidence has emphasized the need of providing services that promote psychological support to affected family members (AFM) of a SMR⁶. In Brazil, despite being estimated that over 28 million people may live with a substance misusing person⁷, AFMs often have to relay on supports from mutual help groups⁸. The characteristics of AFMs in Brazil remain largely understudied and, to date, little attention has been placed on creating national guidelines to support AFMs in the country. Family members' interventions applied in substance use treatment settings elsewhere have shown promising outcomes in improving the quality of life of AFMs and the substance use treatment adherence and outcomes of the SMRs⁶. The design of any effective supportive intervention to improve AFMs coping strategies to deal with the SMR in Brazil requires information of who are the AFMs.

Similar to other mental health and chronic diseases, a large proportion of SMRs in Brazil are assisted by female caregivers^{8,9}. Despite of this, there has been no study of the characteristics of Brazilian's female AFMs. Evidence from international studies on AFMs suggests that female AFMs experience greater difficult coping with the relative's substance use problem and experience a higher level of strains than male AFMs¹⁰. The new roles that women have acquired in the last decades (i.e., more involvement in family rearrangements such family income) combined with the burden of caring for SMR, have been pointed as key determinants of stress, anxiety and depression among female AFMs¹¹.

In this study, we explored the characteristics of Brazilian women affected by a SMR. Specifically, our aims were to: i) describe the sociodemographic profile and levels of

physical and psychological symptoms of the women; ii) report the main substance use characteristics of their relative; iii) describe patterns of seeking help; and iv) identify factors associated with levels of physical and psychological symptoms. Given the limit number of AFMs studies looking specifically at women, we hope that, apart of providing unique information about the characteristics of Brazilian female AFMs, this study will also contribute to the wider understanding of female AFMs in western countries and straits experienced by them.

METHODS

This study presents data from a secondary analysis of a cross-sectional study on the burden experienced by AFMs in Brazil¹². Of the 3126 AFMs who took part in the main study, 2541 (81.3%) were female and so were included in the present analysis.

Procedures

Recruitment took place from June 2012 to July 2013 in the large cities of the five geographic regions in Brazil (North, Northeast, Central West, Southeast and South). Participants were recruited across different services: therapeutic communities, self-help groups Amor Exigente, pastoral groups Sobriedade, narcotics anonymous, alcoholic anonymous, and residential rehabilitation clinics. Participation in the study was voluntary, and written informed consent was obtained from participants before they participated. Further information about the study procedure is reported elsewhere¹².

Assessments

A self-reported questionnaire was administrated. Information on participants' age, relationship status, family relationship with SMR, number of people living in the same household was collected. Socio-economic status was assessed based on four questions: education level, number of cars/bathrooms and housemaids. Participants were asked to report

who was the main financial provided of the family and the following characteristics of the SMR: gender, substance of preference and history of receiving substance use treatment as inpatient. It was also asked how long it took to the participant to discover about the substance misusing problem of the relative, how long it took to seek initial help and reasons for the delay in seeking help. The Symptom Rating Test (SRT)¹³ was used to assess Psychological symptoms (e.g., feeling nervous, feeling that there was no hope) and Physical symptoms (e.g., feeling dizzy or faint, muscle pains, aches or rheumatism). The psychometric proprieties of the Brazilian adaptation of this scale have been recently reported by Solar et al. (2018)¹⁴. The Brazilian version of the SRT consists of 29 item scale where participates are asked to report the frequency of experience of a range of symptoms in the last 3 months. Each item is responded on a Likert Scale ranging from 0 (never) to 2 (often). Total scores are calculated for with higher scores represent the prevalence of psychological and physical symptoms.

Data analysis

Descriptive statistics were calculated using frequencies and percentages for categorical data and means and standard deviations for continuous data. Variables associated with physical and psychological symptoms were firstly assessed in univariate analysis using linear regression analysis. Variables with $p \leq .05$ in the univariate analyses were entered into separate multivariate linear regression analysis to ascertain variables associated symptoms.

RESULTS

The majority of participants were age 45 or above (55.5%), in an intimate relationship (54.2%), the person responsible for the substance use treatment of the SMR (64.9%) and to be related to a male SMR (94.7%). Nearly half of the sample comprised of AFM's mothers

(46.6%). Also represented were substantial numbers of both AFM's spouses/partners and siblings. The average length of time in which the female AFMs knew about the SMR was 9.22 (SD 8.9) years and the average length of time that took for the female AFMs seek help for the SMR was 3.3 (SD 2.4) years. Among the main reasons for the participants delay in seeking help was that the SMR did not accept the AFM seeking for help, thoughts that she could sort the problem in the SMR by herself and that unsure where she could find help the SMR.

The mean level of physical-psychological symptoms was 50.8 (SD 12.7) (scores ranged between 29 to 89). Univariate analysis revealed that higher levels of symptoms was associated with the following variables: single, lower socioeconomic status, having a greater number of people living in the same household, mothers, lower length of time knowing about the relative's substance misuse problem, responsibility for the SMR treatment, less time knowing about the substance use problem, SMR main substance of use cocaine and crack-cocaine, SMR with a history of receiving inpatient treatment and delay for seeking assistance due to financial constrains. Those participants, who reported alcohol as the main substance used by the relative were associated with lower levels of symptoms as were unties of the SMR. The following variables remained significant in the multivariate regression model and explained 29% of variance in physical-psychological symptoms: socioeconomic status, number of people living in the same household, mothers, responsible for the SMR's treatment, cocaine and crack-cocaine as substance of the preference of the SMR, and financial constrains as reason for the delay to seeking help.

DISCUSSION

The purpose of the current study was to identify characteristics of the women in Brazil who are affected by a substance misusing relative. Our findings show that 4 in 10 of female AFMs

were mothers. Also, well represented in our study were female AFMs who were single, who were the main financial provider of the family and responsible for the SMR's substance use treatment. In addition, the majority were related to a male SMR and to a SMR with a history of receiving substance use treatment as inpatient. On average, it took 9 years for the women in our study to discover that the relative was misusing substance and an average of 3 years for seeking assistance to the SMR after discovered.

Consistent with research conducted elsewhere, female Brazilian AFMs reported high levels of psychological and physical strains¹⁰. That higher scores in symptoms were associated with being single, from lower social economic status and with being the person responsible for the substance use treatment of the relative, highlights the complex social systems associated with female AFMs. Moreover, delay in seeking for help due to financial constraints was also associated with high levels of symptom. Evidence suggests that when family members have to deal with the substance use of the relative in the context of other difficulties, the ability to cope effectively with the problem is reduced^{3,10}. There is thus a need for approaches aimed at supporting female AFMs to target the contextual factors that plays in these women's life alongside the substance use of problems of the relative.

Our finding about the associations between SMR's substance of the preference and AFM's symptoms supports the view that some substances tend to affect the family functioning differently than others^{15,16}. The greater stigma associate with the use of illicit substances in Brazil compared to the use of alcohol¹⁷ might increase the burden of having a SMR, specially among those AFMs who had the relative receiving inpatient substance use treatment.

There were also some notable proportion of women in our study who delayed seeking help due to the SMR not accepting it, due to thoughts that the problem could be sorted by itself or due to lack of information about where to seek for help. While these reasons were

not associated with physical and psychological symptoms in the linear models, they provide an interesting description of the women in this sample and highlight the difficulties faced by these women in coping with the SMR. Evidence from studies conducted in other countries suggests that female AFMs often adopt tolerant-inactive coping strategies to deal with the SMR¹⁰. These include attributing blame to themselves, giving up their own activities to be around the SMR or stopping meeting with relatives or friends due the shame associated with the substance use problem in the family³. Our findings therefore expand the existing literature by showing the need of services in Brazil and elsewhere that provides support for AFMs by raising core competencies among substance use workers about the difficulties faced by family members in cope with the SMR^{6,18,19}. Such approaches should take into account gender sensitive characteristics and health outcomes when addressing the AFM's coping responses to the substance use problem in the family.

Limitations

The cross-sectional nature of the study means that causality cannot be ascertained, only assumed. A convenience sample of AFM's participants were recruited from residential/rehabilitation clinic and self-help groups, and therefore may not be representative of female AFMs not attending these services. Moreover, the majority of the sample was recruited from self-help groups where AFMs share and hear experiences from other AFMs, which might have contributed to reduced feelings of physical and psychological strains.

Conclusion

The findings demonstrate the characteristics of Brazilian women affected by a relative who use substances including the high presence of mothers and women who are single, the head of the family and responsible for the SMR's substance use treatment. The complex social

systems associated with female AFMs and the high levels of symptoms identified in our study, strengthens the growing literature emphasizing the need for developing approaches that support AFMs according to their own needs.

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