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Research Paper

A Comparative Study on Sexual Dysfunction, Marital Dysfunction on Alcohol Users

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ABSTRACT

Aim: To compare a study on Sexual Dysfunction, Marital Dysfunction on Alcohol users. ***Objectives:*** To find out the relationship among sexual dysfunction, marital dysfunction on alcohol users. ***Method:*** Samples included 30 alcohol users meeting the inclusion and exclusion criteria set for the study. The subjects were administered a set of measures for assessment such as The Alcohol Use Disorders Identification Test-(AUDIT), Marital Adjustment Test-MAT and Changes in Sexual functioning Questionnaire- CSFQ. ***Results:*** Results found that there is no significant relationship between marital and sexual dysfunction among alcohol users. ***Conclusion:*** It is concluded that the present study that both don't relate each other where one as impact on another and vice versa on alcohol and cannabis users.

Keywords: *Sexual Dysfunction, Marital Dysfunction, Alcohol Users, Cannabis Users*

Alcohol dependency is defined as behaviour, over which an individual has impaired control with diverse harmful effects and terrible implications. The person having the addiction of alcohol is termed as alcoholic (Cottler, 1993). Alcohol use and abuse are fitness dangers, and the troubles of dependency are not constrained to the people in certain social stratum, however seem to have an impact on people in all degrees of the society (Ph, Bryant, & Ph, 1991). According to (BN, M, J, & DR, 2017) 'Substance use patterns are notorious for their ability to change over time'. (Jellinek, 1945) opines that 'Alcohol addiction is Associate in Nursing uncontrollable yearning for alcohol (i.e., physical dependence)', whereas chronic alcoholism is observed as 'mental or Physiological changes related to prolonged use of alcohol'. In evaluation with Health Control, the prevalence of Sexual Dysfunction in patients with Alcohol Dependence Syndrome turned into significantly better in all domains. Low educational qualification, initiation of alcohol at in advance age, longer length of alcohol consumption and dependence and intense dependence appeared to be the maximum massive predictors of growing Sexual Dysfunction. As concluding it Sexual Dysfunction, rates are higher among sufferers with ADS in comparison to HC and all domains of sexual functioning are affected. (BN et al., 2017).

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Cannabis (Marijuana / Cannabis Sativa) - is known as Marijuana or ganja (from Hindi/Sanskrit: gānjā, hemp) has been used as an agent for achieving euphoria since ancient times; it was described in a Chinese medical compendium traditionally considered to date from 2737 BC its use spread from China to India and then to N Africa and reached Europe at least as early as AD 500. Cannabis and Marijuana are the two terms used interchangeably to refer to the world's most common illicit substance. Cannabis is the abbreviated name for the hemp plant CANNABIS SATIVA. All Parts of the plant contain psychoactive cannabinoids of which: (-) -Δ9 tetrahydrocannabinol (Δ9-THC) is the most abundant (Mechoulam, 1975). The most potent form of Cannabis comes from the flowering tops of the plants or from the dried, black-brown resinous exudates from the leaf, which is referred to as 'Hashish or Hash'. The cannabis plant is usually cut, dried, chopped and rolled into cigarettes for smoking, and the plant produces high quality derivative. It is used in different popular terms viz. Grass, pot, weed, tea and mary Jane, Charas, bhang, ganja, dagga and sinsemilla (Kaplan and Sadock, 2007). According to the text revision of the fourth edition of Diagnostic and Statistical Manual of Mental Disorder IV TR (DSM-IV TR; APA, 2000), there is a 5 % lifetime rate of cannabis abuse or dependence.

Dissatisfaction or distress in any particular area of sexual behavior is become the cause of sexual dysfunction (Baggaley, 2008). If the person does not show any interest in the sexual activities and even does not feel the presence of the partner may be he/she is in some kind of distress or suffering from some other kind of problem or there may be another causes for the lack of interest. Sexual dysfunction can arises from many factors, these factors including poor general relationship with the partner low sexual derive or need, anxiety about sexual performance and any type of physical or psychological illness, substance use any type of medications. In the psychiatric illness patient feels decrease of the sexual desires and also not feel the pleasure of the sex. In men sexual dysfunction is the impairment in the sexual performance and not feels the pleasure of the intercourse with the partner but in women it is lack of the sexual desire or unsatisfactory quality of the sex with the partner (Sadock & Sadock, 2015).

In analysis with Health management, the prevalence of Sexual pathology in patients with Alcohol Dependence Syndrome became considerably higher altogether domains. Low academic qualification, initiation of alcohol at beforehand age, longer length of alcohol consumption and dependence and severe dependence regarded to be the utmost substantial predictors of developing Sexual pathology. As terminal it Sexual pathology are higher among patients with ADS as compared to HC and every one domain names of sexual functioning are affected (BN et al., 2017).

(Sharon D. Johnson) conducted a study on the prevalence of sexual dysfunctions related to the use of comorbid drugs and alcohol in the general population with the prevalence of psychiatric disorders. This occurrence which followed the period of time of the substance users was thirty- seven, which was seen with the males meeting the greater consumption. While demographic perception, upbeat variables, and medicine comorbidity (depression disorder, widespread psychological disorder, mental delinquent disorder, and residual disorders) were associated with reserved arrival, marijuana and alcohol consumption. Dyspareunia is correlated with drug use and marijuana being prohibited. It was more likely that there would be reduced erotic pleasure among illegal drug users. The use of drugs or alcohol is no longer associated with reserved sexual choice.

METHODOLOGY

Sample

The sample comprised of thirty persons. There were one group of men between the ages of 18 and 50 years. It consists of 30 alcohol users meeting the inclusion such as Alcohol dependence syndrome diagnosed according to ICD-10, Married patients, Age range from 18 to 50 years, Education is up to 5th class and exclusion criteria such as Other psychiatric disorders, Substance other than Alcohol and nicotine, Other Organic condition set for the study.

Instruments

Two measures were used in this study,

1. **Socio-demographic data sheet:** Participants are required to report their age, education, gender, family size, occupation, religion, SES, marital status and number of children.
2. **The audit:** The Alcohol Use Disorders Identification Test (AUDIT) developed by the World Health Organization (WHO) is a 10-item screening tool to assess alcohol consumption, drinking behaviors, and alcohol-related problems. Both a clinician-administered version and a self-report version of the AUDIT are provided. Patients should be encouraged to answer the AUDIT questions in terms of standard drinks. A chart illustrating the approximate number of standard drinks in different alcohol beverages is included for reference. A score of 8 or more is considered to indicate hazardous or harmful alcohol use. The AUDIT has been validated across genders and in a wide range of racial/ethnic groups and is well-suited for use in primary care settings and the reliability is r=86 and the validity is high level of K-value.
3. **Sexual dysfunction:** Changes in Sexual functioning Questionnaire is given by Clayton et al., (1997): This questionnaire contains 14 items which measures the sexual activity and sexual function. The sexual activity means sexual intercourse, masturbation, sexual fantasies and other activity. The reliability and the validity is 89 and 90.
4. **Marital dysfunction :** Marital Adjustment Test is given by Locke, H. J., & Wallace, K. M in (1959) which consists of fifteen item scale that measures marital satisfaction. It had been initially accustomed differentiate adjusted couples from distressed (unsatisfied) couples. Things ought to be answered on a range of response scales. It has high level of reliability and validity.

Procedure

This study will be conduct by conforming the topic from ethical committee. Later the researcher will take permission from the rehabilitation centre where the researcher wants to collect the data. Then the data will be collected by approaching patient individually from in and outside the Rehabilitation center by using inform consent form and by exploitation convenient sampling procedure. After using the inform consent form, individuals socio-demographic details will be collected which fulfills the inclusion criteria, then individual will be screened out for Alcohol using (AUDIT- Alcohol Use Dependence Identification Test by using ICD-10/ DSM-V diagnostic criterion to embrace affected individual in the study sample. After screening, individuals will be assessed with these questionnaires like changes in Sexual function and Marital Adjustment test to find out the severity of sexual dysfunction, marital dysfunction.

RESULTS

Table 1: shows the socio demographic details of the patients (N=60)

Variables			Mean ± SD/n (n %)
Age (Years)	**Alcohol**	**Range =22-50**	**40.53 ± 7.60**
Education	Alcohol	Range= 5-16	9.30±2.78
Religion	Alcohol	Hindu	26(86.7%)
		Christian	3(10.0%)
		Muslim	1(3.3%)
Residence (Tamilnadu)	Alcohol		30(100%)
Marital status	Alcohol		30(100%)
Gender	Alcohol		30(100%)

The above table 1 shows the demographic details between alcohol use patients. Which reveals that there is a significant difference of men value between both groups on age 40years (±7.60) and 40years (±8.05), most number of alcohol users got an average education was 9^{th} class, Religion of alcohol users has high on Hindu with 86%, 10% Christian, 3.3% Muslim. Residence, marital status, Gender are with 100% among Alcohol.

Table 2: shows the relationship between marital adjustment and changes in sexual functioning in alcohol group.

Variable	Changes in sexual functioning
Marital adjustment	0.696

Table 2: shows the relationship between marital adjustment and changes in sexual functioning in alcohol group using Pearson correlation. There was no significant correlation between marital adjustment and changes in sexual functioning in alcohol group.

DISCUSSION

The relationship between marital adjustment and changes in sexual functioning in alcohol group using Pearson correlation. There was no significant correlation between marital adjustment and changes in sexual functioning in alcohol group. This is evident that both the variables such as marital dysfunction and sexual dysfunction have no such relationship with each other in other words, both don't relate each other where one as impact on another and viceversa. Marital dysfunctions can be due to lack of communications, understanding, maturity to handle a problems they faces, financial issues, environmental issues and sexual issues too but it's not necessary to be the reason of marital dysfunction is sexual dysfunction. Same like sexual dysfunction can be due to different reasons like physical factors, psychological factors, environmental factors which may or may not lead to marital dysfunction. Alcohol users might have marital dysfunction which is not only due to sexual dysfunction and viceversa.

Carl, Mari Wilhelm and Catherine (2001) studied marital conflict, this study had two purposes: I to identify the conflict response profiles of married couples and (ii) to link these conflict profiles to marital quality assessments. Results indicated that couples with different conflict profiles could be distinguished by their marital adjustment level.

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Conflict of Interest

The authors carefully declare this paper to bear not a conflict of interests

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