

*Full Length Research Paper*

# Strategies adopted by wives of addicts: A sociological study of women in rural Punjab, India

Amanpreet Singh

Department of Sociology, Panjab University, Chandigarh, India. E-mail: [apskharod@yahoo.com](mailto:apskharod@yahoo.com).

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**A partially exploratory and partially descriptive study was conducted to find out the strategies adopted by wives of addicts to grapple with the problem of addiction among their spouses. For this study, 100 wives of addicts were interviewed on pre-tested interview schedule. This study was conducted in a village of District Sangrur (State Punjab, India). The present study was conducted to facilitate better understanding of lives of wives of addicts. 89% of wives of addicts were actively attempting to de-addict their husband. 57% took their addict husbands to de-addiction center. 59% of wives of addicts reported to village panchayat while 15% reported to police about problems associated with addiction of their husbands. 37% reported to pressurize their husbands through their father or brother(s) by using coercion. 10% of wives of addicts employed psychological pressure like stop talking/communicating with their addict spouses. Only 4% resorted to divorce or live separated from their husbands permanently.**

**Key words:** Wives of addict, coping strategies of wives, impact of addiction, addiction and family.

## INTRODUCTION

The issue of substance abuse and its consequences on family is of important concern in contemporary society. Murdock (1949) claimed universal pervasiveness of family in every society and it includes adults of both sexes at least two of whom maintain a socially approved sexual relationship. Functionalists view family as the basic institution of society which provides the substratum for other social institutions. Parsons (1959) enumerated two basic and irreducible functions of family that is, 'socialisation' and 'stabilization of adult personalities'. The proper synchronization of husband and wife is vital for achieving the aims and objectives of family and society. On the other hand many thinkers presented a critical viewpoint about family. Laing (1976) refers to the family group as 'nexus' while Cooper (1972) condemned family as a stultifying institution which denies people to develop their individuality.

Several feminist writers employed Marxian concept to criticise family. Benston (1972) stated that family is an institution to exploits women and produces one of the basic commodities of capitalism i.e. labour. The wife is not paid for the production of children, their upkeep and domestic labour.

The social construction of sex is gender that is,

masculine and feminine. Gender roles can influence all kind of behaviour such as choice of clothing, choice of profession, personal relationship and parental status. Through socialization an individual learns about his/her expected gender roles. Culture has great influence on the gender socialization. The feminist have argued that traditional gender roles are oppressive for women. Hooks (1984) pointed feminism as the struggle to end sexual oppression so that the exploitation of women in the name of gender role could end. Connell (1987) stated that there is no connection between biology and gender role. Thus the social construction of gender is seen to be the root for the subordinate or vulnerable position of the women both in family and society.

The decadal rise in substance abuse in society has put tremendous pressure on contemporary families especially on wives of addicts. It generated conflicts in families with higher level of wives victimization and forced them to adopt various coping mechanisms.

In recent times substance abuse is increasing at alarming rate in society. More and more people are turning to drug abuse. According to 'The Columbia Encyclopedia' (2008) people take drugs due to reasons as peer pressure, relief from stress, increased energy, to relax, to relieve pain, to

escape reality, to feel more self-esteem and for recreation. By the passage of time and with continued use of physically addictive drugs tolerance develops that is, constantly increasing amounts of the drugs are needed to produce duplicate initial effect. Kaur and Gulati (2007) summarized that substance abuse is the use of drug or other substances for non-medical use, with the aim of producing some type of mind altering effect in user. Addiction not only affects health and mental faculties of addicts but also has negative consequences for their family members. Ministry of Social Justice and Empowerment, Government of India (2002) in their report found that drug abuse possess various kinds of problems impacting not just individual user but also on the family and community. The adverse effect of drug use on families is tremendous. It is the family to which the addict turns to or turns on either in emotional or physical distress or crisis. Due to addiction, drug user stops taking responsibilities thus relationship suffers and resentment among family members increases. The consequences of drug abuse is often more wretched for poor families. Often female members especially wives got most adversely affected by addiction of their husbands. Drug use is also often associated with domestic violence, risk of transmission of STD/HIV and aggravates physical and emotional distress among family members.

United Nations Office on Drug and Crime (2002) in their study reported that wives of substance abusers were found to be under various types of burdens. The study revealed that wives felt high burden due to their role of 'care-takers' for their addict husbands. On the continuum scale from zero to 100 where zero represented no burden felt and 100, the maximum possible burden majority of wives reported a score of 75 and above. None reported a score of zero. In the context of social support the study further revealed that there is lack of social support for wives of substance abuser. With more people living in nuclear families and relatives shying away, especially when there were monetary expectations, lack of support from the family of origin together with the blame for addition, all add up to an overwhelming burden on these women. And yet, they were still taking on the major responsibility of looking after the family and the drug user. Mehra (2002) reported that adverse effects on wives of addict could be broadly categorized into health, economic, occupational and psychosocial. The health problems include chronic cough, weight loss, aches and pains while psychological problems were depression, anxiety, insomnia, irritability, suicidal thoughts and neglecting oneself.

Domestic violence and wife battering is another consequence of addiction of husbands. Subadra (1999) reported that substance abuse is one of the main reasons of wife battering. Similar results of physical violence against wives were reported by Ferraro (1979). He further reported that wives of addict often feel their misery is the Punishment which they deserve and find themselves

guilty of substance abuse of their husbands.

In the recent times, Punjab has witnessed a tremendous rise in substance abuse. Singh (2005) reported high substance abuse in Punjab. Thukral (2009) reported that haggard youth, locally called 'amli' or 'Smackia' greet you at bus terminals, street corners and chemist or liquor shops in Punjab. According to survey conducted by Punjab government every 3<sup>rd</sup> male student in Punjab is hooked to substance abuse (Indian Express, 2009). Quoting a survey Sharma (2008) revealed that consumption of opiates in Punjab is three times the national average reported. The recent study of institute for development and communication revealed that substance abuse in Punjab is increasing at alarming rate and overtaking traditional intoxicants (The tribune, 2010). Sandhu (2006) reported that youth of villages in Punjab are more vulnerable to addiction. Thus the present locus of study was in a village of Punjab.

The typical Indian village society is combined of people following different religious paths and traditions. Though there is some similarity in the religious practices and cultural activities in most Indian village societies, their education system differ from each other. Most of the Indian village societies show affiliation to patriarchal value system. People in most of the villages share various common utilities like ponds, grazing grounds, temples and shrines, cremation grounds, schools, sitting spaces under large shade trees, wells, wastelands, etc. The socio-economic status of women is not in parity with the position held by men especially in village society of India. The position of women in the Indian village society has also changed with time. The women were treated with great respect and honour in the ancient period in Indian villages. They were provided with the opportunity of getting proper education and they used to take active part in the decision making process of their families as well. The scenario changed during the medieval period when the women in Indian village society were restricted within the premises of their houses. There was almost no scope for the women to get education. However, the position of women has changed in the contemporary period. They are now getting exposure to modern education and are also getting involved in different kinds of occupation but still the position of women needs a lot of improvement as majority of them does not get equal treatment with men.

Women are facing multifarious problems due to their subordinate status in Indian society. Coonrod (1998) has identified seven major areas of discrimination against women in India. These are malnutrition, poor health, and lack of education, overwork, unskilled, powerlessness and mistreatment. While women are guaranteed equality under the constitution, legal protection has little effect in the face of prevailing patriarchal traditions. Women lack power to decide who they will marry, and are often married off as children. He further reported that in recent years, there has been an alarming rise in atrocities against

against both married and unmarried women in India. The position of women in northern India is notably poor. The rural society is hierarchical and dominated by men, as evidenced by marriage customs. Desai (1994) asserts that parents show reluctance to educate their daughters. This discrimination has its roots in the patriarchal and subordinate status of women in Indian society.

Above studies revealed that women in Indian village is already at disadvantageous status and substance abuse in their husbands has further deteriorated their condition. Due to high magnitude of addiction in husbands the plight of women has turned to be highly pathetic. But it is also evident from the data that addiction in husbands not always necessarily results in divorce or separation from their husbands. Usually wives adopt or develop certain coping strategies in order to minimize the negativities associated with addiction of their husbands. In Indian context wives usually persevere with addiction of their husbands and employ certain strategies to gain control over the magnitude of problems associated with addiction of their husbands.

## OBJECTIVE OF STUDY

The present study aims to explore and describe following:

- i.) The various strategies espoused by wives of addicts in response to the addiction of their husbands.
- ii.) The association of various socio-economic variables with the strategies adopted by wives of addicts in wake of addiction and problems associated with the addiction of their husbands.

## TECHNIQUE OF DATA COLLECTION

This study was conducted in the village named 'Badrukhan' of District Sangrur, situated in the state Punjab (India). The state of Punjab is situated in the northern part of country and share border with Pakistan. Agriculture, its allied sectors engage majority of the populace of Punjab and 66.05% of total population live in rural areas (Census, 2001). The village under study is situated in proximity with district headquarters on NH-71. There are 1417 households in this village. There is quasi-rural environment in this village due to its proximity with city. There is 55.86% of average rural literacy rate in the Sangrur district according to Punjab Human Development Report (2004).

Interview schedule was prepared for the present study. It was decided to take interviews of women as literacy rate among them was low (51.75%). In order to finalize interview schedule and test its comprehensibility among wives of addicts a pilot study was done. For conducting pilot study a list of 12 wives of drug addicts were obtained from local doctor of Government Health Centre. The help of local nurse was taken to contact wives of substance abusers. Ten wives of substance abuser gave their consent to be part of pilot study and were interviewed on the interview schedule prepared before. It was found in pilot study that while interviewing more vernacular or local terminology referring to drug abuse (that is, 'poshti', 'golibaz', 'nasheri', etc.) should be used as it increases smooth conducting of interview.

The question on reporting to police was included in final interview

schedule after pilot study. Accordingly changes were made both in interview schedule and approach to be adopted during interview.

Due to the constraint of non-availability of data on drug abusers in village it was decided to use snow balling technique for sampling. For the purpose of study the village was divided into two blocks that is, block 'A' and block 'B' having nearly equal population. This was done so that all the wives of drug abuser should not be from one particular area of the village due to snow ball sampling. Initially a list of 20 wives of drug abuser from block A and 20 from block B was prepared based on the information provided by doctor, nurses, chemist, health worker and village elders. After contacting these wives 15 wives from block A and 14 wives from block B agreed to be part of study. They were requested to give addresses of other wives of drug abusers living in their vicinity. They were also requested to persuade other wives of addicts to be the part of study. Thus a chain of wives of drug abusers were formed. All wives of addicts did not agreed to give interview. Out of 160 contacted wives 100 wives agreed to be the part of study.

It is pertinent to mention here that only after a lot of persuasion and giving assurance of anonymity, wives of addicts agreed to be the part of study. Wives belonging to families of higher socio-economic status showed higher reluctance and more frequently refused to be the part of study. In order to check this trend socio-economic status of all contacted wives of addicts that is, 160 was examined. For this only total family monthly income was enquired from women who refused to be the part of study. It was found that out of 60 wives of drug abusers who refused to be the part of study there were 38 women belonging to families of big landlords having total monthly family income above Rs<sup>1</sup> 25 thousand and 17 women having total family monthly income between Rs 20 - 25 thousand. There were only 5 women who refused to be the part of study had total family monthly income between Rs 10 - 15 thousand. In rural Indian society, the economic status of a family has close relationship with its social status. Higher the economic status, higher will be the social status of family in village. The reason of high reluctance among women from higher socio-economic background to participate in study might be that they fear of losing their family secrecy and social status if they openly talk about substance abuse among their husbands. The data obtained was analyzed. The data on socio-economic status of respondents were analyzed manually. However cross-tabulation of various variables with strategies of wives of addicts and calculation of Person chi-square test was done with the help of SPSS on computer.

## RESULTS

A total of 100 wives of substance abusers were included in the present study. Out of these majority (74%) were of age group 20 - 40. However majority of their husbands (68%) were of age group 30 - 50 years. Following is the description of socio-economic variables of respondents and their spouses.

Majority of respondents (92%) had present marital status married and were living with their spouses. 4% wives were widows and 4% were separated/divorced. Majority of wives (96%) had arranged mode of marriage while 4% had love / love-cum-arrange marriage.

Majority of respondents had duration of marriage 10 - 15 years. Regarding educational qualification 48% of respondents were illiterates while 20% were 5<sup>th</sup> pass. 9% had education upto middle level that is, 8<sup>th</sup> pass while 10% of respondents were matriculates. Only 4% were 10 + 2. There were 5% graduates and 2% were post

**Table 1.** Name of Substance abused by spouse of Respondent N = 100.

S/No.	Name of substance abused	F (%)
1.	Multiple substance abusers: (a) Alcohol: both whisky and country liquor (b) Cannabis: Ganja, bhang, charas, (c) Opiates: Opium, poppy husk, Smack (d) Tobacco: smoking (cigarettes, beedis) chewing tobacco (guthka, pan masala) (e) Medical Drugs: Injection Buprenorphine, Capsule and Tablets: Spasmoproxyvon, Sleeping pills: Alprazolam, Diazepam, Sedative-Hypnotics and Cough syrups (f) Inhalants (Correction fluid).	71
2.	Alcohol only	23
3.	Only opiates (poppy husk, opium) (locally called, 'bhukki', 'Nagni' etc.	6

graduate respondents. 2% wives of addicts had professional degree like computers (M.C.A). It was decided that educational qualification of respondents to be categorized into eight sections because the small difference in educational qualification results in considerable difference of social status among villagers.

#### **Background of substance abuser (spouse of respondents)**

Table 1 depicts the name of substances to which the spouses of respondents were hooked. Majority of husbands that is, 71% of respondents were addicted to multiple substances like medical drugs, tobacco, alcohol, etc. As the present study was conducted in area where majority of populace belong to Sikh religion and in this religion there is categorical ban on using tobacco or any of its form. Thus use of tobacco in any form by a member of Sikh community is taken as a serious offence. Predominantly, use of tobacco in any form is categorized to be substance abuse in this region. There were 23% of spouses of respondents who were addicted to alcohol only while 6% abuse opiates only. 58% addicts were abusing substance for more than 15 years while 31% were into addiction from 5 to 15 years. 11% had duration of addiction from 1 to 5 years. 50% of the addicts had mixed friend circle that is, both addict and non-addict friends, while rest 50% had only addict friends.

#### **Knowledge of addiction of husbands among their wives**

Majority (90%) wives reported that they came to know about addiction of their husbands after marriage. 10% admitted that they knew about addiction of their husbands before marriage and stated that they had compromised for such marriage due to economic reasons. Majority of the respondents were distressed or tensed

after knowing about addiction in their husbands.

58% of respondents blamed bad company of friends for addictions of their husbands while 15% blamed bad social environment. 14% of respondents blamed inability of government to control access of alcohols/ drugs/ tobacco to general public. 13% blamed their bad luck for their marriage to addict.

#### **Occupational and financial status of respondents and their families**

Most (59%) of the respondents were housewives. 11% of wives of addicts were labourers while 12% were house maids. 2% respondents were in government jobs while 12% were in private jobs like peons in school or helpers in shops etc. 4% were running their own small business like grocery or tailor shops etc. 33% respondents had monthly salary less than Rs. 3000 while 5% had monthly salary Rs 3000 - 6000. Only 3% respondents had monthly salary above Rs. 12000.

47% of the spouses of respondents have monthly salary less than Rs. 3000 while 36% had monthly salary between Rs.3000 - 6000. Only a small percentage of addict husbands had monthly salary above Rs. 12,000. Most of the respondents belonged to families of lower economic status as wives belonging to higher economic status were more reluctant to be the part of study.

#### **Children profile of respondent**

Majority (68%) of the respondents have number of children 1 - 3 while 14% were childless. 17% have 3 - 6 children and there was a single case of respondents having number of children more than 6. The reason cited by wives for having no child was their bad luck and they also suspect impotency of their husbands due to addiction.

Most have both male and female children aging

**Table 2.** Strategies adopted by wives of addicts N = 100.

S/ No.	Coping mechanisms	F
1.	Efforts to De-addict husband	89
2.	Reporting to village Panchayat	59
3.	Reporting to police	15
4.	Refuge at Parent's house	30
5.	Took addict to de-addiction center	57
6.	Use of Superstition (Tantars/Jantars/Mantars/Tawits) from Tantriks / babas or fake God men. )	85
7.	Pressurize their husband by scaring/physical assault/ beating ( By male kin of wife's parental family)	37
8.	Use of Psychological pressure(Stop talking/Communication) with their husband	10
9.	Divorce / Permanently living apart	4

between 4 to 9 years. 19% have children above the age of 19. 47% have school going children while 24% children were school dropouts or left /completed their education. Most of the respondents have unmarried children.

Respondents adopted various strategies to tackle with the problem of addiction of their husbands. These coping strategies of respondents were found to be focused on addiction of their husbands. All wives of addicts had conviction that origin of all their problems was rooted in addiction of their husbands.

Table 2 depicts various coping strategies employed by wives of addicts. It is pertinent to mention here that majority of coping strategies of respondents were efforts to ward-off problems associated with addiction of their spouses and to de-addict their husbands. 89% of respondents reported that they were in process of making every possible effort to remove obsession of drugs from their husbands.

As the study was in village 59% of respondents stated that they had approached village panchayat with problems associated with addiction of their husbands. Usually representatives of panchayat from paternal village of wives also participated in the proceedings for sorting out matters rose by wives of addicts. The reporting to panchyat by and large resulted in counseling and issuing of warning to addicts. Physical violence against wives and not giving enough money for household expense normally become the basis of complaint to village panchayats.

15% of respondents reported that they had approached police for their redressal of the problems associated with addiction of their husbands. Mostly wives of addicts complain to police when panchayat fail to solve their issues. Usually severe physical violence and wife battering became instigator factors for wives of addicts to seek aid from police. The main reason of lower percentage of respondents who had reported to police was the fact that social environment in villages neither support nor appreciate a wife to approach police against her husband.

30% of respondents reported that they occasionally left their in-laws home and took refuge at their parents house

in order to pressurize their addict husbands. They also revealed that only after assurance from their husbands or any elder from in-laws family they came back to live with their husbands. They further reported that often this assurance was short lived and soon they had to face same old problems.

57% of respondents reported that they took their husbands to de-addiction centers. But they further revealed that their husbands reverted back to drugs after they return to same environment. Majority (85%) of wives of addicts reported to take the support of superstition like tantar, mantar, jantars, or religious offering so that their husbands abandon drugs. In such cases respondents took some thing (e.g. tawits, ash, stones, rings, gem, etc.) from tantriks or babas (fake God men). They believed that these things procured from tantriks or baba possess some eternal power and has ability to solve their problems. Usually these fake God men exploit wives of substance abusers on pretext of de-addicting their husbands. 37% of respondents reported that their brothers/father or any other member of their paternal family physically assaulted their husbands to scare them so that they abandon drugs. This coercion often results in lowering the intensity of problems associated with addiction. 10% of wives of addicts reported that they stopped communication (e.g. talking or sharing problems) with their husbands to build psychological pressure on them. Only 4% of respondents reported that they got divorced from their addict husbands and often divorce was taken as last resort.

#### **Association of strategies of wives of addicts with various factors**

Table 3 depicts the association of coping mechanisms of wives of addicts with various other socio-economic factors. In relation to association of type of family only statistically significant association (chi-square test) was observed for reporting to village panchayat ( $p = 0.010$ ). In comparison to joint families, wives of addicts living in nuclear families were more likely to approach to village

**Table 3.** Association of strategies of wives of addicts with various factors.

SN	Reporting to village Panchayat		Report to police		Take him to de-addiction centre		Refuge at parent house		Use of Religious Superstition		Pressurize addict by beating him		Stop talking or communication with husband								
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N							
1. <b>Type of family</b>																					
a) Nuclear	37	15	*p=0.010	10	42	P=0.217	28	24	p=0.507	12	40	p=0.116	45	7	p=0.658	21	31	p=0.466	4	48	p=0.423
b) Joint	22	26		5	43		21	19		18	30		40	8		16	32		6	42	
2. <b>Number of children</b>																					
a) Nil	10	4	p=0.492	5	9	p=0.134	11	3	p=0.282	9	5	*p=0.024	8	6	*p=0.016	3	11	p=0.252	3	11	p=0.257
b) 1 - 3	37	31		8	60		60	8		17	51		60	8		28	40		7	61	
c) 3 - 6	11	6		2	15		17	0		4	13		16	1		5	12		0	17	
d) 6+	1	0		0	1		1	0		0	1		1	0		1	0		0	1	
3. <b>Education qualification</b>																					
a) Illiterate	26	22	p=0.628	5	43	*p=0.002	28	20	p=0.553	9	39	*p=0.000	44	4	*p=0.003	23	25	p=0.260	4	44	*p=0.026
b) Up to primary	13	7		4	16		11	9		5	15		18	2		7	13		1	19	
c) Up to middle	6	3		1	8		6	3		0	9		9	0		2	7		0	9	
d) Matric	6	4		0	10		5	5		5	5		7	3		4	6		0	10	
e) 10+2	1	3		0	4		3	1		2	2		3	1		1	3		1	3	
f) Graduate	4	1		4	1		2	3		5	0		3	2		0	5		2	3	
g) Post-graduate	2	0		0	2		2	0		2	0		0	2		0	2		1	1	
h) Professional degree	1	1		1	1		0	2		2	0		1	1		0	2		1	1	
4. <b>Occupation of respondent</b>																					
a) House-wife	31	28	p=0.708	6	53	p=0.086	34	25	p=0.459	10	49	*p=0.001	51	8	p=0.161	21	38	p=0.276	3	56	p=0.066
b) Labourer	8	3		4	7		7	4		3	8		10	1		5	6		2	9	
c) house-maid	8	4		1	11		9	3		5	7		12	0		7	5		1	11	
d) Govt. Job	1	1		0	2		1	1		2	0		1	1		0	2		0	2	
e) Private Job	8	4		4	8		4	8		9	3		8	4		2	10		4	8	
f) Small Business	3	1		0	4		2	2		1	3		3	1		2	2		0	4	

Y = Yes; N = No; \*p = Statistically significant association.

panchayat. The prominent reason for this might be the absence of elders or other kin in nuclear families. Those affiliated to nuclear families had

no other option than to approach village panchayat. In joint families elders or other kin initially attempts to solve their family problems at

home and only after their failure to solve the matter at home village panchayat was involved.

In relation to association of number of children,

statistically significant association (Chi-Square test) was observed in case of refuge at parent house ( $p = 0.024$ ) and use of superstition ( $p = 0.016$ ). It was observed that respondents having lesser number of children usually resort to refuge at parental house than respondents having more children. Childless respondents were seen more to resort towards religious superstition than respondents bearing children. Such wives of addicts who did not bear any child had perception that their husbands were addicts due to nonpresence of child. Thus they were more likely to visit babas /tantriks etc. to sort out problem of addiction among their husbands along with hoping to get a child.

Education of wives of addict was seen to have large impact on their coping mechanisms. In relation to education of respondents statistically association was observed in four categories of strategies. These were reporting to police ( $p = 0.002$ ), refuge at parental home ( $p = 0.000$ ), use of superstition ( $p = 0.003$ ) and use of psychological pressure like stop talking or communicating with their spouse ( $p = 0.026$ ). It is evident from data that respondents with more education were more likely to report to police than respondents having lower education qualification.

Respondents having higher educational qualification were more likely to take refuge at parental house in comparison to respondents having lower educational qualification.

The tendency towards use of superstition or visiting to babas/tantriks (Godmans) was higher in respondents of lower educational status than respondents having higher educational status. Wives of addicts having higher educational status pressurize their addict spouse by using psychological tactics like stop talking/ communicating with their husbands. Thus we can infer that strategies espoused by respondents having high educational qualification differ considerably from those having lower educational qualification.

The association of occupation of respondents with coping mechanisms was observed in case of refuge at parental house ( $p = 0.001$ ). Wives of addicts who were gainfully employed or in jobs (which require educational qualification) were more likely to take refuge at their parental house in comparison to respondents who were house wives/ labourer or house maid. It could be due to the reason that respondents doing jobs were financial independent and could easily sustain themselves in their parental house without feeling of burden.

Few excerpts from interviews are listed below to facilitate better understanding of plight of wives of substance abusers.

<sup>1</sup>(1 U.S dollar = 45 rupees nearly)

<sup>2</sup>Panchayat: It is local village government elected democratically through voting among residents of village. It is entitled to solve disputes among villagers and take care of local developmental works. Its membership ranges from 5 to 11.

## Some quotes from respondents

### *Respondent belonging to Nuclear family*

"He treats me very badly. He takes away money which I earn to purchase drugs. I live separately in a nuclear family; my mother in-law blame me for the addiction of my husband and never lend me any help. Whenever my husband batters me I go to village panchayat for the redressal of my grievances".

### *Respondent belonging to Joint family*

"When in the influence of drugs he treats me shabbily, I report to my in-laws. They attempt to sort out the matter. As I am living in joint family most of the time my in-laws intervene for the redressal of my grievances"

### *Respondent having more than five children*

"As I have five children and my parents are poor people. They cannot afford to keep me and I cannot leave my children to the mercy of their addict father. I will have to live, linger and die with my addict husband. This is my destiny".

### *Childless respondent*

"Even after five years of our marriage I am childless and my husband eventually got slipped into alcoholism. Occasionally in dunned state he calls me barren. I feel guilty and weep for the whole night. I visited many Godmen (tantriks) and offered prayers in many temples for getting a child. Now my hopes are dying for getting a child. Many a times, I think of ending my life so that my husband could marry to another lady and get a child from her."

### *Respondent who was educated*

"My husband is hooked to multiple drug abuse. He consumes medical pills, all tobacco products and alcohol. First time when he beat me, I did nothing except for reporting to my in-laws. But they did nothing. Second time he assaulted me more harshly and broke my ankle. I reported to police. Now he abstains from using violence against me. I have education upto graduation and know that there are many laws favouring women".

### *Respondent who was self-sufficient*

"I am in government job. My husband is a heavy drinker and abused me by blaming and using foul language. I left my in-law's home and went to my parent's house. Because I am self-sufficient I had no problem in living there for six months. I came back only after my husband

and his parents came along with an arbitrator to take me back home. Now he drinks but he had stopped abusing me. He usually drinks and goes to sleep.”

## MAJOR FINDINGS AND DISCUSSION

In the present study majority of wives were found to employ various coping mechanisms to counter addiction or problems associated with addiction of their addict spouse. Reporting to village panchayat, reporting to police and taking refuge in their parental house were mechanisms used by wives of addicts to counter problems associated with addiction of their husbands. It was also found that wives of addicts attempted to de-addict their husbands by taking them to de-addiction centers and/or by taking support of superstition. Parental family of wives of addicts also coerces their husbands to abandon drugs.

It was found that socio-economic status of wives of addicts impacts on their coping strategies. Those who had higher educational qualification showed more propensities to report to police, take refuge at parental home and use psychological pressure on their addict husband. Those wives of addicts who were doing jobs and had less number of children commonly resort to take refuge at their parental home. Respondents belonging to nuclear families in comparison to joint families were more likely to approach village panchayat for redressal of problem associated with addiction of their husband. The tendency to take support of fake God men or superstition was found to be more in childless and less educated women.

Findings of the study corroborates with the viewpoint of feminist theorist. The status of feminine gender was found to be low. The role associated with the female gender make them vulnerable to exploitation and stress. In Indian setting there is lack of any other supporting infrastructure or institution to lend help to women in their pursuit of raising children. The low level of literacy in Indian women results in easy internalization of traditional gender role as prescribed by patriarchal society. Consequently the internalization of gender role and acceptance of patriarchal value system make women more insensitive towards their own life, personality development and their overall well-being.

The supporting patriarchal value system validates the discrimination on the basis of gender especially in village societies. The coping strategies employed by the respondents were in the framework of patriarchal value system and it is evident from their seeking of support from male kin. There are scant discussions on the suffering or hardships faced by women while performing their gender roles. The low level of education among women hinders their empowerment. The stereotype of Gender role could only be removed by empowering women with education and provision of fair employment opportunities for them.

Due to dearth of literature on burden and strategies adopted by the wives of addicts, the understanding of impact of addiction on wives was not adequate. Present study revealed the pathetic state of wives of addicts. Due to scant support for them they adopt various coping strategies to counter problems associated with addiction of their spouses. These strategies used by wives of addicts in rural areas were very crude. There is no provision for counseling of wives of addicts about how to tackle with the problem of addiction in their spouses. There is an immediate need of collaboration between social systems, health system and community as a whole to formulate some mechanism to reduce burden on wives of addicts. The study points towards in-depth investigation on the burden of wives of addicts and their strategies to cope up with addiction of their spouses. In order to reduce mal-effects of addiction on the family as a whole, the proper understanding of lives of wives of addicts will aid in formulation of policy against addiction.

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