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STRESS AND COPING STRATEGIES AMONG SPOUSE OF ALCOHOLICS

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ABSTRACT

Alcoholism is one of the major health and social problems all over the world. Women are emotionally more open than men to the concerns of their loved ones and therefore experience more distress in events that occur to that person and are therefore more vulnerable. This has been considered to be part of the chronic stress associated with the traditional role functioning of women. A descriptive study was carried out to assess the stress and coping among spouse of alcoholics at village Chapa Ram Singh and Lalka Nagar of district Amritsar, Punjab. 60 spouses of alcoholics was selected by convenience sampling technique based on who fills the inclusion criteria. The results of the study reveals that 47 (78.3%) have moderate stress, 13 (21.7%) spouses of alcoholics have mild stress with an average and SD of 21.02 ± 4.634 among spouse of alcoholics. The coping strategies among spouse of alcoholics, shows that 48 (80%) sometimes use coping strategies and 12 (20%) often uses coping strategies with mean and SD of 24.48 ± 2.19 among spouse of alcoholics. The result shows that 'r' value -0.324 , indicates that weak positive correlation between level of stress and coping strategies among spouse of alcoholics. The study concluded that it is essential to develop certain measures to treat an alcoholics by individual therapy, family therapy, group therapy, occupational therapy and some of the diversional activities such as music therapy, yoga, meditation and relaxation techniques may contribute to an alcohol free society.

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INTRODUCTION

Alcoholism is one of the major health and social problems all over the world. Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic. The problem of excessive alcohol consumption is a major cause of public health concern both in urban and rural areas. It is the leading psychiatric problem in the world today (Sreevani, 2011). Addiction is a family problem and is a major source of stress for family members. Family disruption related to alcoholism is a serious, complex and pervasive social problem.

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Alcohol is linked to violence, disrupted family roles, and impaired family communication and party to physical and psychological illness. The members of the family are at chaos, and concern is clustered around and alcoholic (Barnett, 2003). The prevalence rate of alcohol consumption was 25.11% in urban and 60% in rural area, of district Amritsar. Regular users of alcohol were of the order of 10.77% and 17.03% in urban and rural area respectively. Majority of the regular users were in age bracket 40-49 (26.3%) and 50-59 (71.4%) in urban and rural area respectively. 30.9% of these regular users in urban and 52.1% in rural area had their first drink in 20-29 years of age. 93.75% and 79.71% of the persons were married. Majority of the regular users consumed or preferred to consume alcohol with some company. More than three fourth of these in urban (87.5%) as well as in rural (82.9%) area, were consuming alcohol daily (Sathyanarayan, 2010). Alcohol has been consumed in India from centuries. A number of mythological and religious books have highlighted the role it played in society. The pattern of drinking in India has undergone a change from occasional and ritualistic use to

being a social event. Today, the common purpose of consuming alcohol is to get drunk. These developments have raised concerns about the health and the social consequences of excessive drinking. An alcoholic spouse may neglect or abuse his or her family, deplete financial resources, create legal problems for her family (Chakravarthy, 1990). Women whose partners had alcohol problems were more likely to experience victimization, injury, mood disorders, and being in fair or poor health than women partners did not have alcohol problems. They also experience more life stressors and had mental/psychological quality-of-life scores. All but one of these differences remained significant after adjusting for potential confounders, which included the significantly greater rates of substance use among women whose partners had alcohol problems (Dawson, 2007). Women are emotionally more open than men to the concerns of their loved ones and therefore experience more distress in events that occur to that person and are therefore more vulnerable. This has been considered to be part of the chronic stress associated with the traditional role functioning of women. However apart from being providers of support, it has been higher degree found that women resort to social support as a salient coping strategy to a much higher degree than men, these facts must be taken into consideration while intervention process of alcoholics and his family members are done (<http://www.WHO> Statistics of Alcohol). Alcohol has been consumed since the Vedic period of 2000-800 BC and was allowed in Hinduism, particularly among the ruling classes. Some religions like Buddhism, Jainism, and Islam did not allow their followers to drink. Although alcohol became more freely available in the Indian subcontinent under British rule, Indians did not generally incorporate drinking alcohol into their social or religious activities (WHO, 2006). According to World Health Organization, the harmful use of alcohol results in 3.3 million deaths each year 3,20,000 young people between the age 15 and 29 yrs die from alcohol related causes, resulting 9% of all deaths in that age group. Alcohol is the world's third largest risk factor for disease burden. The harmful use of alcohol is a global problem which compromises both individual and social development (Tiwari Ranjana, 2010). According to the International Wine and Spirit Record (IWSR), the total consumption of spirits in India stood at 200 million cases in 2009. In Bangalore 30- 35% of adult men and 5% OF Women are regular consumers of alcohol. Alcohol is a depressant drug that contains absolutely no nutrients, slows down the activity of the brain and does not help relieve tension, induce sleep or solve problems. All alcoholic beverages contain the same mood-changing agent – ethyl alcohol though in varying percentage. Alcohol needs no digestion and is absorbed rapidly into the blood stream (Saraswathi, 2010).

Alcoholism leaves a severe impact on people. Alcohol use disorders have been prevalent across all societies. The pattern of alcohol use varies depending on age, religion, education, type of drink and other socio-demographic characteristics. The consumption pattern also varies between different cultures and societies. Since 1970, to 2010, 47% of developing countries in transition and 35% of developed countries have increased their consumption of absolute alcohol per adult World Health Organization (Epstein, 1997). Alcohol abuse increases the feelings of marital distress. Individuals in marriages in which one or both spouses is an alcoholic report higher levels of marital distress or trouble than do married individuals who are not married to alcoholics (Sreevani, 2011). Alcoholism should be considered as the no.1 major health problem in India.

Alcoholism early in the life may lead to high tolerance to alcohol and may lead to pattern of drinking over a period of years. Alcohol may have apparently stimulant effect on behaviour at low dose level, but it leads to agitation in increasing dose level and produce clear sedation at very high level (Chavan, 2006). Marital satisfaction is related strongly to a couple's ability to communicate effectively. But heavy alcohol use is associated with more negative and hostile communication, more expressions of anger, and less warmth and utility in the relationship. These factors decrease a couple's satisfaction in their marriage and create greater tension. Alcohol abuse decreases marital satisfaction because it decreases drinking spouse's ability to participate in everyday household tasks and responsibilities. This inability leads to greater stress on the non-drinking spouse and decreases satisfaction in the marriage (Pereira Saritha, 2015). The relationship between an alcohol abuser and his family is complex. Family members report experiencing guilt, shame, anger, fear, grief and isolation due to presence of an alcohol abuser in the family. They are often subjected to moderate to severe forms of harassment, conflict and tense atmosphere when they confront the drinking behaviour of their alcohol abusing family member. Spouses in families where there is chronic, excessive use of alcohol are frequently separated (Nisha, 2014). Family members react to the alcoholic with particular behavioral patterns. They may enable the addiction to continue by shielding the addict from the negative consequences of his actions and such behaviours are referred to as co-dependence. In this way, the alcoholic is said to suffer from the disease of addiction, whereas the family members suffer from the disease of codependence (Savitha).

Research Problem

“A study on stress and coping strategies among spouse of alcoholics and to develop the psycho-educational programme for spouse at selected villages, Amritsar, Punjab”

Objectives of Study

- Assess stress level among spouse of alcoholics
- Identify coping strategies adopted by spouse of alcoholics.
- Find out association of stress and coping strategies with selected demographic variables of spouse of alcoholics.
- Develop the psycho-educational programme on the basis of identified stress level and adopted coping strategies.

MATERIALS AND METHODS

Research Design: The present study was designed to assess the level of stress and coping strategies among spouse of alcoholics residing at villages of district Amritsar, Punjab. A descriptive non experimental design was considered test to conduct research study on assessment of stress and coping strategies among spouse of alcoholics at selected villages of district Amritsar.

Research Setting: The study was conducted in the month of July 2016 at village Chapa Ram Singh and Lalka Nagar of district Amritsar, Punjab. It is situated at Amritsar to Mehta Road. The occupation of the residence of lalka Nagar is mainly shopkeeper and laborers. While the occupation of the

residence of Chapa Ram Singh is agriculture, government services and Laborers. Most of the population is educated. In Lalka Nagar Number of alcoholics are more than the number of alcoholics at Chapa Ram Singh.

Target Population: The target population consisted of spouse of alcoholics at selected villages of district Amritsar, Punjab.

Variables Under Study

Independent variables: Stress and coping strategies.

Dependent variables: Spouse of alcoholics

Sample Size and Sampling Technique: Sample of 60 spouses of alcoholics was selected by investigator. Convenience sampling technique was adapted to collect data for research study.

SAMPLING CRITERIA

Inclusion criteria: The spouse of alcoholics be included in the study based on the following criteria:

1. Spouse of alcoholics with more than three months duration of alcoholism.
2. Who do not have any psychiatric and neurological problem.

Exclusion criteria: The spouse of alcoholics:

1. Spouse who cannot communicate verbally.
2. Who disagree to write consent for study.

Description of Research Tool: The tool was divided in three parts:

Part A: (Socio-demographic Variables): It consists of 9 items to obtain personal information about the sample of the study like age (in years), gender, educational status, monthly family income, occupational status, duration of alcohol consumption by person, Number of children, family type, number of dependents in family.

Part B: (Standardized Perceived Stress Scale): The Perceived Stress Scale is a 10-item self report questionnaire that measures persons' evaluation of the stressfulness of the situations in the past month of their lives. The citation for the 10-item scale is Cohen, S., & Williamson, G. (1988). Scores are obtained by reversing the scores on the four positive items, e.g., 0=4, 1=3, 2=2, etc. and then summing across all 10 items. Items 4, 5, 7, and 8 are the positively stated items. Scores can range from 0 to 40, with higher scores indicating greater stress. This scale was translated into Punjabi.

Score for positive questions

Never	-	0
Almost Never	-	1
Sometimes	-	2
Fairly Often	-	3
Very Often	-	4

Score for negative questions,

Never	-	4
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Almost Never	-	3
Sometimes	-	2
Fairly Often	-	1
Very Often	-	0

Scoring was done as follows

0 -13	Mild level of stress
14 -27	Moderate level of stress
28 - 40	severe level of stress

Part C: (Coping Strategies, Likert Scale): This section includes 13 statements with

The positive items are 1,4, 5, 8 and negative items are 2, 3, 6, 7, 9, 10, 11, 12. As scale is self structured, so scoring was set conveniently according to level of using of coping strategies.

Criterion Measure Coping Strategies:

- (0-13) Rarely using coping strategies
- (14-26) Sometimes using coping strategies
- (27-39) Often using coping strategies

Content Validity of Tool

Validity for socio-demographic variables and coping strategies likert scale was established by obtaining valuable opinions and suggestions from experts of various fields such as Nursing, Psychiatry, Statistics and Language experts. This helped the investigator to know the adequacy, appropriateness and completeness of the content of instrument and to correct the mistakes before conducting research study and to get better results.

Reliability of tool: The reliability for the coping strategies (Hindi version) was 0.729.

ANALYSIS AND DISCUSSION

The present study results shows the stress among spouse of alcoholics, the result reveals that 47 (78.3%) have moderate stress, 13 (21.7%) spouses of alcoholics have mild stress with an average and SD of 21.02±4.634 among spouse of alcoholics. The coping strategies among spouse of alcoholics, reveals that 48 (80%) spouses of alcoholics sometimes use coping strategies and 12 (20%) of spouse of alcoholics, often uses coping strategies with mean and SD of 24.48±2.19 among spouse of alcoholics. The correlation between level of stress and coping strategies was assessed by coefficient correlation, in which the mean and SD of level of stress was 21.02±4.634 among spouse of alcoholics and coping strategies mean and SD was 24.48±2.19 among spouse of alcoholics. The result shows that 'r' value – 0.324, indicates that weak positive correlation between level of stress and coping strategies among spouse of alcoholics. Devi. E.*et al.* (2013) conducted a correlational study to assess the level of stress and coping strategies among the wives of alcoholic. 70 wives of alcoholics who fulfill the inclusive criteria were selected as sample, based on non probability convenient sampling technique, The study finding revealed that majority 30(42.86%) had moderate stress, 30(42.86%) had average coping there was a positive correlation between the level of stress and coping strategies among the wives of alcoholics r=0.312. The study concluded that there was a weak positive correlation between the stress

and coping strategies among the wives of alcoholic (Devi, 2014).

Table 1. Frequency and percentage distribution of demographic variables

S. No	Demographic Variables	frequency (f)	percentage (%)
1	Age in years		
	• 31 - 40	10	16.7
	• 41 - 50	26	43.3
	• Above 50	24	40
2	Educational status		
	• Illiterate	35	58.3
	• Primary education	8	13.3
	• Secondary education	12	20
	• Graduation	5	8.3
3	Monthly family income		
	• Below Rs.10000	20	33.3
	• Rs.10001-15000	11	18.3
	• Rs.15001-30000	10	16.7
	• Above Rs.30000	19	31.7
4	Occupational status		
	• Employed	4	6.7
	• Unemployed	2	3.3
	• Businessman	1	1.7
	• Laborer	30	50
	• Agriculture	23	38.3
5	Duration of alcohol consumption		
	a. 6-10 yrs	28	46.7
	b. Above 10 yrs	32	53.3
6	No of children		
	a. None	1	1.7
	b. One	6	10
	c. Two	22	36.7
	d. Three	19	31.7
	e. More than three	12	20
7	Family type		
	a. Nuclear family	43	71.7
	b. Joint family	16	26.7
	c. Extended family	1	1.7
8	No of dependents in family		
	a. 1	0	0
	b. 2	7	11.7
	c. 3	17	28.3
	d. More than 3	36	60

Table 2. Level of stress among spouse of alcoholics

S.NO	LEVEL OF STRESS	f	%	MEAN	SD
1	Mild stress	13	21.7		
2	Moderate stress	47	78.3	21.03	4.63
3	Severe stress	0	0		

Table 3. Coping strategies adopted by spouse of alcoholics

S.NO	COPING STRATEGIES	f	%	MEAN	SD
1	Rarely using coping strategies	0	0		
2	Sometime using coping strategies	48	80	24.48	2.19
3	Often using coping strategies	12	20		

Table 4. Co-Relation between Level of stress and coping strategies among spouse of alcoholics

Co-relation	Mean	SD	'r' value	'p' value
Level of stress	21.02	4.63		
Coping strategies	24.48	2.19	0.324	0.000*

The association between level of stress and demographic variables was analyzed by ANOVA test. The result reveals that

there is statistically significant association was found between age of spouse of alcoholics ($F=9.131$), Monthly family income ($F=3.153$), duration of alcohol ($F=4.762$) and Family type ($F=4.046$) and level of stress at p value less than 0.05 level of significance. The association between level of coping strategies and demographic variables was analyzed by ANOVA test. The result reveals that there is statistically significant association was found between age of spouse of alcoholics ($F=3.113$), Monthly family income ($F=3.970$), duration of alcohol ($F=6.446$) and Family type ($F=3.853$) and coping strategies at p value less than 0.05 level of significance.

Conclusion

The study findings concluded that due to alcoholics the worst affected are their wives. resulting them in stress. Their was a poor correlation between stress and coping among wives of alcoholics. We come across in our day to day life different kinds of alcoholic dependents and problems faced by their wives. Drinking by adults serves as a role model for the young. The identification of risk factors is essential for prevention. As drinking pattern vary considerably, the prevention of alcoholics is not easy. Educating the public, discussion and investigation of public attitudes may result in measurable improvement. This network should be combined with social welfare and health services. The alcoholics can be treated by individual therapy, family therapy, group therapy, occupational therapy and some of the diversional activities such as music therapy, yoga, meditation and relaxation techniques may contribute to an alcohol free society.

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