

Stress and Coping among the Alcoholics admitted in Selected De-Addiction Center's of Dharwad District

Nagesh VA

Author Affiliation: Assistant Professor, Department of Mental Health Nursing SDM Institute of Nursing Science, Manjushree Nagar, Sattur, Dharwad 580009, Karnataka, India.

Corresponding Author: Nagesh VA, Assistant Professor, Department of Mental Health Nursing SDM Institute of Nursing Science, Manjushree Nagar, Sattur, Dharwad 580009, Karnataka, India.

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Abstract

Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. The harmful use of alcohol causes a large disease, social and economic burden in societies. The harmful use of alcohol can also result in harm to other people, such as family members, friends, co-workers and strangers. Moreover, the harmful use of alcohol results in a significant health, social and economic burden on society at large.

Aims & Objectives: Assess the stress among the alcoholics and level of coping among alcoholics. Determine the association between level of stress and coping among alcoholics and their selected personal variables admitted in selected de-addiction centres of Dharwad District.

Design: A descriptive survey design. to assess the level of stress And coping of alcoholics admitted in selected de-addiction centres of Dharwad District.

Samples: & Sampling technique: Non-probability convenience sampling technique was adopted for data collection from 60 alcoholics admitted in selected de- addiction centres of Dharwad District.

Tools: Data was collected with the help of following tools; the perceived stress scale, ways of coping scale.

Results: Data was analysed by using descriptive and inferential statistics, The mean of alcoholics stress score was 26.38 whereas the scores ranged from 21-33 and the median score was 28 with a standard deviation of ± 2.86 , the mean score of ways of coping was 103.87 whereas the scores ranged from 68-136 and the median score was 104.5 with a standard deviation of ± 16.18 . The study findings showed that 100% of the wives of alcoholics were having moderate level of stress (20-39), whereas 0% of them were having mild stress and severe stress. Whereas in ways of coping 97.33% of them were having able to cope to some extent (67-132). Whereas 1.66% able to cope effectively (133-198). And 0% not able to cope (0-66). Chi-square was computed to find the association between the variables and the selected personal variables, the results revealed that wives of alcoholics stress had significant association with age ($\chi^2 10.67$) and designation ($\chi^2 9.61$) (4) = (2) = at 0.05 levels of significance. Chi-square was computed to find the association between perceived stresses and selected. Personal variables, the findings was revealed only

age had significant association with perceived stress (χ^2) 0.05 level of significance. The chi-square was computed to find the association between the ways of coping and their personal variables. the significant association was found among type of family ($\chi^2(1)=5.455$), duration of marital life ($\chi^2 =9.831$), any other Substance abuse (χ^2) (3)=6.922), at 0.05 level.

Conclusion: Research needs to focus on the impact of stress and coping. (2) on health a nurse plays a pivotal role both in hospital and community setting in improving the health of the Individual. Innovative approaches in this field have to be initiated in nursing.

Keywords: Stress; Coping; Alcoholics; De-addiction center's.

Introduction

"More men are drowned in a glass than in the sea".

Freedman Background of the study

Worldwide, 3 million deaths every year result from harmful use of alcohol, this represent 5.3 % of all deaths. The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions. Overall 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs). Alcohol consumption causes death and disability relatively early in life. In the age group 20–39 years approximately 13.5 % of the total deaths are alcohol-attributable.

There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, other non-communicable conditions as well as injuries. The latest causal relationships have been established between harmful drinking and incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS. Beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large. 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.¹

Alcohol is a natural substance formed by the reaction of fermenting sugar with yeast spores. Different alcoholic beverages are produced by using different sources of sugar for the fermentation process. For example, beer is made from malted barley. Wine from grapes or berries, whiskey, from malted grains, and rum from molasses. Distilled beverages e.g. whiskey, scotch, gin, vodka, and other "hard" liquors derive their name from further concentration of the alcohol through a process called distillation.² The body burns alcohol at about 0.5 ounce per hour, so behavioral changes would not be expected in an individual who slowly consumes only one average sized drink per hour. Other factors do influence these effects, however, such as individual size and whether the stomach

contains food at the time the alcohol is consumed. Alcohol is thought to have a more profound effect when an individual is emotionally stressed or fatigued.³ 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. Cold showers or coffee do not remove the effect of alcohol from the body only the liver can. Liver takes about one hour to break down one drink of alcohol.¹

Drinking a small amount is not harmful for most people, but regular drinking of a lot of alcohol can cause health, personal and social problems.³ In India, alcohol has been consumed since the Vedic period of 2000–800 BC and was allowed in Hinduism, particularly among the ruling classes.⁴ 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.⁵

When India became independent in 1947, Mahatma Gandhi and the Indian National Congress Party campaigned against liquor production and sales on the grounds that it was injurious to health.³ Although, several states enacted prohibition again during the 1990s as a response to pressure from lobby groups concerned about the social and health consequences of consumption, the result has been mixed at best.⁶ The wife of an alcoholic, who enters into marital life with a heart full of expectations, becomes disillusioned when she faces tough life situations, from the alcoholic husband. She may experience psychological problems due to her life with the alcoholic husband.

The wives of alcohol dependent individuals experience high levels of stress from dual problems husband's alcoholism and domestic violence by the husband, and are thus a high-risk group.⁷ Many women worry about their partner's or husband's drinking. The negative effects of alcohol are as damaging to them as they are to the alcoholic

themselves. Some of the issues they face include: Financial worries: The alcoholic spends a large proportion of his income on drink. They are also putting their jobs at risk by drinking. Emotional stress: Living with an alcoholic is an emotional rollercoaster. This puts great strain on the partner or wife of a drink dependent man. The alcoholic can undergo huge mood swings, generally dependent on the alcohol level in his blood stream. The family, and in particular the wife, bears the brunt of this. Emotional stress is one of the greatest effects of alcoholism on family life. Depression: Depression is more common among partners and wives of alcoholics.

This is hardly surprising. Self-blame, anger, stress, shame, hopelessness are all understandable emotional reactions felt by someone when involved with an alcoholic. These emotions can lead to clinical depression. Codependency: the wife or partner of an alcoholic becomes a kind of 'little helper' for the alcohol addict. They do everything for the alcoholic while ignoring their own emotional and physical needs. Abuse: Abuse can take many forms. We are all used to the image of the 'wife beater'.

Yet this is only one type of abuse. Wives of alcoholics can be subjected to all types of alcoholic abuse. Verbal, emotional, financial abuse are all faced by wives of alcoholics on a daily basis.⁸ According to the World Health Organization alcohol use disorders accounted for 1.5% of the global disease burden. Globally, alcohol consumption causes 3.5% of deaths (1.8 million) and 4.0% of the disability-adjusted life years lost (58.3 million)⁹ United Nations Office on Drug and Crime and Govt. of India report in 2004, 62 million alcoholics were reported in India.¹⁰ In northern India, alcohol use has been estimated as 25 to 40% in the general population, where as in southern India this rate has been estimated as 30 to 50%.

In southern India, the prevalence of alcohol use is higher among people of lower socio-economic status and those who have lower levels of education.¹¹ A large-scale survey over 32,000 people performed in 2001 found alcohol use rates of 20 to 38% in males and 10% among females.¹² Physicians at Bangalore National Institute of Mental Health and Sciences conducted a study on alcoholism which reported that per capita consumption of alcohol in Karnataka has gone by 114 percent.¹¹ A retrospective analysis was conducted using data from a Quebec community health survey was to ascertain the mental health of female spouses living with a male lifetime at-risk drinker. And to examine the relationship between male lifetime at-risk drinkers

(aged 30-54 years) and the psychological distress of their nondrinking female spouses. Psychological distress was measured using the Induce de Distress Psychological. This study confirmed higher levels of psychological distress in female spouses of male lifetime at-risk drinkers in the general population.¹³

The study conducted by brown university USA regarding psychological and relationship distress among 90 nonalcoholic women with alcoholic male partners seeking outpatient, conjoint alcohol treatment. Results indicated that greater psychological distress among these women was most strongly associated with lower satisfaction with the marital relationship, presence of domestic violence, lower frequency of male partner's drinking, lower perceived social support from family, and more frequent attempts to cope with the partner's drinking.¹⁴

A study was conducted on 30 wives of alcoholics using Oxford-Guthrie's 'coping with drinking' questionnaire. The commonest coping behavior reported was discord, avoidance, indulgence and fearful withdrawal while marital breakdown, taking special action, assertion and sexual withdrawal were least frequent. There was no significant correlation between the coping behaviors and the variables like duration of marriage, duration of husband's alcoholism, socio-economic and educational status.¹⁵

Literature shows that wives of alcoholics experience stress and they using various coping methods to adjust with stressful. With it may be adaptive or maladaptive. This in turn has impact on wives physical and mental health also influences the family functioning. By assessing the problem and providing proper education. Hence the investigator felt that it is necessary to study stress and coping among wives of alcoholics. A nurse plays a pivotal role both in hospital and community setting in improving the health of the individual and family.

Material and Methods

Research approach an exploratory descriptive survey approach was selected for the study. The aim of this is to assess stress and coping among alcoholics.

Design: survey design. To assess the level of stress and coping of alcoholics.

Samples: & Sampling technique: Non-probability convenience sampling technique was adopted for data collection from 60 alcoholics admitted in selected de-addiction centers of Dharwad District.

Tools: Data was collected with the help of following tools; the perceived stress scale, ways of coping scale.

Sampling Criteria

Inclusion criteria: 1. The who were staying during the de-addiction treatment.² Alcoholics who never consumed alcohol and without any kind of major medical or psychiatric illness.³ The who are willing to participate in the study.⁴ Who speaks, read and write kannada. *Exclusion criteria:* 1. whose husbands had poly substance abuse other than alcohol and nicotine.² They are not willing to participate in the study. *Data Collection Techniques:* Structured Interview Schedule. *Method of Data Collection:* 1. Approval from authority. Ethical commite.² Select sample as per criteria.³ Administering structured interview Schedule.

Instruments Used For The Data Collection: A structured questionnaire was thought to be best for data collection in the present study. Method of gathered information according to review of literature it was discus with expert use of stress and coping respondent through Structured Interview Schedule. Development of structured questionnaire on perceived stress and coping. The Structured Questionnaire was developed after taking following steps .i. Review of literature related to the similar studies .ii Opinion of experts from nursing education.iii A modified tool of Cohen's perceived stress scale under the expert's guidance . iv. A modified tool of Folk man and Lazarus coping scale under the expert's guidance A structured questionnaire were prepared to collect the data to achieve the objectives of the study based on the review of literature and consultation with the experts. The instruments for the present study consisted of 1. Personal profile to collect the sample personal variables 2. Perceived stress scale for alcoholics. 3. Coping checklist among wives of alcoholics.

- Personal profile: It includes age, religion, education, occupation, family income, type of family, duration of marital life, no of children's, duration of alcoholism. Pattern of alcohol drinking in last 1year, nature of alcohol consumption, any other substance abuse.
- Perceived stress scale for alcoholics: Perceived stress scale was a standard tool developed by Cohen's which is a five point scale, consists of 14- items, this standard tool was modified as per the guidance of the research expert so as to achieve the intended objective of the

study. The tool consisted of 14 questions related to the feelings experienced by the alcoholics. There are five alternative response columns; for each question like never, almost, sometimes fairly often, very often. Among fourteen items, 7 were positively worded hence scored as; 0,1,2,3, and 4 score for never, almost, sometimes fairly often and very often respectively. The remaining 7 items are negatively worded hence scored as; 4,3,2 ,1 and 0 score for never, almost, sometimes fairly often, very often respectively. The total PSS score ranged from 0 - 56. The score was further divided arbitrarily in to, Mild stress (0- 19), Moderate stress (20 - 39), Severe stress (40 - 56).

- Ways of coping checklist among alcoholics: The revised Ways of Coping developed by Folk man & Lazarus, 1985. differs from the original Ways of Coping Checklist (Folkman& Lazarus, 1980) in several ways. The response format in the original version was Yes/No; on the revised version the subject responds on a 4-point Likert scale. The questionnaire consists of 66 items in tool. There are four alternative answers from which the participant had to choose one alternate. to what extent you used it in the coping situation. The total score ranges from 0- 198 there are four alternative responses mainly "Not used", "Used some beat", "Used a quite bit", "Used great deal". The 66 items are positively worded hence scored as 0,1,2,and3. The ways of coping mechanisms scores were arbitrarily categorized into 3 categories based on the score viz Not able to cope (0-66), Able to cope to some extent (67-132), Able to cope effectively (133-198).

Content validity: Content validity is the degree to which the items in the instrument adequately represent the universe of content for the concept being measured. It is relevant for both affective measures and cognitive measures. The perceived stress scale and the ways of coping checking list , were content validated by giving to seven experts from various fields such as Doctor ,nursing educators, educators from psychology and social worker . There was 100% agreement by all experts. However, there were few suggestions for in the stress scale item no 8,12.and ways of coping checklist 8, 21 62. To be include two standard scale to assess the stress and ways of coping. Was incorporated in the final draft under the guidance of the expert.

Reliability: Reliability is the degree of consistency or dependability with which an instrument measures the target attribute which it is designed to measure. It is the major criterion for assessing quality and adequacy of an instrument. The reliability was established through test re-test methods by administering it to 10 alcoholics admitted in selected de-addiction centers of Dharwad district. The Karl Pearson's co-efficient of correlation was computed for perceived alcoholics stress questionnaire and ways of coping were 0.82 and 0.87 respectively. This indicated that all the tools were reliable.

Pilot study: A pilot study was conducted on wives of alcoholics admitted in selected de-addiction center's of Dharwad district. After taking administrative approval from August 14th - 20th of, 2010. The purpose of pilot study was to assess the alcoholics stress and coping, to find out the feasibility of conducting the study and to decide upon the plan of statistical analysis. Ten percent of the sample (six) planned for final study was selected as per the sampling technique. Tools were administered through structured interview method to the study subjects and data was collected.

The structured questionnaire on perceived stress scale and ways of coping checklist took approximately 50-60 minutes to complete. The data analysis plan was decided upon and was judged to be appropriate for the study. The tools and study design were found to be feasible.

Procedure for the data collection: Formal administrative permission to conduct the study at the selected de-addiction center's of Dharwad district was obtained from the Institution administrators and hospital medical superintendent. To obtain a true response, the subjects were explained about the purpose and usefulness of the study and assurance about the confidentiality of their responses was also provided. An informed consent was also obtained from the respondents indicating their willingness to participate in the study.

The study samples were administered with structure interview schedule questionnaire on perceived stress scale and structured ways of coping scale along with personal profile. The data were collected from 23.08.2021 to 18.09.21. The data collection process was terminated after thanking every respondent for their participation and co-operation.

Data Analysis

Data analysis is the systematic organization and

synthesis of research data and testing of research hypotheses using those data. Data analysis consists of examining, categorizing, tabulating or otherwise re-combining the evidence, to address initial propositions of a study. Data obtained was planned to be coded and edited to reduce the large data into a master sheet. Both descriptive and inferential statistics were planned to be used in this study to achieve the objectives of the study.

Descriptive and inferential statistics were used to analyze the data.

- Frequency and percentage for selected personal variables.
- Mean, median, standard deviation, for stress and level of coping among the alcoholics.
- Chi-square to assess the association between stress and level of coping among wives of alcoholics and their selected personal variables like age, religion, education, occupation, family income, duration of marriage, no of children's, type of family, duration of husband's alcoholism.

Results

Table 1: Description of personal variables of alcoholics. A. Frequency and percentage distribution of alcoholics according to their selected personal variables.

Personal Variable	Frequency	Percentage
Age		
21 - 30years	07	11.67
31 - 40 years	24	40
41- 50 years	23	38.33
51 - 60 years	06	10
Education		
Illiterate	17	28.33
Primary school (1st - 7th std)	14	23.33
High school (8th - 10th std)	20	33.34
Graduation	09	15
Occupation		
Agriculture	18	30
Coolly	22	36.67
Business	11	18.33
Service in Government sector	09	15
Family income (rupees per month)		
Rs 2001 to Rs 3005	11	18.33
Rs 3501 to Rs 5000	09	15
Rs 5001 to Rs 6500	15	25
Above Rs 6500	25	41.67
Religion		
Hindu	53	88.33

Muslim	03	5
Christian	03	5
any other	01	1.67
Type of family		
Nuclear	45	75
Joint	15	25
Duration of marital life		
Below 05 Years	08	13.33
05 to 10 years	17	28.33
11-15years	15	25
Above 16 years	20	33.33
No. of children		
One child	14	23.33
Two children	24	48.33
More than two children	19	31.67
no child	03	5
Duration of alcoholism		
Below 5 year	11	18.33
6 to 10year	12	20
11 to 15 year	24	40
above 16 year	13	21.67
Alcohol drinking in last 1 year		
Continuous	30	50
Episode	27	45
Occasional	03	5
Nature of alcohol consumption		
Arrack	01	1.67
Beer	01	1.67
Wine	01	1.67
Rum/Whisky/Vodka/Brandy	57	95
Any other substance abuse		
Tobacco	36	60
Any others substance abuse	01	1.67
Nill	23	38.33

Table 2: Stress and coping among alcoholics mean, median, standard deviation and range.

n=60

	Mean	Median	S.D	Range
Perceived stress	27.38	28	2.96147	Minimum score -21 Maximum score-33
Ways of coping	101.88	102.5	15.18876	Minimum score -68 Maximum score-136

Table 3: Frequency, percentage distribution of alcoholics according to levels of stress. n=60

Variables	Levels of Perceived Stress		
	Mild Stress (0-19)	Moderate Stress (20-39)	Severe Stress (40-56)
Alcoholics Perceived stress frequency. Percentage.	0 (0%)	60 (100%)	0(0%)

Table 4: Frequency, percentage distribution of alcoholics according to levels of ways of coping. n=60.

Variable	Levels of ways of coping		
	Not able to cope (0- 66)	Able to cope to some extent (67-132)	Able to cope effectively (133-198)
Alcoholics ways of coping, frequency percentage	0(0%)	59(98.33%)	1(1.66%)

Section-5 Chi-square values among alcoholics regarding stress according to their selected personal variables.

Chi- square value is significant for variable like age, the obtained chi-squares values for the variables like education, occupation, family income, religion, type of family, duration of marital life, no of children. Duration of alcoholism's, alcohol drinking in last 1 year, nature of alcohol consumption . Any other substance abuse. were not significant at 0.05 level. Therefore, the findings partially support the null hypothesis H01 and the research hypothesis, inferring significant association between levels of perceived stress and selected personal variables.

Section-6 Chi-square values among alcoholics regarding coping according to their selected personal variables.

Shows that the obtained chi-square value is significant for variable like type of family, duration of marital life, any other substance abuse. The obtained chi-squares values for the variables like age, education, occupation, family income, religion, no of children. Duration of husbands alcoholism's, alcohol drinking in last 1 year, nature of alcohol consumption . were not significant at 0.05 level. Therefore the findings partially support the null hypothesis H01 and the research hypothesis, inferring significant association between levels of perceived stress and selected personal variables.

Discussion

The findings of the study have been discussed with reference to the objectives and hypothesis stated and with findings to other studies, Findings related to demographic variables of wives of alcoholics.

- Age: With regard to age of alcoholics, majority 24 (40%) were found in the age group of 31-40 years. in which wives of alcoholics were 23 (38.33%) were found in the age group of 41-50 years and wives of alcoholics were 07 (11.67%) age group of 21-30 years. least 06(10%) belonged to 51-60 years and. These findings were similar to other study those revealed that most of the studied populations were in age group of 31-40 years.
 - Education: Findings related to education majority of wives of alcoholics 20(33.34%) had education up to high school. least 9 (15%) were graduation among wives of alcoholics. These findings are similar to other study 1 which revealed that most of the participants were had education up to high school .
 - Occupation: Significant number of wives of alcoholics were 22(36.67%) coolly worker. least 9(15%), service in government sector. These findings were consistent with other studies, 11 revealed that most of the participants were had low skilled occupation.
 - Family income: With regard to family income majority of alcoholics 25(41.67%) had a above Rs 6500 income. Least 9(15%) had a Rs 3501 toRs 5000 These findings were consistent with other studies² revealed that most of the participants were had high family income.
 - Religion: All the alcoholics 53(88.33%) belonged to Hindu religion. These findings were consistent with other study 17 which revealed that most of the participants were from Hindu religion.
 - Type of family: With regard to type of family majority wives of alcoholics 45(75%) were belonged to nuclear family. least 15(25%) were belonged to joint family. These findings were consistent with other study.¹¹
 - Duration of marital life: Maximum number of wives of alcoholics 20(34%), duration of marital life is above 16 years . least 15 (25%) duration of marital life is 06 to 10 years. These findings are similar to other studies¹⁰, revealed that most of the participants were duration of marital life is above 16 years .
 - No of children: Maximum number of wives of alcoholics 24 (40%) had a two children. least 14(23.33%) had one children. These findings are similar to other studies^{15, 17, 22 and 23} revealed that most of the participants were having two children.
 - Duration of alcoholism's: With regard to Duration of husbands alcoholism's 24(40%) belonged to 11 to 15years. Least 11(18.33%) had below 5 years. These findings were consistent with other studies.¹² Revealed that most of the participants were belonged to long duration of husband's alcoholism's habits.
 - Alcohol drinking in last 1 year: Maximum number 30 (50%) had a alcohol drinking in last 1 year continuously. least 3 (5%) had occasional . These findings are similar to other studies 4,5 revealed that most of the participants were belonged to alcohol drinking in last 1 year continuously.
 - Nature of alcohol consumption: Significant number of were 57(95%) Rum, Whisky, Vodka, Brandy having a nature of alcohol consumption. These findings were consistent with other studies 7,8revealed that most of the participants were belonged to nature of alcohol consumption.
 - Any other substance abuse: With regard to any other substance abuse 36(60%) were belonged to tobacco habit; these findings were consistent with other studies 2 revealed that most of the participants were belonged to nature of alcohol consumption.
2. Findings related to perceived stress scores of wives of alcoholics.
- The perceived stress scores as perceived by the alcoholics was 60 with a range of 00 - 56.
 - The level of stress experienced by the alcoholics majority 60 (100%) were moderately stressed. followed by 0 (0%) were mild and severe stressed.
3. Findings related to level of coping scores of alcoholics.
- The way of coping scores as expressed by the alcoholics was 60 with a range of 00 -198.
 - The way of coping scores level experienced by the alcoholic's majority 59 (98.33%) were able to cope to some extent. And Able to cope effectively 1(1.66%) and not able to cope 0 (0%).
4. Findings related to Association between level stress related personal variable of alcoholics. viz. age, education, occupation, family income, religion, type of family, duration of marital life, no of children. Duration of alcoholism's, alcohol drinking in last 1 year, nature of alcohol consumption any other substance abuse.
- The obtained chi- square value is significant for variable like age, the obtained chi-squares values

for the variables like education, occupation, family income, religion, type of family, duration of marital life, no of children. Duration of alcoholism's, alcohol drinking in last 1 year, nature of alcohol consumption. Any other substance abuse. And level of stress was not significant at 0.05 level.

Age: the obtained chi-square value 8.670. $p < 0.05$ for stress levels showed that clearly middle age group of alcoholics were having significant association with above median stress levels. The computed chi-square value is

Significant for variable like age, and at 0.05 level of significance for the samples with their personal variable. Hence the significance found with variable age indicates that as age the level of stress experienced will be less,

5. Findings related to Association between level ways of coping related personal variable of alcoholics. viz. age, education, occupation, family income, religion, type of family, duration of marital life, no of children. Duration of husband's alcoholism's, alcohol drinking in last 1 year, nature of alcohol consumption any other substance abuse.

The obtained chi-square value is significant for variable like type of family, duration of marital life, any other substance abuse. The obtained chi-squares values for the variables like age, education, occupation, family income, religion, no of children. Duration of alcoholism's, alcohol drinking in last 1 year, nature of alcohol consumption. And level of stress were not significant at 0.05 level.

Type of family: The obtained chi-square value 5.455. $p < 0.05$ for coping levels showed that clearly type of family were having significant association. With above median ways of coping scale.

Duration of marital life: The obtained chi-square value 9.831, $p < 0.05$ for coping levels showed that duration of marital life was having significant association With above median ways of coping scale.

Any other substance abuse: The obtained chi-square value 20.370, $p < 0.05$ for coping levels showed that any other substance abuse was having significant association. With above median ways of coping scale.

Conclusion

As we prepare to enter the twenty first century, India has shown the clear signs to emerge as a developed country and enroll its name in the lists of super power, self-dependent nations. Hence to achieve these goal development of human resource

plays an most important role, which meant not only quantity but quality of human resource, The impact of alcohol dependence in husbands causing a crisis in socially structured responses and the psychosocial development of the family members are a challenging problem to research. Majority of the of alcoholics experience stress and use all coping strategies during stressful situations.

The findings of this study will help community health nurses, and psychiatric nurses to identify, various coping strategies adopted by alcoholics and will help them to strengthen the healthy adaptive coping strategies and help them to perceive the stressful situations as manageable. Challenging and not threatening. An understanding of adaptive coping styles can be used in the prevention of distress and the promotion of wellbeing.

This study explored the level of stress and ways of coping experienced by the alcoholics admitted in selected de-addiction center's of Dharwad district. Assessment of the overall level of stress revealed that highest Percentage 100% of the alcoholics had Moderate stress, where as 0% had Mild stress and severe stress. Assessment of the overall levels of coping shows that highest Percentage 98.33% of the alcoholics had able to cope to some extent. And 1% was able to cope effectively. 0% had not able to cope, poor level of coping.

The mean stress scores of wives of alcoholics was 27.38. The mean of overall coping scores of alcoholics was 101.88. The study findings point on the significant relationship in the stress variables like age, and in the coping type of family. Duration of marital life. Any other substance abuse.

Hence the study concluded that stress in alcoholics lead to many consequences in alcoholics and the remedial action was not effectively taken. There was thus a need to provide information regarding stress management and it is very important to note that a high degree of empathetic understanding is needed to help the alcoholics in better coping.

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