



# **To Assess the Common Psychosocial Problems among Women with Alcoholic Spouse**

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## **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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## **ABSTRACT**

**Background:** Misuse of alcohol is the most leading bewildering problem, that cast off the happiness of many families with all their possessions, which further can lead to a severe mental problem for themselves as well as their wife and their innocent children who even doesn't face the real world. It is a fact that the wife and children, who had suffered while their fathers gave up their everything.

**Objective:** 1) To assess the common psychosocial problems among women with alcoholic spouses. 2) To associate common psychosocial problems score among women of the alcoholic spouse with their demographic variables.

**Methodology:** It is a quantitative research approach study, and it will be conducted among 100 women with an alcoholic spouse in both outpatient and inpatient psychiatric departments at Acharya Vinoba Bhava Rural Hospital, Sawangi (Meghe), Wardha. A structured knowledge questionnaire will be used to collect the data.

**Expected Outcome:** It is expected that there will increase mental health problems for the spouses of alcoholic patients regarding depression, anxiety, their physical and mental well-being, and their financial conditions.

**Conclusions:** Alcohol-related problems are not a recent problem faced by their spouse; it is a problem that remains for a long-time. This study thus will provide recent data regarding the problem faced by the spouse of an alcoholic.

*Keywords: Assess; psychosocial; alcoholic; spouse; possessions; alcoholic.*

## 1. INTRODUCTION

Alcoholism is a main communal health problem. India is reported to be the most densely inhabited country with 33% of its residents taking alcohol [1]. Alcoholism is well-thought-out as an endless cause of stress, for both the individual and his family [2]. Partners are predominantly concerned because of their higher rates of acquaintance to violence against women is when intimate partners assault others physically, verbally, or sexually [3]. The problem of alcoholism is not just related to the alcoholics but also the lives of those around them are unfavorably pretentious especially the wives leading to social, occupational, and psychological mutilation [4]. Dependence on alcohol is a multifaceted behavior with extensive harmful effects on the work, family, and society, most destructively affecting are the spouse and children of an alcoholic [5]. There are a significant number of hearsay reports and research findings that advocate that individuals who are married to alcoholics have poor physical and mental health [6]. The wives are too close to the problem and don't see how they are aiding the user. Some models have subjugated the literature on alcoholism and marriage.

- Personality profile of the wives.
- The behavior of them in reaction to their husband's drinking.

These wives agonize from various stressors due to their husband's alcohol dependence. They pursue assistance to cope with the bearing of the husband's drinking [7]. This study is an attempt to find out certain characteristics of the wives of the drinker's mental health and compare them with the ordinary population. Clinical work and some research propose that partner retorts to drinking may either enable or hamper treatment acceptance and recovery efforts [8]. Alcoholism distresses the consumer as well as their family members [9]. While rehabilitation for alcoholism began in metropolitan regions of the country, their wives and children were the "forgotten victims" until recently [10]. The wives of persons with alcoholism (WopA) are known to have substantial complications such as marital frustration, poor societal interaction, communiqué problems, physical complications, and mental health illnesses [11].

## 1.1 Background of the Study

In India, alcoholicity is a serious crime. In India and the West, there are several pieces of literature dedicated to considering the matrimonial dynamic forces involved in alcohol misuse and evaluating the lethal effect that drunkenness may have on spousal activity and livelihood. Alcoholism is a lasting liberal and habitually deadly sickness. It is a prime complaint, even not an indication of other illness or emotive complications. The interaction of alcohol lets to consequence almost every sort of body cell, along with others in the central nervous system.

If an individual takes liquor, the intestinal cell rivets the alcohol then takes it to the systemic flow and serves all the muscles. The alcohol effects depend on various factors, including the age, weight, and gender of an individual, and the amount of food taken, and the amount of alcohol ingested. The consequences of alcohol drinking include unsteadiness and chattiness; slurry speech disrupted sleep, nausea, and vomiting were the instant effects of a substantial amount of alcohol. Alcohol may have suggestively affected the judgment and coordination even at little doses. Low to reasonable alcohol levels can even also boost the frequency of various violent acts involving marital maltreatment.

Alcohol's effect not only disrupts an individual's physical health but also affects the people that surround him. Alcoholism is associated with disrupted function in the family, poor relationships with relatives, physical and mental disability.

The World Health Organization (WHO) estimations that approximately two million people are drinking alcohol globally and 76.3 percent are diagnosed with alcohol dependence syndrome (2004). From a community well-being vantage point, the worldwide alcohol-related burden is considerable in most parts of the world, both in terms of morbidity and mortality. Consumption of alcohol has health and social ramifications by alcohol overdose (drunkenness), dependency on alcohol, and other biochemical effects. Alcohol even subsidizes traumatic effects that kill or impair at a fairly young age, in contributing to persistent conditions that can disrupt the individuals after several years of intensive use; death or incapacity causing the loss of several

lifetimes. There is a growing mark that above and beyond alcohol quantity, the pattern of consumption can result in over 60 different diseases and injuries.

According to studies done across the world, the incidence of alcohol usage is still high in India. In India, the latest alcohol abuse surveys revealed that alcoholism is high from 5 percent to 20 percent. There are over one hundred million consumers in the United States, incidents of absolute liquor use out of which 2-15 million experience and are considered addicts. Types of ingestion however vary. The proportion of intake of alcohol in Punjab, Andhra Pradesh, Goa, and the northeastern states is significantly greater [12].

## 1.2 Need of the Study

Alcoholism places marriage under strain. Chronic alcoholism may have severe physical and emotional effects. It may also bring rinsing money on marriage. Wastage of money on alcohol can root problems among alcoholic wives, and the tensions.

These are the prominent causes of alcohol-induced marital problems, but the women who are alcoholic wives face many other problems. Most women, for example, could be the cause of their husband's drinking. They might be concerned that they aren't suited to keep their spouse pleased, or that a little they've done (or haven't done) has escalated into their husband's drinking. Such guilty senses may trigger women to become nervous, anxious, or depressed. Various individuals can also criticize a wife for letting her husband drink, which thrives on her already-having feelings of guiltiness.

## 2. METHODOLOGY

This study will be conducted among 100 women with an alcoholic spouse in both outpatient and inpatient psychiatric departments at Acharya Vinoba Bhave Rural Hospital, Sawangi (Meghe), Wardha.

### 2.1 Inclusion Criteria

- Women with an alcoholic spouse who are willing to participate in the study.
- Women with an alcoholic spouse who are available at the time of data collection.

- Women with an alcoholic spouse who are living with alcoholic dependents.

### 2.2 Exclusion Criteria

- The alcoholic spouse who has already attended a similar type of study.
- The alcoholic spouse who is having a mental illness.

### 2.3 Sample Size

For this analysis, the sample size is 100.

### 2.4 Interventions

The purpose of the study will be clarified to all participants and the type of written consent will be taken before the study starts. Standardized questionnaires such as Patient Health Questionnaire (PHQ-9) for depression-related questions, Hamilton Anxiety Rating Scale (HAM-A) for the anxiety-related question and validated self-structured questionnaires for assessing domestic violence and the financial related problem will be distributed and scores will be obtained.

### 2.5 Data Management and Monitoring

The demographic data will be recorded. The scores from structured questionnaires and validated self-structured questionnaires will be recorded and associate common psychosocial problems score among women of the alcoholic spouse with their demographic variables.

### 2.6 Statistical Analysis

Descriptive statistics and Inferential Statistics will be used for statistical analysis.

## 3. QUESTIONNAIRE

### 3.1 Depression Related Questions

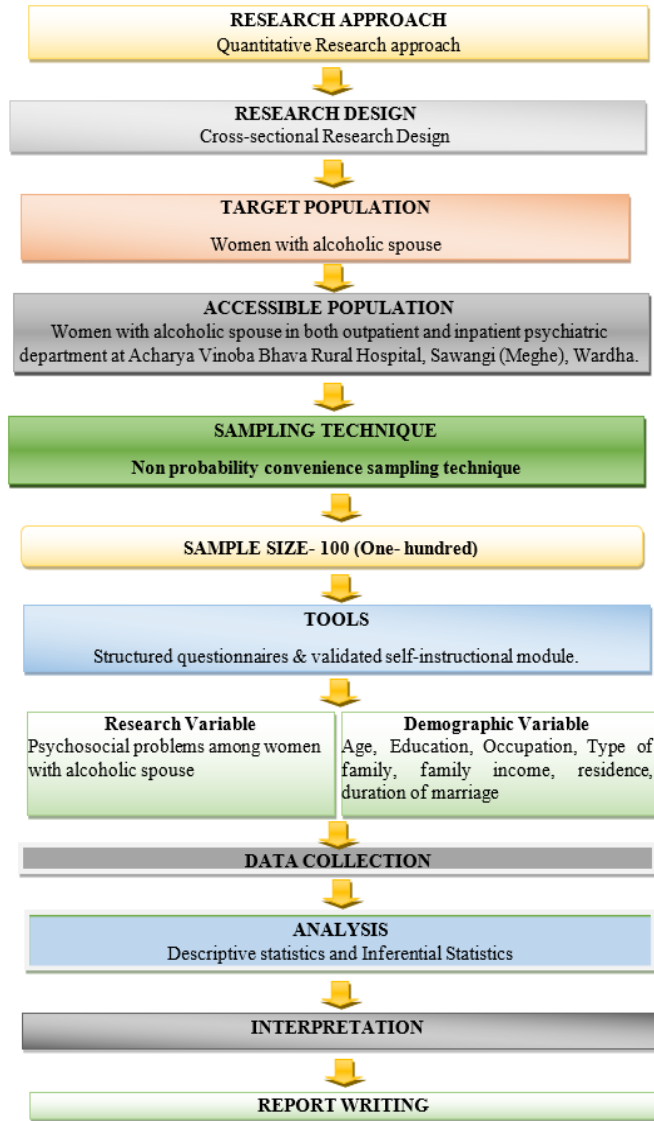
#### 3.1.1 Patient Health Questionnaire (PHQ-9)

The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as

#### 3.1.2 Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe a certain feeling that people have. Rate the patients by

finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.



**Fig. 1. Schematic presentation of non-experimental descriptive cross-sectional design for the present study**

<b>Over the last two weeks, how often have you been bothered by any of the following problems?</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
1. Little interest or pleasure in doing things?				
2. Feeling down, depressed, or hopeless?				
3. Trouble falling or staying asleep, or sleeping too much?				
4. Feeling tired or having little energy?				
5. Poor appetite or overeating?				
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down?				
7. Trouble concentrating on things, such as reading the newspaper or watching television?				

<b>Over the last two weeks, how often have you been bothered by any of the following problems?</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				
Total = ____ /27				

**Depression Severity:**

- 0-4 none
- 5-9 mild
- 10-14 moderate
- 15-19 moderately severe
- 20-27 severe.

*0 = Not at all, 1 = Several days, 2 = More than half the days, 3 = Nearly everyday*

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. <b>Anxious mood</b> Worries, anticipation of the worst, fearful anticipation, irritability					
2. <b>Tension</b> Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax					
3. <b>Fears</b> Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.					
4. <b>Insomnia</b> Difficulty in falling asleep, broken sleep, unsatisfying sleep, and fatigue on waking, dreams, nightmares, night terrors.					
5. <b>Intellectual</b> Difficulty in concentration, poor memory.					
6. <b>Depressed mood</b> Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing					
7. <b>Somatic (muscular)</b> Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.					
8. <b>Somatic (sensory)</b> Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.					
9. <b>Cardiovascular symptoms</b> Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.					
10. <b>Respiratory symptoms</b> Pressure or constriction in chest, choking feelings, sighing, dyspnea.					

	0	1	2	3	4
11. <b>Gastrointestinal symptoms</b> Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.					
12. <b>Genitourinary symptoms</b> Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.					
13. <b>Autonomic symptoms</b> Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.					
14. <b>Behavior at interview</b> Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc					
<i>0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe</i>					

	1	2	3	4	5
1. Called you a name and/or criticized you					
2. Tried to keep you from doing something you wanted to do (example: going out with friends, going to meetings)					
3. Gave you angry stares or looks					
4. Prevented you from having money for your own use					
5. Ended a discussion with you and made the decision himself					
6. Threatened to hit or throw something at you					
7. Pushed, grabbed, or shoved you					
8. Put down your family and friends					
9. Accused you of paying too much attention to someone or something else					
10. Put you on an allowance					
11. Used your children to threaten you (example: told you that you would lose custody, said he would leave town with the children)					
12. Became very upset with you because dinner, housework, or laundry was not ready when he wanted it or done the way he thought it should be					
13. Said things to scare you (examples: told you something "bad" would happen, threatened to commit suicide)					
14. Slapped, hit, or punched you					
15. Made you do something humiliating or degrading (example: begging for forgiveness, having to ask his permission to use the car or do something)					
16. Checked up on you (examples: listened to your phone calls, checked the mileage on your car, called you repeatedly at work)					
17. Drove recklessly when you were in the car					

	1	2	3	4	5
18. Pressured you to have sex in a way that you didn't like or want					
19. Refused to do housework or childcare					
20. Threatened you with a knife, gun, or other weapon					
21. Spanked you					
22. Told you that you were a bad parent					
23. Stopped you or tried to stop you from going to work or school					
24. Threw, hit, kicked, or smashed something					
25. Kicked you					
26. Physically forced you to have sex					
27. Threw you around					
28. Physically attacked the sexual parts of your body					
29. Choked or strangled you					
30. Used a knife, gun, or other weapon against you					

1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Frequently; 5 = Very Frequently

Note: Item 21 was deleted from the scale-by-scale developers due to low response rate and negative correlation with total scale

ECONOMICAL PROBLEMS		1	2	3	4	5
1	Lack of money for daily living activities					
2	Difficult to pay house rent					
3	Financial status is inadequate					
4	Difficulty to pay the school fees for children					
5	Unable to save money in a bank					
6	Having debt from neighbors					
7	Difficult to pay debt					
8	Having financial problem in case of medical emergency					
9	Selling family valuable belongings					
10	Shortage of food facilities					

1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Frequently; 5 = Very Frequently

### 3.1.3 Scoring

Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0–56, where <17 indicates mild severity, 18–24 mild to moderate severity and 25–30 moderate to severe.

### 3.1.4 Question related to domestic violence

Put a tick mark (✓) for each of the items listed below to show your closest estimate of how often it happened in your relationship with your partner or former partner during the past six months.

### 3.1.5 Scoring instructions

Some items include 6, 7, 14, 18, 20, 24, 25, 26, 27, 28, 29, and 30 (item 21 is not included in subscale computation). The mean score of these items is computed by summing the values of the items and dividing by the applicable number of

items. Higher scores are indicative of greater physical abuse.

### 3.1.6 Questions related to financial problems

Put a tick (✓) below the number for each of the items listed below to show your closest estimate of how often it happened in your family economics conditions.

## 4. EXPECTED OUTCOMES/RESULTS

This study is intended for evaluating the common psychosocial problems faced by women with alcoholic spouses. The assessment will be done by using standardized questionnaires and validated self-structured questionnaires.

## 5. DISCUSSION

Nowadays, it is very important to have a healthy mental status. To have a healthy mind and body, a healthy environment is one of the most

important factors. It is a well-known fact that how alcoholism creates a problem among a couple, family, and even society. Especially, women were the ones who face the problem because of their alcoholic husbands. This study will help the researcher to find out the common psychosocial problem faced by women with alcoholic spouses.

A study in which they attempted to classify and quantify the psychosocial issues of drunken wives who were admitted to a selected hospital using a demographic datasheet, and the psychosocial problems were assessed by a four-point rating scale which consists of 16 items reveals that the majority of the subjects were above 40 years (60%), and 83.3% studied till class 10 and 63.3% were unemployed and 56.8% of the family income was less than Rs 1500/month and 56.8% were Hindu, 60% of their husbands take alcohol more than 16 years. 33.3% of them experienced psychological problems while 46.4% suffers social problems. The information obtained from this study can be useful for creating awareness regarding their husband's faulty practices and how to cope with them.

One study reveals that, among their samples, most of the women had physiological problems, which account for 13.3% of all the samples, followed by psychological problems (12.79%), and psycho-social problems (7.40%), 6.6% of women had financial problems, 3.92% stated that they had sexual problems. 71.1% of them had adaptive coping mechanisms and 28.3% shows maladaptive coping mechanism [13].

## 6. CONCLUSION

The conclusion will be made after statistical analysis is carried out from the result.

## CONSENT AND ETHICAL APPROVAL

This study is approved by the Institutional Ethics Committee of DMIMS (DMIMS(DU)/IEC/2018 - 19/ 7733). Proper information about the study will be given to all the participants and they will be requested to go through the consent form and sign on it if they agree to participate.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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