

IMPACT OF ALCOHOL EDUCATION ON WIVES OF PERSONS DEPENDENT ON ALCOHOL (WPDA)

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Introduction

Alcohol is a family disease, it drawn effects on the person who is drinker and whole the family but the mostly affected person is the spouses of the drinker. (For Example: Anne L. P et.al,(2002), Isidore S.(2005), Kigozi & Kasirye (1997)). Alcoholism affect emotionally, physically, socially and psychologically. Spouses feel difficult to manage her married life and feel stress.(For Example: MoH (2007), Ovuga E and Madrama C (2006), Rutabajuka (1992)).

Alcoholism is a major public health problem all over the world (WHO, 2004) and it has been frequently referred to as a 'family disease' to underline the fact that excessive drinking affects not just the drinker but others in the family as well. WHO Global Strategy (2010) stated that special attention needs to be given to people other than the drinkers such as spouse or partner, as they may be affected by the harmful use of the drinking. Alcoholism is considered as an ongoing stressor, not only for the individual, but for family members as well (Cleary, P., & Mechanics, D (1983). Tomori, (1994) Topouzis D (1994)). Spouses are particularly affected given the intimate nature of their relationship and are known to be exposed to high rates of domestic violence (Hurcom, Copello & Orford, 2000) Tumwesigye and Kasirye (2003) Tran DT et al (2009)). The negative social consequences of alcohol consumption may diminish the individual's ability to adapt leading to emotional distress and thereby increasing the likelihood of psychological problems (Kahler, McCrady & Epstein, 2003) Crothers CE Dorrian J. (2011)).

Several studies have also shown that spouses of alcoholics often present significant rates of mental and physical problems, communication problems, low social activity, poor marital satisfaction. (Amruthraj, B, & Jaiprakash, I. (1985), Moos et al., 1990) Soares J, Vargas D, Formigoni MLOS.(2013) Nehlin C, Fredriksson A, Grönbladh L, Jansson L. (2012) Pillon CS, Laranjeira R. (2005) Seale JP, Velasquez MM, Johnson JA, Shellenberger S, Sternberg KV, Dodrill C, et al.(2012)

Cund A. (2013)). But very few studies have been conducted on the spouses of persons dependent on alcohol with regard to the knowledge about the Diseases per se, the treatment facilities, myths and misconceptions, relapse and recovery. (For Example: Rocha FM, et al, (2013), Rocha FM,et al, (2013) Vargas D.(2014) Fitzmaurice GJ,et al, (2010)).

Spouses of alcohol dependent persons have higher rates of psychological, stress-related medical problems, make greater use of health care systems and run a higher risk of developing own abuse than other people (Schnurr & Green, 2004). In a recent study done by Kishor et al. (2013) Rassol GH, Rawaf S.(2008) Tsai YF, Tsai MC, Lin YP, Weng CE, Chou YL, Chen CY. (2011)) he reported 43% of spouses of men with alcohol related problems had major depressive disorder (MDD) and the depression had significant correlation with the severity of the alcohol related problems.

These studies provide us with insight into the Wives of Persons Dependent on Alcohol's issues, however, there aren't enough researches examining the knowledge or awareness about the illness namely Alcoholism. Moreover, a combination comparing these two variables (Knowledge and the Socio-Demographic conditions) together and how it has an impact on the Wives of Persons Dependent on Alcohol's has not been attempted. Hence, the current study is aimed to examine the level of knowledge about Alcohol on various dimensions and the association with the selected socio demographic conditions of the wives of alcohol dependent men.

The Research Questions

The following research questions have come into sight...

- Do the Wives of Persons Dependent on Alcohol (WPDA) have the proper Knowledge about Alcohol?
- If so, what is their level of Knowledge about Alcohol?

- Do the Wives of Persons Dependent on Alcohol (WPDA) differ in their level of Knowledge about Alcohol after providing Alcohol Education?
- Is there any correlation between selected Socio Demographic conditions and the level of Knowledge about Alcohol?

Aim

The main aim of the present study is to find out the level of Knowledge about Alcohol (Pre and Post) among the Wives of Persons Dependent on Alcohol (WPDA), with the following specific objectives.

Specific Objectives

- To understand the selected socio demographic profile of the Wives of Persons Dependent on Alcohol (WPDA),
- To measure the level of Knowledge about Alcohol, before and after introduction of Alcohol Education.
- To find out the relationship between the Knowledge about Alcohol (before and after) and the selected socio demographic conditions.

Research Design

Since an attempt has been made to find out the impact of Alcohol Education on WPDA, a pre-post intervention study method on the same population using structured teaching programme is adopted for this study. Hence it can be stated that the **Quasi – Experimental Research Design (One Group Pre - Post study without Control Group)** is adopted for this present study.

Research Hypotheses

After having carefully reviewed various literatures the following research hypotheses have been formulated.

- Alcohol Education has a positive effect on the Wives of Persons Dependent on Alcohol.
- There will be a significant association between the selected Socio- Demographic characteristics and the level of Knowledge about Alcoholism for the Wives of Persons Dependent on Alcohol.

Universe

All the Wives of Persons Dependent on Alcohol (WPDA) who have admitted their husbands at TRISHUL- a 60 Bedded De- Addiction Centre , run by M.S.Chellamuthu Trust and Research Foundation, A Psycho Social Rehabilitation Centre, Madurai. All the men who have been diagnosed as Persons Dependent on Alcohol by

Consultant Psychiatrists of the centre as per DSM-IV criteria who have been attending the 21 days treatment, from 1st January 2018 to 31st June 2018, constitute the Universe. So far 173 such men have attended during that stipulated period and these persons dependent alcohol constitute as Universe for the present study.

Inclusion Conditions

- Persons Dependent on Alcohol (PDA) who have at least two years of Marital Life.
- Currently living with their spouse.
- Diagnosed as Persons Dependent on Alcohol by Consultant Psychiatrists (DSM-IV).

Exclusion Conditions

- Those who are not cooperating till the completion of Research study

Sampling

The researcher in consultation with the Psychiatric Social Workers working at the De- addiction centre has prepared a list of Persons Dependent on Alcohol from the universe by adopting the inclusion and Exclusion conditions. After words from the list, Sixty Persons Dependent on Alcohol have been selected randomly using Lottery method. Their respective wives have been considered as the Unit of Enquiry for the present study. Thus simple random sampling technique was implemented for this study to draw the samples.

Tools for Data Collection

- To understand the selected socio, economic and demographic profile the author has prepared a semi-structured interview schedule in consultation with the psychiatrists and psychologists working in the trust.
- The author has prepared a 36 items -three point rated statements (True, False, & Do not Know responses) to measure the level of awareness components in terms of Myths & Misconceptions, Addiction- as Disease, Medicines Available, Treatment Process, Recovery from Alcohol and Relapse, as per the Minimum Standard of Care (Ministry of Social Justice & Empowerment, New Delhi).

Methods of Data Collection

During the 21 days treatment for the PDA, there will be Individual, Group as well as Family counseling sessions. These sessions will be moderated by the professionally trained Social workers, Psychologists and

Psychiatrists. More inputs will be provided on Psycho Social Rehabilitation for the PDA and WPDA.

Phase 1: Before starting these sessions, the Semi Structured Interview Schedule which could collect the Socio- Demographic conditions was administered. Then the Tamil translated Knowledge about Alcohol tool was given to WPDA and required, relevant information have been obtained from them during the Pre Test.

Phase 2: After reviewing various literature on Alcoholism, and as per the Minimum Standard of Care (Ministry of Social Justice & Empowerment), the author has prepared matters on Myths & Misconceptions, Addiction-disease, Medicines available, Treatment process and Recovery of Alcohol Relapse. Latter Six technical sessions on various topics of Alcoholism for the Wives of Persons Dependent on Alcohol were conducted by the author as well as by the Consultant Psychiatrists and Social Workers. On an average there were 20 wives for the sessions. All these sessions were conducted till we reach sixty wives.

Phase 3: During this phase the same tool, which was used during Pre test Phase on Knowledge about Alcoholism was administered on the Wives of Persons dependent on Alcohol.

Data Analysis

After the data collection over from the Wives of Persons Dependent on Alcohol, the data were edited, coded and entered in the Computer. By using the Evaluative Trail Version of Statistical Packages for Social Sciences (SPSS), Ver. 14.0 the appropriate statistical tests were employed to verify the formulated hypotheses. Further the Gain Ratio Percentage was also computed for the Pre & Post Test Scores.

Table No: 1: Socio Demographic Details of PDA

S. No.	Factors	Persons Dependent on Alcohol (PDA)	
		N (60)	%
1	Age		
	20 - 25	19	31.7
	26 - 30	31	51.7
	31 & Above	10	16.6
2	Duration of Drinking		
	Below 5 Yrs	18	30.0
	5 to 10 Yrs	26	43.3
	10 & Above Yrs	16	26.7

3	Education		
	Up to Primary	15	25.0
	Secondary	24	40.0
	Higher Secondary	21	35.0
4	Occupation		
	Unskilled	27	45.0
	Semi - Skilled	33	55.0

(Source: Primary data)

It is very clear that 51.7 per cent of the PDA are in the age group of (26 to 30) years, 43.3 per cent of them are abusing alcohol for (5 to 10) years, 35.0 per cent of them are educated Higher Secondary level of education and 45 per cent of them are doing Unskilled jobs.

Table No: 2: Socio Demographic Details of WPDA:

S.No.	Factors	Wives of Persons Dependent on Alcohol (WPDA)	
1	Age		
	20 - 25	29	48.3
	26 - 30	23	38.3
	31 & Above	8	13.4
2	Education		
	Up to Primary	30	50.0
	Secondary	21	35.0
	Higher Secondary	9	15.0
3	Occupation		
	Unskilled	48	80.0
	Semi - Skilled	12	20.0
4	Duration of Marital Life		
	Below 5 Yrs	26	43.3
	5 to 10 Yrs	18	30.0
	10 & Above Yrs	16	26.7
5	Family Monthly Income		
	Below 2500	26	43.3
	2501 to 5000	23	38.3
	5001 & Above	11	18.4
6	Place of Living		
	Rural	31	51.7
	Urban	29	48.3

(Source: Primary data)

It has been found that nearly fifty per cent of the WPDA (48.3%) are in the age group of (20 to 25) years, educated up to Primary level only (50.0%), doing Unskilled labour (80.0%), nearly one third of them (30.0%) have (5 to 10) years of marital life, 43.3 per cent of them have their total monthly income as (Below Rs.2500/-), and 51.7 per cent of them are hailing from Rural areas.

Table No: 3: Results on the Level of Knowledge on Alcoholism by the WPDA.

S. No.	Dimensions of Knowledge about Alcoholism	Pre Test (60) Mean %	Post Test (60) Mean %	Mean Difference	Gain Ratio %	Paired 't' test	Correlation Value for 't' value
1	Myths & Misconceptions	38.67	68.33	29.66	48.36%	6.88 p < 0.05	0.59 p < 0.05
2	Addiction- A Disease	32.01	70.67	38.66	56.86%	9.53 p < 0.05	0.44 p < 0.05
3	Medicines available	32.69	72.76	40.07	59.53%	9.57 p < 0.05	0.53 p < 0.05
4	Treatment Process	41.33	71.33	30.00	51.13%	7.91 p < 0.05	0.61 p < 0.05
5	Recovery from Alcohol	36.28	68.66	32.38	50.82%	7.02 p < 0.05	0.72 p < 0.05
6	Alcohol Relapse	36.13	69.02	32.89	51.50%	9.61 p < 0.05	0.67 p < 0.05
	Total Knowledge about Alcoholism	36.19	70.13	33.94	53.19%	8.19 p < 0.05	0.66 p < 0.05

(Source: Primary data) p < 0.05 = Significant at 95 % level.

The above table clearly explains the Pre Test & Post Test scores on various Dimensions of Knowledge about Alcoholism, Gain Ratio, Paired 't' test and Correlation values for the Wives of Persons Dependent on Alcohol. It has been found that during the Pre test the WPDA have scored 36.19% whereas same wpda could score 70.13% after the Alcohol Education. The mean percentage difference is 33.94% and the Gain Ratio is 53.19%. It is also seen that this observed difference is statistically significant as the Paired 't' test is significant at 0.05 level (Paired 't' test = 8.19, p < 0.05, Sig). Similar trend is also seen for all the sub dimensions of Dimensions of Knowledge about Alcoholism.

The table further explains that there is high level of knowledge regarding Medicines Available (72.76%), followed by Treatment Process (71.33%), Addiction as Diseases (70.67%), Alcohol Relapse (69.02%), Recovery from Alcohol (68.66%) and Myths & Misconceptions (68.33%) in the Post Test. The Gain ratio ranges between 48.36% and 59.53%, which explains that the change in the Post Test score is significant and it could be relied upon. Hence the Alcohol Education has created a significant effect on the Knowledge about Alcoholism for the Wives of Persons Dependent on Alcohol.

Table no: 4: Results on the Level of Knowledge on Alcoholism on selected Socio Demographic Characteristics (Quantitative) for the WPDA

S. No.	Selected Socio Demographic conditions (Quantitative)	Total Knowledge about Alcoholism	Stat Result
1	Age	Pearson's r = 0.65	p < 0.05 Sig

2	Duration of Marital Life	Pearson's r = 0.69	p < 0.05 Sig
3	Total Family Monthly Income	Pearson's r = 0.76	p < 0.05 Sig

(Source: Primary data)

p < 0.05 = Significant at 95 % level.

The selected Quantitative variables namely the Age, Duration of Marital Life, and the Total Monthly Income for the Wives of Persons Dependent on Alcohol and their level of Knowledge on Alcoholism are associated using Karl Pearson's Correlation tests. It has been found that there exists a positive and significant association between Age (Pearson's r = 0.65, p < 0.05 Sig), Duration of Marital Life (Pearson's r = 0.69, p < 0.05 Sig), and Total Family Monthly Income (Pearson's r = 0.76, p < 0.05 Sig). This clearly indicates that when the Age, Duration of Marital Life and Total Family Monthly Income increases the level of Knowledge on Alcoholism will also increase. Thus the formulated hypotheses have been verified.

Table no: 5: Results on the Level of Knowledge on Alcoholism on selected Socio Demographic Characteristics (Qualitative) for the WPDA.

S. No.	Selected Socio Demographic conditions (Qualitative)	Total Knowledge about Alcoholism	Stat Result
1	Education	Chi Square Value 11.24 ; df = 4	p < 0.05 Sig
2	Occupation	Chi Square Value 9.87 ; df = 2	p < 0.05 Sig
3	Place of Living	Chi Square Value 10.22 ; df = 2	p < 0.05 Sig

(Source: Primary data)

p < 0.05 = Significant at 95 % level.

The selected Qualitative variables namely the Education, Occupation, and the Place of Living for the Wives of Persons Dependent on Alcohol and their level of Knowledge on Alcoholism are associated using Karl Pearson's Chi Square tests. It has been found that the WPDA do differ significantly with regard to Education (Pearson's Chi Square = 11.24, $p < 0.05$ Sig), Occupation (Pearson's Chi Square = 9.87, $p < 0.05$ Sig), and Place of Living (Pearson's Chi Square = 10.22, $p < 0.05$ Sig). Thus the formulated hypotheses have been verified.

Suggestions

Based on the findings of the present study, it is suggested that proper and periodic Psycho Education could be provided to the Wives of Persons Dependent on Alcohol. Further the World Health Organization's (WHO) 10 Life Skills Training Programme could be implemented to the Wives of Persons Dependent on Alcohol. Finally, to increase the Level of Knowledge about Alcoholism for them, frequent and periodic awareness sessions could be organized along with various Psycho- Social Intervention programme.

Conclusion

The basic idea, may be thought of now is a rehabilitation program not just for the Persons Dependent on Alcohol, but the Wives of Persons Dependent on Alcohol as well, so that, not only their Level of Knowledge but also the Marital Adjustment, Coping with the continuing Psychological Distress, Quality of life, and other Psychological variables will be improved and consequently their coping skills and resilience becomes better. To summarize, it can be stated, this study has added to the understanding of the level of Knowledge about Alcoholism in Wives of Persons Dependent on Alcohol.

References

1. Amruthraj, B, & Jaiprakash, I. (1985) Development of a marital satisfaction scale. *Psychological Studies*, 30, 12-6.
2. Anne L. Pithey & Neo K. Morojele (2002) Literature Review on Alcohol Use and Sexual Risk Behaviour in South Africa, Prepared for WHO Project Alcohol and HIV infection by Alcohol and Drug Abuse Research Unit, Medical Research Council.
3. Cleary, P., & Mechanics, D (1983). Sex differences in Psychological distress among married people. *Journal of Health and Social Behaviours* 5: 11-2 1.
4. Crothers CE Dorrian J. (2011) Determinants of Nurses' Attitudes toward the Care of Patients with Alcohol Problems. *ISRN Nurs [Internet]*. [cited 2013 Nov 08]:821514. Available from:
5. Cund A. (2013) Alcohol education revisited: Exploring how much time we devote to alcohol education in the nursing curriculum. *Nurs Educ Pract [Internet]* 2013 Jan [cited 2013 Nov 08]; 13 (1):35-9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22858311>
6. Fitzmaurice GJ, Kumar S, Brown R, Hussain A, O'Donnell ME.(2010) Are Alcohol-related acute surgical admission rates falling? *Ulster Med J.*;79(1):6-11.
7. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3169239/>
8. Hurcom C, Copello, A, & Orford J. (2000). The family and alcohol: Effects of excessive drinking and conceptualizations of spouses over recent decades. *Substance Use Misuse*, 35, 473–502.
9. Isidore S. Obot & Robin Room eds. (2005) *Alcohol, Gender and Drinking Problems: Perspectives from Low and Middle Income Countries Developing Countries*, GENACIS Project, WHO.
10. Kahler, C. W, McCrady, B. S, & Epstein, E. E. (2003). Sources of distress among women in treatment with their alcoholic partners. *Journal of Substance Abuse Treatment*, 24,257–65.
11. Kigozi & Kasirye (1997) *Alcohol, drug abuse and HIV AIDS in Uganda: A consultancy for Uganda AIDS Commission*. 1997.
12. Kishor, M., Pandit, L.V., Raguram, R. (2013). Psychiatric morbidity and marital satisfaction among spouses of men with alcohol dependence. *Indian Journal of Psychiatry*, 55, 360-365.
13. MoH (2007) *Sexual and Gender based Violence in War Affected Communities in Northern Uganda*, Study Report
14. Moos R. H, Finney J. W, Cronkite R. C. (1990). *Alcoholism treatment: Context, process, and outcome*. New York: Oxford University Press.
15. Nehlin C, Fredriksson A, Grönbladh L, Jansson L. (2012) Three hours of training improve psychiatric staff's self-perceived knowledge and attitudes toward problem-drinking patients. *Drug Alcohol Rev [Internet]* [cited 2013 Nov 08]; 31: 544- 9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22050211>.

16. Ovuga E and Madrama C (2006) Burden of Alcohol Use in the Uganda Police in Kampala District, African Health Sciences Journal 2006 March; 6(1): 14–20.
17. Pillon CS, Laranjeira R. (2005) Formal education and nurses' attitudes towards alcohol and alcoholism in a Brazilian sample. São Paulo Med J.;123(4):175-80
18. Rassol GH, Rawaf S. (2008) Predictors of educational outcomes of undergraduate nursing students in alcohol and drug education. Nurse Educ Today.; 28(3):691-701
19. Rocha FM, Vargas D, Oliveira MAF, Bittencourt MN. (2013) Caring for people with psychoactive substance dependence: nursing student perceptions. Rev Esc Enferm USP [Internet]. [Cited 2013 Nov 28]; 47(3):671-7. Available from: http://www.scielo.br/pdf/reeusp/v47n3/en_0080-6234-reeusp-47-3-00671.pdf
20. Rutabajuka (1992), Alcoholism among the peasants in Hojo village Rwampala county Mbarara District.
21. Schnurr, P. P., & Green, B. L. (2004). Understanding relationships among trauma, post- traumatic stress disorder, and health outcomes. *Advances in Mind Body Medicine*, 20, 18–29.
22. Seale JP, Velasquez MM, Johnson JA, Shellenberger S, Sternberg KV, Dodrill C, et al.(2012) Skills-based residency training in alcohol screening and brief intervention: results from the Georgia-Texas "Improving Brief Intervention" Project. *Subst Abus*. 33(3):261-71
23. Soares J, Vargas D, Formigoni MLOS.(2013) Knowledge and attitudes of nurses towards alcohol and related problems: the impact of an educational intervention. Rev Esc Enferm USP [Internet]. [cited 2013 Nov 28];47(5):1172-9. Available from: <http://www.scielo.br/pdf/reeusp/v47n5/0080-6234-reeusp-47-05-1172.pdf>.
24. Tomori, M. (1994). Personality characteristics of adolescents with alcoholic parents. *Adolescence*, 29, 949–959.
25. Topouzis D (1994), The socio-economic impact of HIV/AIDS on rural families with an emphasis on youth in Uganda. Study funded by FAO - Food and Agriculture Organisation of the United Nations. TCP/UGA/2256.
26. Tran DT, Stone AM, Fernandez RS, Griffiths RD, Johnson M. (2009) Changes in general nurses' knowledge of alcohol and substance use and misuse after education. *Perspect Psychiatr Care*. 45(2): 128-39.
27. Tsai YF, Tsai MC, Lin YP, Weng CE, Chou YL, Chen CY. (2011) An alcohol training program improves Chinese nurses' knowledge, self-efficacy, and practice: a randomized controlled trial. *Alcohol Clin Exp Res.*; 35(5):976-83.
28. Tsai YF. Nurses' perceived facilitators and barriers to assessing for alcohol use in Taiwan. *J Clin Nurs* [Internet]. 2009 [cited 2013 Nov 08]; 18(14):2078-86. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19220620>
29. Tumwesigye and Kasirye (2003) Gender, Alcohol and Culture International Study, Uganda Country Report. Submitted to the GENACIS Study; Management of Substance Dependence Project.
30. Vargas D. (2014) Nurses personal knowledge and their attitudes toward alcoholism issues: A study of a sample of specialized services in Brazil. *J Nurs Educ Pract*. 2014;4(2):123-31.
31. World Health Organization (2004) (WHO). Global Status Report on Alcohol. Geneva: 2004. http://www.who.int/substance_abuse/publications/globalstatusreportalcohol_2004_alconsumpt.pdf [Last accessed on 2010 September 20].
32. World Health Organization (2010). WHO Organization: Global strategy to reduce the harmful use of alcohol.
33. Williams, K., (2003). Has the future of marriage arrived? A contemporary examination of gender, marriage, and psychological well-being. *Journal of Health and Social Behaviour*, 44, 470-487.