

# A Study to Evaluate the Effectiveness of Structured Teaching Programme On Knowledge Regarding Level of Anxiety and Its Coping Strategies Among Spouse of Alcoholic Dependence at Selected Urban Areas, Bangalore

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## Abstract

**Introduction:** Alcohol dependence has adverse health and social consequences. Alcoholism is considered to be an ongoing stressor not only for the individual, but for the family members as well. Spouses are particularly affected given the intimate nature of their relationship and the constant exposure to the behaviour of the alcoholics. They are exposed to high degrees of domestic violence, in addition to poor social support, economic burden and social stigma.

**Material & Method:** An evaluative research approach with one group pre-test and post-test design was adopted for this study in order to accomplish the objectives. 60 spouses of alcoholic dependence were selected by convenient sampling technique. The data collection was carried to obtain the data by using structured knowledge questionnaire followed by structured teaching programme. Structured x teaching programme was administered to the sample and the post-test was conducted. The data obtained were analysed in terms of objectives of the study. Descriptive and inferential statistics were used for data analysis

**Results:** A total of 60 spouse of alcoholic dependence were recruited as a sample. The findings showed that the mean post-test knowledge score of the subjects was  $12.26 \pm 5.94$ , higher than the mean pre-test score of  $6.77 \pm 3.12$ . The 't' value obtained from paired 't' test was 15.11, which was higher than the critical value of 2.6 at  $p < 0.05$  level showing that the improvement in knowledge score was significant. The chi-square test was applied to determine the association of demographic variables with knowledge scores of spouses of alcoholic dependence. Results showed that duration of marriage was significant. It means there is significant difference between pre-test and post-test level of knowledge of spouse of alcoholic dependence regarding level of anxiety and its coping strategies.

**Conclusion:** Findings of the study reveal that structured teaching programme was effective in all areas of improving the knowledge of the spouse of alcoholic dependence regarding level of anxiety and its coping strategies.

**keywords:** Evaluate; Effectiveness; Structured Teaching Programme; Spouse of alcoholic

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## Introduction

Alcoholism is considered as a major health as well as a social problem. Often the family members of alcoholics suffer intense psychological, physical and social trauma due to the core drinking problem of the family member. Most deeply affected are the wives of alcoholics According to the global status report on alcohol and health released by the World Health Organization (WHO), alcohol use disorders account for 5.1% of the global burden of disease measured in disability-adjusted life years (DALYs). In India, alcohol use disorder (abuse and dependence) is identified to be nearly 4.6% as per the National Mental Health Survey of India.<sup>1</sup>

It generally refers to an uncontrolled consumption of alcoholic beverages to such an extent that it turns out detrimental to the drinker's health, the personal relationships, and overall social functioning. As per the "alcohol alliance policy," it is estimated that there are around 62.5 million alcohol users in India. The consumption rates of alcohol are so high in India, that it has been identified as the third largest market for alcoholic beverages in the world. The problem of alcoholism though defined in context of an individual affects the family as a whole. When one member of the family abuses alcohol, it causes disruption and disharmony within the family and thus, every member suffers.<sup>2</sup>

The impact of alcoholism on the family is so marked that it leads to the absolute breakdown of family as an entity. The family members of alcoholics often report various negative emotional states ranging from guilt, shame, anger, fear, grief, and isolation. Among all members, the wives of alcoholics are most adversely affected. The wives of alcoholics undergo intense trauma and stress in their domestic environment which brings about major psychological problems in them. The high levels of anxiety, depression, neuroticism, and poor self-esteem are a few in the slope. Domestic violence, emotional violence, and financial violence are some of the frequently occurring and well recognized problem faced by wives of alcoholic. Moreover, the alcoholic is so obsessed with drinking that he ignores the needs and situations of other family members and is unable to take up his expected roles and responsibilities. In such scenario, the functions which are normally carried by husbands often fall on the wives that further add to their burden and suffering.<sup>3</sup>

Alcohol harmful use and dependence are known to be associated with a multitude of family issues. The spouses of men with alcohol dependence syndrome bear the brunt of the dysfunctional family system and have to deal with psychosocial issues such as family conflicts, domestic violence, and financial constraints brought about by husbands' alcohol use. Women with a substance-abusing partner are known to have a compromised social adjustment in life domains of work, social/leisure, primary relationship, parental, and family. Women whose partners had alcohol problems are subjected to victimization and present with poor health compared to women whose partners did not have alcohol problems. A strong association between alcohol abuse and marital distress has been reported, and troubled marital relationship is likely to have an adverse impact on the partner's physical health, mental health, and quality-of-life.<sup>4</sup>

The problem of alcoholism is not just related to the alcoholics but also the lives of those around them are adversely affected especially the wives leading onto social, occupational and psychological damage. Alcohol dependence is a complex behaviour with far reaching harmful effects on the work, family and society. The most negatively affected are the spouse and children of an alcoholic. However less attention has been focused on them so far. There are a considerable number of anecdotal reports and research findings that suggest that individuals who are married to alcoholics have poor physical and mental health. The wives are too close to the problem and don't see how they are enabling the user. These wives suffer from various stressors due to their husband's alcohol dependence. They seek assistance to cope with the impact of the husband's drinking. The wives of the alcoholics are an 'Unknown Universe' in Indian Society. Clinical work and some research suggest that partner responses to drinking may either facilitate or hinder treatment acceptance and recovery efforts.<sup>5</sup> Understanding and addressing the mental health issues of spouses of alcoholics decrease their burden, improves their coping skills, and improves the overall quality of life. Also, it is likely to have a bearing on the treatment and outcome of alcoholics.

### **Objectives**

1. To assess the pre and post-test knowledge regarding level of anxiety and its coping strategies among spouse of alcoholic dependence.
2. To compare the pretest and post-test knowledge level regarding level of anxiety and its coping strategies among spouse of alcoholic dependence.
3. To determine the association between knowledge of spouse of alcoholic dependence regarding level of anxiety and its coping strategies with their selected demographic variables.

## **Hypothesis:**

**H<sub>1</sub>:** There will be no significant difference between the pre and post-test knowledge on level of anxiety and its coping strategies among spouse of alcoholic dependence in selected urban area, Bangalore.

**H<sub>2</sub>:** There will be no significant association between knowledge on level of anxiety and its coping strategies among spouse of alcoholic dependence with the selected socio demographic variables.

## **Materials & Methods**

**Research Approach:** A quantitative research approach was adopted for the study.

**Research Design:** pre-experimental one group pre-test post-test research design was used.

**Setting of The Study:** The present study was conducted in K. Narayanapura, Bangalore.

**Population:** The target population of the present study comprises of spouse of alcoholic dependence.

**Sample and Sampling Technique:** The sample size of the present study consists of 60 spouses of alcoholic dependence in selected urban areas, Bangalore. Non-Probability Convenient Sampling Technique is adopted to select the samples for the present study based on inclusion criteria.

### **Criteria for Sample Selection**

The inclusion and exclusion criteria used for the present study were as follows:

#### **Inclusion criteria:**

The study includes spouse of alcoholic dependence who are:

1. available at the time of data collection.
2. are willing to participate in the study.
3. able to communicate in English

#### **Exclusion criteria:**

The study excludes spouse of alcoholic dependence who,

1. have attended any educational program on level of anxiety and its coping strategies within 6 months of the period.
2. have participated for pilot study

### **Development of Tool**

The tool used to collect the data was a structured knowledge questionnaire in order to assess the knowledge of spouse of alcoholic dependence regarding level of anxiety and its coping strategies. It consists of two parts. Part I and Part II.

#### **Part I: Socio demographic variables**

**Part II:** Structured knowledge questionnaire to assess the knowledge of spouse of alcoholic dependence regarding level of anxiety and its coping strategies. **Part I:** Socio demographic data It consists of demographic variables of spouse of alcoholic dependence such as age in years, religion, educational status, occupational status, family income per month, duration of marriage, number of children, type of family, place of living, socioeconomic status, duration of alcohol intake and source of information.

**Part II:** Structured knowledge questionnaire to assess the knowledge of spouse of alcoholic dependence regarding level of anxiety and its coping strategies. It consists of items on knowledge related to level of anxiety and its coping strategies. It consists of 30 multiple choice questions having 3 responses with one right answer.

## **Results**

### **Part 1: Frequency and percentage distribution according to socio-demographic variables.**

The study revealed that among 60 spouses of alcohol dependence, majority 30(50%) were in the age group of

26-30 years, 20(33%) were in the age group of 22-26 years and 10 (17%) were in the age group of above 30 years.

About religion of spouse of alcoholic dependence, majority 30 (50%) are Hindu, 20(33%) are Muslim and 10(17%) are Christian.

In concern with educational status, majority 30(50%) have completed graduation, 20 (33%) have completed postgraduate and 10(17%) have completed intermediate.

It was observed that, 30(50%) are employed and 30(50%) unemployed.

With regard to family income per month of spouse of alcoholic dependence, majority 30(50%) earns above Rs. 30,000, 20(33%) earns between Rs.20,000-30,000 and 10(17%) earns less Rs.20,000.

In concern with duration of marriage, 30(50%) are married for more than 5 years, 20(33%) are married between 3-5 years and 10(17%) are married for less than 3 years.

With regard to the number of children majority30(50%) has 2 children, 20(33%) has 1 child and 10(17%) has 2 or more children.

In relation to the type of family, majority 40(67%) belong to nuclear family and 20(33%) belong to nuclear family. With regard to place of living, 30(50%) are living in urban area and 30% (50%) in rural area.

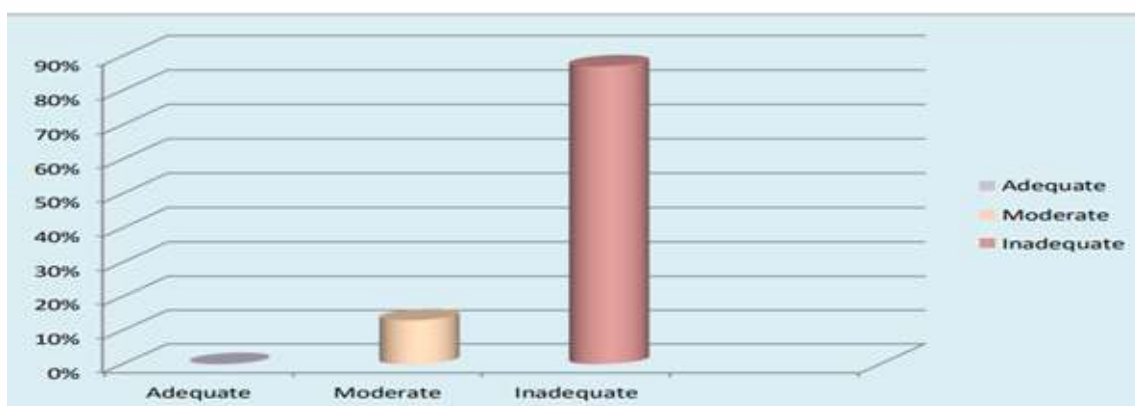
In concern with socioeconomic status, majority 30(50%) belong to medium category, 20(33%) belong to high category and 10(17%) belong to low category.

With regard to duration of alcohol intake, majority 30(50%) has history of alcohol intake for 3-5 years and 20(33%) has history of more than 5 years and 10(17%) has history of less than 3 years.

In concern with source of information of spouse of alcohol dependence, majority 30(50%) got the information from mass media, 20(33%) from health personnel and 10(17%) from family/friends regarding level of anxiety and its coping strategies.

**Table 01 Classification of pre-test knowledge scores on level of anxiety and its coping strategies**

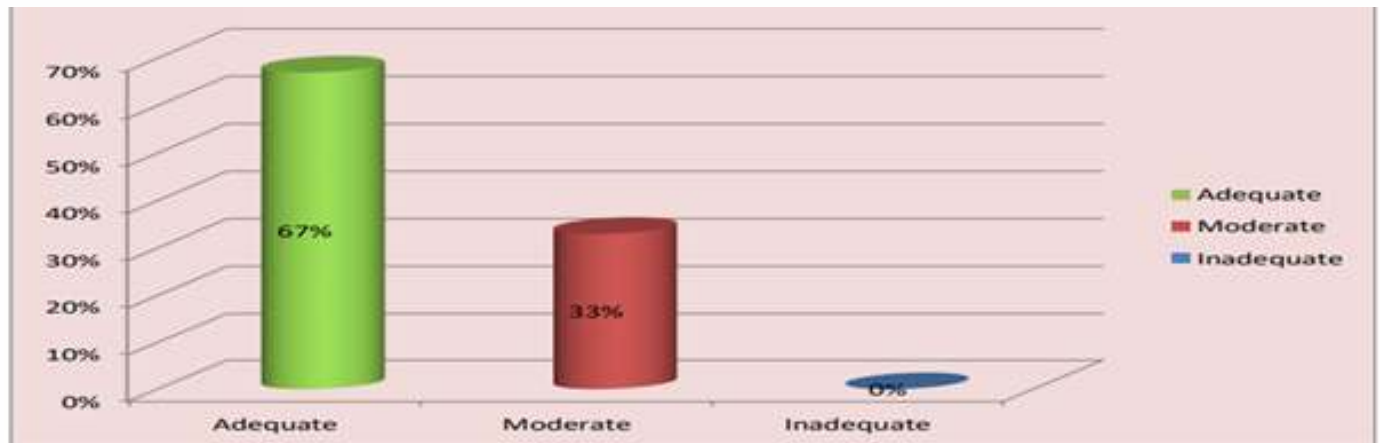
Level of knowledge	Score	Pretest	
		Frequency N	Percentage %
<b>Inadequate</b>	<50%	<b>52</b>	<b>87</b>
<b>Moderate</b>	51-75%	08	13
<b>Adequate</b>	>75%	0	0
<b>Total</b>		60	100



**Figure 01 : Percentage distribution of spouse of alcoholic dependence on pre-test level of knowledge**

**Table 02 Classification of post-test knowledge scores on level of anxiety and its coping strategies**

Level of knowledge	Score	Post test	
		Frequency N	Percentage %
Inadequate	<50%	0	0
Moderate	51-75%	20	33
Adequate	>75%	40	67
<b>Total</b>		60	100



**Figure 02 :Percentage distribution of spouse of alcoholic dependence on post-test level of knowledge PART-II: Comparison of mean pre-test and post-test knowledge scores to evaluate the effectiveness of structured teaching programme.**

**Table 03**

Aspect	Maximum score	Knowledge of Respondents		Paired 't' test
		Mean	SD	
Pre-test	30	6.77	3.12	<b>15.11*</b>
Post-test	30	12.26	5.94	
Enhancement	30	5.49	2.82	

**\*\*Significant at P <0.05 level, df 59, table-value 2.6**

**Part III: Association between pre-test level of knowledge of spouse of alcoholic dependence and their selected socio demographic variables**

The association between pretest knowledge scores of spouses of alcoholic dependence with their duration of marriage as their obtained chi-square value (9.78) is greater than table value at 5.99 at P

**Implications of The Study**

**Nursing practice:** Nurses have great responsibility for giving information regarding level of anxiety and its coping strategies for preventing the occurrence of complications. Nursing personnel must know regarding available management and preventive measures of level of anxiety and its coping strategies

**Nursing Education:** Nursing personnel working in various health setting should be given in service

education to update their knowledge regarding level of anxiety and its coping strategies. There should be more emphasis on the nursing curriculum about current concepts of regarding level of anxiety and its coping strategies.

**Nursing Administration:** Nurse administrator can organize staff development programme for nurses to update their knowledge. The concept of extended role of nurse offers many opportunities for a nurse administrator to improve the quality of life of the public.

**Nursing Research:** This study will be valuable reference and pathway to further researchers. The findings of the study would help to expand the scientific body of professional knowledge upon which further researchers can be conducted.

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