

A Study to Evaluate the Effectiveness of a Planned Psychoeducation Programme on Reduction of Stress Among Wives of Alcoholic Patients in a Selected De-Addiction Center at Meerut

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ABSTRACT

Background: Alcohol dependence not only affects the individual but also imposes a significant emotional, psychological, and social burden on their immediate family, particularly their spouses. Wives of alcohol-dependent individuals often experience heightened levels of stress, anxiety, and depression due to continuous caregiving responsibilities, social stigma, and financial instability.

Objectives: To assess the level of stress among wives of alcohol-dependent patients in a selected de-addiction center at Meerut; to evaluate the effectiveness of a Planned Psychoeducation Programme on reduction of stress; and to examine the association between post-test stress scores with selected demographic variables.

Methodology: The study employed a pre-experimental one-group pre-test post-test design. Sixty wives of alcohol-dependent patients were selected through convenient sampling. Stress levels were measured using the Perceived Stress Scale (PSS-10). A psychoeducation programme focusing on stress management, emotional support, communication skills, and understanding alcohol dependence was administered. Post-test data were collected after 7 days.

Results: The mean pre-test stress score was 29.73 (SD = 4.16), which significantly reduced to 23.01 (SD = 6.78) post-intervention, yielding a *t*-value of 8.88 ($p < 0.05$). Chi-square analysis revealed significant association of post-test stress with demographic variables such as education and income.

Conclusion: The psychoeducation programme was effective in significantly reducing stress levels among wives of alcohol-dependent patients. Integration of such structured programmes into de-addiction centers can promote mental well-being and resilience among caregivers.

Keywords: Alcohol Dependence, Stress, Psychoeducation Programme, Caregiver Burden, Nursing Intervention.

INTRODUCTION

Alcoholism is a major public health concern worldwide, contributing to physical, psychological, and social challenges for both patients and their families. Wives of alcohol-dependent individuals often bear the greatest psychological burden, facing stress, anxiety, depression, and social stigma. Chronic stress not only affects their mental well-being but also has long-term physiological consequences. Psychoeducation has emerged as an effective intervention to empower caregivers, providing knowledge, coping strategies, and emotional support.

In India, alcohol consumption is prevalent among men, and its consequences extend beyond the individual, affecting spouses and families. Therefore, structured interventions are essential to reduce caregiver stress and enhance family well-being. This study was conducted to evaluate the effectiveness of a planned Psychoeducation Programme on reducing stress among wives of alcohol-dependent patients in a de-addiction center in Meerut.

OBJECTIVES

1. To assess the level of stress among wives of alcohol-dependent patients in a selected de-addiction center at Meerut.
2. To evaluate the effectiveness of a Planned Psychoeducation Programme on the reduction of stress.
3. To find out the association between post-test stress scores with selected demographic variables.

RESEARCH HYPOTHESES

H1: There will be a significant difference between pre-test and post-test stress scores among wives of alcoholic patients.

H2: There will be a significant association between post-test stress scores and selected demographic variables.

METHODOLOGY

Research Approach: Quantitative research approach

Research Design: Pre-experimental one-group pre-test post-test design

Setting: De-addiction Center, SVBP Hospital, Meerut

Population: Wives of alcohol-dependent patients

Sample Size: 60

Sampling Technique: Convenience sampling

Tool: Perceived Stress Scale (PSS-10)

Intervention: A structured Psychoeducation Programme on stress management, emotional support, communication skills, and understanding alcohol dependence. The programme lasted 45-60 minutes. Post-test was conducted after 7 days.

Data Analysis: Descriptive statistics (mean, percentage, SD), inferential statistics (paired t-test, Chi-square test).

RESULTS

Section - 1: - Description of Demographic Variables of the Subjects

TABLE- 1.1: DISTRIBUTION OF RESPONDENT ACCORDING TO AGE (IN YEARS)
(N=60)

Age (in years)	Frequency	Percentage
22-44 Yrs	49	81.7%
45-68 Yrs	11	18.3%
Total	60	100%

TABLE-1. 2: DISTRIBUTION OF RESPONDENT ACCORDING TO RESIDENCE
(N=60)

Residence	Frequency	Percentage
Urban	22	36.7%
Rural	38	63.3%
Total	60	100%

TABLE-1. 3: DISTRIBUTION OF RESPONDENT ACCORDING TO TYPE OF FAMILY
(N=60)

Type of family	Frequency	Percentage
Nuclear family	27	45.0%
Joint family	33	55.0%
Total	60	100%

TABLE- 1.4: DISTRIBUTION OF RESPONDENT ACCORDING TO FAMILY INCOME (PER MONTH)
(N=60)

Family income (Per Month)	Frequency	Percentage
<₹10,000	10	16.7%
₹10,001 – ₹20,000	27	45.0%
₹20,001 – ₹30,000	19	31.6%
>₹30,000	4	6.7%

Total	60	100%
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TABLE- 1.5: DISTRIBUTION OF RESPONDENT ACCORDING TO RELIGION (N=60)

Religion	Frequency	Percentage
Hindu	42	70.0%
Muslim	13	21.7%
Christian	3	5.0%
Sikh	2	3.3%
Total	60	100%

TABLE-1.6: DISTRIBUTION OF RESPONDENT ACCORDING TO EDUCATION LEVEL (N=60)

Education level	Frequency	Percentage
Illiterate	25	41.7%
Primary education	11	18.3%
Secondary education	12	20.0%
Higher secondary education	7	11.7%
Graduate and above	5	8.3%
Total	60	100%

TABLE- 1. 7: DISTRIBUTION OF RESPONDENT ACCORDING TO WIVE'S OCCUPATION (N=60)

Wive's occupation	Frequency	Percentage
Housewife	35	58.4%
Daily wage worker	11	18.3%
Private employee	8	13.3%
Government employee	0	0%
Self employed	6	10.0%
Total	60	100%

TABLE-1.8: DISTRIBUTION OF RESPONDENT ACCORDING TO HUSBAND OCCUPATION (N=60)

Husband Occupation	Frequency	Percentage
Daily wage worker	18	30.0%
Private employee	28	46.7%
Government employee	5	8.3%
Self-employed	9	15.0%
Total	60	100%

TABLE- 1.9: DISTRIBUTION OF RESPONDENT ACCORDING TO DURATION OF MARRIAGE (N=60)

Duration of marriage	Frequency	Percentage
Lesson that 5 years	16	26.7%
5-10 years	24	40.0%
11-15 years	12	20.0%
More than 15 years	8	13.3%
Total	60	100%

TABLE- 1. 10: DISTRIBUTION OF RESPONDENT ACCORDING TO NUMBER OF CHILDREN (N=60)

Number of children	Frequency	Percentage
None	1	1.7%

1	18	30.0%
2	25	41.6%
More than 2	16	26.7%
Total	60	100%

TABLE-1. 11: DISTRIBUTION OF RESPONDENT ACCORDING TO DURATION OF HUSBAND'S ALCOHOL DEPENDENCE (N=60)

Duration of Husband's Alcohol dependence	Frequency	Percentage
Less than 1 year	5	8.3%
1-3 years	21	35.0%
3-6 years	19	31.7%
More than 6 years	15	25.0%
Total	60	100%

TABLE- 1. 12:DISTRIBUTION OF RESPONDENT ACCORDING TO AMOUNT OF ALCOHOL TAKEN PER DAY (IN ML) (N=60)

Amount of Alcohol taken per day (in ml)	Frequency	Percentage
<180ml	14	23.3%
375 ml	26	43.4%
>750ml	20	33.3%
Total	60	100%

TABLE- 1.13: DISTRIBUTION OF RESPONDENT ACCORDING TO TAKING OF ANY OTHER INTOXICATING SUBSTANCE WITH ALCOHOL (N=60)

Taking of any other intoxicating substance with alcohol	Frequency	Percentage
No	29	48.3%
Yes	31	51.7%
Total	60	100%

TABLE-1.14: DISTRIBUTION OF RESPONDENT ACCORDING TO TAKING OF ANY CO-EXISTING MEDICAL CONDITION OF HUSBAND (N=60)

Any co-existing medical condition of Husband	Frequency	Percentage
No	40	66.7%
Yes	20	33.3%
Total	60	100%

TABLE- 4. 15: DISTRIBUTION OF RESPONDENT ACCORDING TO TAKING OF ANY CO-EXISTING MEDICAL CONDITION OF WIFE (N=60)

Any co-existing medical condition of wife	Frequency	Percentage
No	52	86.7%
Yes	8	13.3%
Total	60	100%

Section 2:

Part - 1: Findings related to stress among wives of alcohol-dependent patients in a selected de-addiction center at Meerut.

TABLE- 1.16: DISTRIBUTION OF RESPONDENT ACCORDING TO STRESS AMONG WIVES OF ALCOHOL-DEPENDENT PATIENTS IN A SELECTED DE-ADDICTION CENTER AT MEERUT. (N=60)

Group	Max Score	Mean	Mean %	SD
Pre-test stress Score	50	29.73	59.46%	4.16
Post-test Stress Score	50	23.01	46.02%	6.78

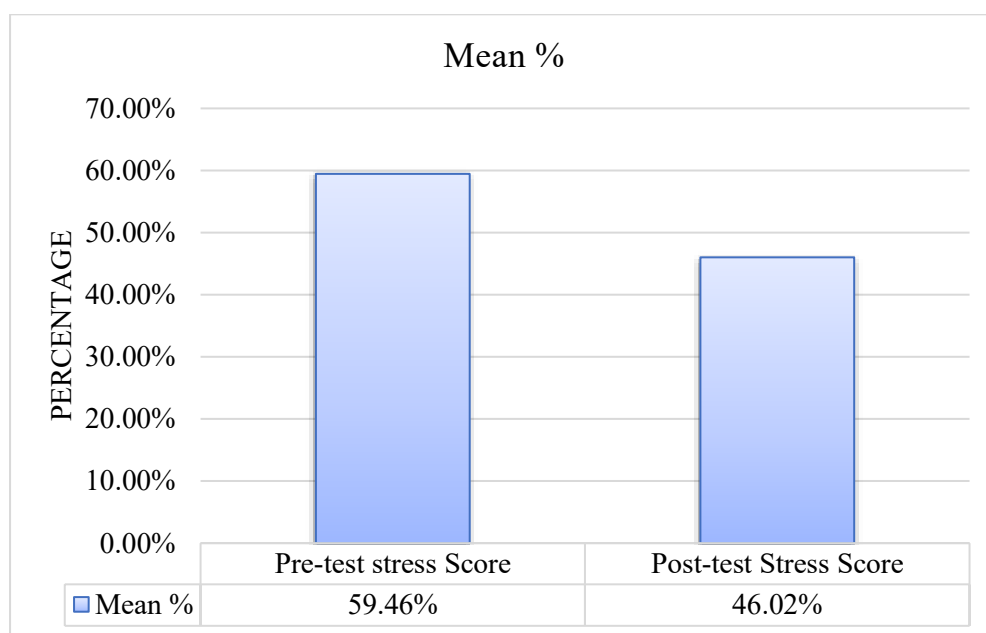


FIGURE 1 A : DISTRIBUTION OF RESPONDENT ACCORDING TO STRESS AMONG WIVES OF ALCOHOL-DEPENDENT PATIENTS IN A SELECTED DE-ADDICTION CENTER AT MEERUT.

Part - 2: Findings related to level of stress among wives of alcohol-dependent patients in a selected de-addiction center at Meerut

TABLE-1. 17: DISTRIBUTION OF RESPONDENT ON LEVEL OF STRESS AMONG WIVES OF ALCOHOL-DEPENDENT PATIENTS IN A SELECTED DE-ADDICTION CENTER AT MEERUT. (N=60)

Sl. No	Stress Level	Score	Pre-test		Post-test	
			F	%	F	%
1.	Low Stress	10 to 19	0	0%	23	38.3%
2.	Moderate stress	20 to 29	33	55%	25	41.7%
3.	High perceived stress	30 to 50	27	45%	12	20%
Total			60	100%	60	100%

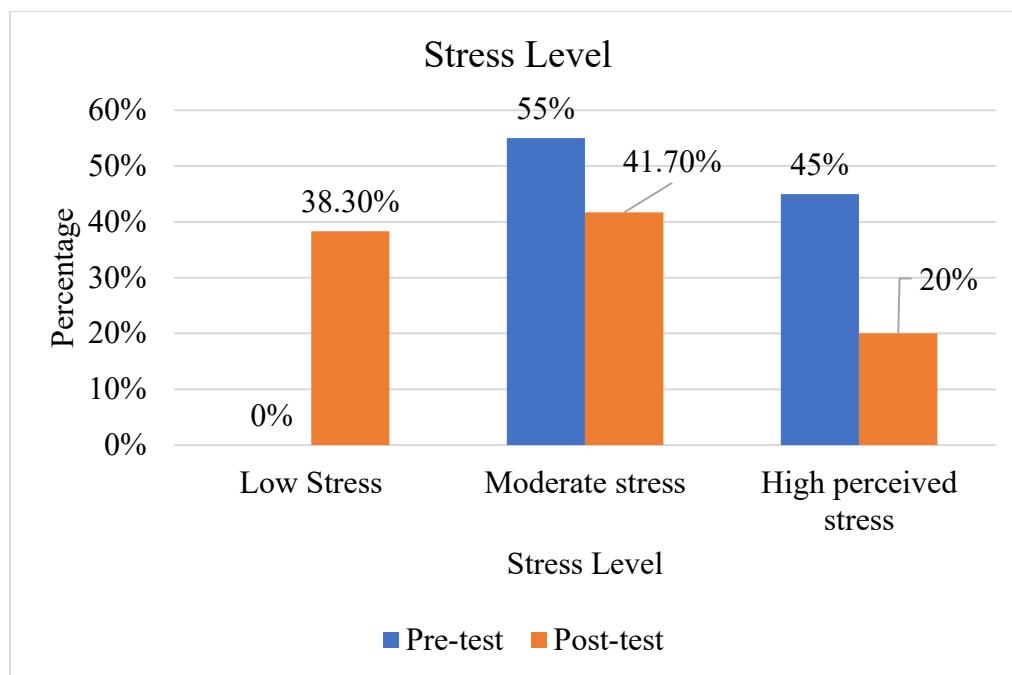


FIGURE -4.B: DISTRIBUTION OF RESPONDENT ON LEVEL OF STRESS AMONG WIVES OF ALCOHOL-DEPENDENT PATIENTS IN

Section 3:

Findings related to Evaluate the effectiveness of a Planned Psychoeducation Program on the reduction of stress levels among wives of alcohol-dependent patients

TABLE 1.18: DISTRIBUTION OF RESPONDENT ON EFFECTIVENESS OF A PLANNED PSYCHOEDUCATION PROGRAM ON THE REDUCTION OF STRESS LEVELS AMONG WIVES OF ALCOHOL-DEPENDENT PATIENTS.

(N=60)

Aspect	Group	Mean	Mean difference	Standard deviation	't 'value	df	p-value
Overall	Post-test	23.01	6.73	6.78	6.505	59	0.000
	Pre-test	29.73		4.16			

* Significant at 0.05 level

Section 4:

Deals with association between the post-stress levels with selected demographic variables among wives of alcoholic patients in a selected de-addiction center at Meerut.

TABLE- 1.19: ASSOCIATION BETWEEN THE POST-STRESS LEVELS WITH SELECTED DEMOGRAPHIC VARIABLES AMONG WIVES OF ALCOHOLIC PATIENTS IN A SELECTED DE-ADDICTION CENTER AT MEERUT.

(N=60)

Variable	High	Low	Moderate	Df	Chi-square value	P value	Inference
Age in year							
22-44 Yrs	8	21	20	2	3.277	0.215	NS
45-68 Yrs	4	2	5				
Total	12	23	25				
Residence							
Urban	6	7	9	2	1.308	0.541	NS
Rural	6	16	16				

Variable	High	Low	Moderate	Df	Chi-square value	P value	Inference
Total	12	23	25				
Type of family							
Nuclear family	7	10	10	2	1.136	0.630	NS
Joint family	5	13	15				
Total	12	23	25				
Family income (Per Month)							
<₹10,000	3	5	2	6	2.953	0.843	NS
₹10,001 - ₹20,000	4	10	13				
₹20,001 - ₹30,000	4	7	8				
>₹30,000	1	1	2				
Total	12	23	25				
Religion							
Hindu	10	15	17	6	9.435	0.133	NS
Muslim	1	4	8				
Christian	0	3	0				
Sikh	1	1	0				
Total	12	23	25				
Education level							
Illiterate	6	9	10	8	3.609	0.908	NS
Primary education	2	5	4				
Secondary education	3	4	5				
Higher secondary education	0	4	3				
Graduate and above	1	1	3				
Total	12	23	25				
Wive's occupation							
Housewife	7	15	13	6	5.942	0.449	NS
Daily wage worker	4	3	4				
Private employee	0	4	4				
Self employed	1	1	4				
Total	12	23	25				
Husband Occupation							
Daily wage worker	2	6	10	6	13.895	0.027	S
Private employee	5	12	11				
Government employee	4	1	0				
Self-employed	1	4	4				
Total	12	23	25				
Duration of marriage							
Less than 5 years	2	6	8	6	4.333	0.656	NS
5-10 years	4	12	8				
11-15 years	4	3	5				
More than 15 years	2	2	4				
Total	12	23	25				
Number of children							
None	0	1	0	6	4.453	0.667	NS
1	2	9	7				
2	6	9	10				
More than 2	4	4	8				
Total	12	23	25				
Duration of Husband's Alcohol dependence							
Less than 1 year	1	3	1	6	2.324	0.909	NS
1-3 years	3	8	10				

Variable	High	Low	Moderate	Df	Chi-square value	P value	Inference
3-6 years	5	6	8				
More than 6 years	3	6	6				
Total	12	23	25				
Amount of Alcohol taken per day (in ml)							
<180ml	1	8	5	4	3.526	0.492	NS
375 ml	6	8	12				
>750ml	5	7	8				
Total	12	23	25				
Taking of any other intoxicating substance with alcohol							
No	4	13	12	2	1.700	0.420	NS
Yes	8	10	13				
Total	12	23	25				
Any co-existing medical condition of Husband							
No	9	13	18	2	1.760	0.491	NS
Yes	3	10	7				
Total	12	23	25				
Any co-existing medical condition of wife							
No	12	20	20	2	2.809	0.262	NS
Yes	0	3	5				
Total	12	23	25				

NS = not significant 0.05 level of significant

DISCUSSION

Section - 1: - Description of Demographic Variables of the Subjects

The demographic characteristics of the 60 participants covered 15 variables including age, residence, family type, income, religion, education, occupation, marriage duration, children, and alcohol-related factors. The majority (81.7%) were aged 22–44 years, and most resided in rural areas (63.3%). More than half (55%) belonged to joint families, with the largest group (45%) reporting a monthly family income of ₹10,001–₹20,000. Most participants were Hindu (70%), and a significant portion (41.7%) were illiterate. More than half of the wives (58.4%) were housewives, while most husbands (46.7%) worked in the private sector. A large group (40%) had been married for 5–10 years, and most families had two children (41.6%). Regarding alcohol dependence, 35% reported their husbands were dependent for 1–3 years, with 43.4% consuming about 375 ml of alcohol per day. Over half (51.7%) also used other intoxicants. About one-third of the husbands (33.3%) and 13.3% of wives reported co-existing medical conditions.

Section 2:

Part - 1: Findings related to stress among wives of alcohol-dependent patients in a selected de-addiction center at Meerut.

The comparison of stress levels revealed a mean pre-test score of 29.73 (59.46%, SD = 4.16), indicating higher stress before the intervention. Post-test scores decreased to 23.01 (46.02%, SD = 6.78), reflecting a clear reduction. This demonstrates the intervention's effectiveness in lowering stress levels among participants.

Part - 2: Findings related to level of stress among wives of alcohol-dependent patients in a selected de-addiction center at Meerut

The analysis showed that before the intervention, most participants reported moderate (55%) or high stress (45%), with none in the low-stress category. After the intervention, low stress levels emerged in 23 participants (38.3%), moderate stress was seen in 25 (41.7%), and high stress reduced to 12 (20%). This shift highlights a significant improvement in stress distribution following the psychoeducation programme.

Section 3:

Findings related to Evaluate the effectiveness of a Planned Psychoeducation Program on the reduction of stress levels among wives of alcohol-dependent patients

The statistical analysis showed that the mean pre-test stress score (29.73 ± 4.16) was higher than the post-test score (23.01 ± 6.78), with a mean difference of 6.73, indicating a reduction after the intervention. The calculated t-value (6.505, $df = 59$) with a p-value of 0.000 confirms the result is statistically significant ($p < 0.05$). This demonstrates that the decrease in stress was not by chance but due to the psychoeducation programme. Hence, the research hypothesis H1, which states there will be a significant difference in pre-test and post-test stress levels, is accepted.

Section 4:

Deals with association between the post-stress levels with selected demographic variables among wives of alcoholic patients in a selected de-addiction center at Meerut.

The chi-square analysis revealed that most demographic variables, including age, residence, family type, income, religion, education level, wife's occupation, duration of marriage, number of children, husband's alcohol dependence duration, alcohol intake, use of other intoxicants, and co-existing medical conditions, showed no significant association with post-test stress scores ($p > 0.05$). However, husband's occupation ($\chi^2 = 13.895$, $p < 0.05$) was found to have a significant association. Thus, the research hypothesis (H2) stating that there will be a significant association between post-test stress scores and selected demographic variables was partially accepted only for husband's occupation and rejected for all other variables.

CONCLUSION

The planned Psychoeducation Programme was effective in significantly reducing stress levels among wives of alcohol-dependent patients. Such interventions can be integrated into de-addiction centers to promote caregiver well-being, reduce caregiver burden, and improve family health outcomes.

RECOMMENDATIONS

1. Future studies should involve larger and more diverse samples to improve generalizability across different regions and demographic groups.
2. Replication of the study in other de-addiction centers with modifications in program content and delivery methods is recommended.
3. Longitudinal studies should be conducted to assess the sustainability of stress reduction effects over time.
4. A quasi-experimental design with a control group should be used in future research to strengthen the validity of findings.

Ethical Clearance – Taken from Internal Ethical Committee of L.L.R.M Medical College, Meerut, Certificate no: SC-1/2025/5757

Funding – Nil.

Conflicts of interest – Nil

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