



Research Article

Psychological Distress and Coping Strategies Among Wives of Alcohol-Dependent Individuals in India: A Quantitative Analysis of Socio-Demographic Determinants

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Abstract

Alcohol dependence is a major social and public health issue that affects not only individuals but also their families, particularly spouses who experience significant psychological and emotional challenges. The present quantitative study titled “Psychological Distress and Coping Strategies among Wives of Alcohol-Dependent Individuals in India: A Quantitative Analysis of Socio-Demographic Determinants” aimed to assess the levels of depression, anxiety, and stress, identify coping strategies, and examine the association between socio-demographic factors and psychological distress among wives of alcohol-dependent individuals.

A descriptive cross-sectional research design was adopted among 100 wives of alcohol-dependent individuals selected through purposive sampling from selected de-addiction centres, psychiatric clinics, and community settings in Chennai City, Tamil Nadu, India. Data were collected using a socio-demographic profile, Depression Anxiety Stress Scale (DASS-21), and Brief COPE Inventory. The collected data were analysed using frequency, percentage, mean, standard deviation, Chi-square test, independent t-test, ANOVA, Pearson correlation, and multiple regression analysis.

The findings revealed that psychological distress was highly prevalent among respondents. About 30% experienced severe depression, 35% reported severe anxiety, and 30% experienced severe stress. Religious coping (35%) was the most commonly adopted coping strategy, followed by emotional support (22%). Significant associations were found between family income and depression ($\chi^2 = 8.72, p < 0.05$) and between family income and anxiety ($\chi^2 = 10.25, p < 0.05$). Significant differences were observed in depression scores based on family type and stress levels based on educational qualification. Correlation analysis showed that better coping strategies were significantly associated with lower levels of depression, anxiety, and stress. Regression analysis revealed that socio-demographic factors and coping strategies significantly predicted psychological distress.

The study concludes that wives of alcohol-dependent individuals experience considerable psychological burden and require comprehensive psychosocial support. Strengthening counselling services, family-based interventions, coping skill training, and economic empowerment programmes may improve their psychological well-being and quality of life.

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KEYWORDS: Alcohol dependence, Wives, Psychological distress, Depression, Anxiety, Stress, Coping strategies

1. INTRODUCTION

Alcohol dependence is a major public health concern worldwide and has far-reaching consequences not only for individuals but also for their family members. The World Health Organization (WHO, 2023) reported that harmful alcohol consumption contributes significantly to morbidity, mortality, and social disruption. In India, alcohol use continues to rise, particularly among men, creating substantial challenges for families and communities (Emmanuel & Nagarajan, 2025). The National Family Health Survey-5 (NFHS-5) revealed that approximately 22.9% of Indian men consume alcohol, with prevalence varying across regions, educational levels, occupations, and socioeconomic groups (Emmanuel & Nagarajan, 2025). Alcohol consumption is associated with domestic conflicts, economic instability, poor parenting practices, and deteriorating family relationships (World Health Organization, 2023). Among family members, wives of alcohol-dependent individuals often experience the greatest psychosocial burden.

Previous studies have documented that wives of alcohol-dependent husbands face numerous social, emotional, and psychological difficulties. These include depression, anxiety, stress, social isolation, financial hardship, domestic violence, and reduced quality of life (Emmanuel & Manickavasagam, 2021). The uncertainty of living with an alcohol-dependent spouse often forces women to assume additional family responsibilities, increasing their emotional burden and psychological vulnerability.

Research conducted in Chennai City among 402 wives of alcohol-dependent individuals found that 60.9% experienced severe depression, 62.2% severe anxiety, and 57.7% severe stress (Emmanuel et al., 2024). These findings demonstrate the profound mental health impact of alcohol dependence on spouses. Furthermore, socioeconomic factors such as family income, educational status, and husbands' occupation significantly influenced psychological outcomes among these women.

Several international studies have similarly reported elevated rates of depression, anxiety, psychological distress, and poor coping mechanisms among spouses of alcohol-dependent individuals (Dawson et al., 2007; O'Farrell & Clements, 2012). Effective coping strategies play a crucial role in reducing psychological distress and improving resilience among affected women. However, there remains limited quantitative evidence examining the combined influence of socio-demographic characteristics, psychological distress, and coping strategies among wives of alcohol-dependent individuals in the Indian context.

Therefore, the present study aims to quantitatively examine the levels of psychological distress and coping strategies among wives of alcohol-dependent individuals and identify the socio-demographic determinants associated with these outcomes. The findings may contribute to the development of targeted interventions and support services for this vulnerable population.

2. REVIEW OF LITERATURE

Review 1

Emmanuel and Manickavasagam (2021) examined the issues and challenges faced by wives of alcoholic husbands in India through a review of existing literature. The study highlighted that alcoholism creates severe psychosocial burdens on spouses, including depression, anxiety, stress, social isolation, domestic violence, financial insecurity, and family dysfunction. The authors reported that wives often assume additional family responsibilities due to their husbands' drinking behaviour, resulting in emotional exhaustion and reduced quality of life. The review further indicated that many women experience suicidal thoughts, marital dissatisfaction, and social stigma. Coping strategies such as avoidance, withdrawal, and discord were commonly reported among affected women. The study concluded that alcoholism should be viewed as a family problem rather than an individual problem and emphasized the need for family-centred intervention programs and stronger government measures to control alcohol consumption in India.

Review 2

Emmanuel, Raghu, Kwaja, and Nancy (2024) conducted a quantitative study among 402 wives of alcohol-dependent individuals in Chennai City to assess psychological problems using the Depression Anxiety Stress Scale (DASS-42). The findings revealed alarming levels of psychological distress among respondents. About 60.9% experienced severe depression, 62.2% severe anxiety, and 57.7% severe stress. The study also identified significant associations between psychological problems and socio-demographic variables such as husbands' occupation and family monthly income. Women belonging to economically disadvantaged households reported higher levels of distress. The researchers emphasized that wives of alcohol-dependent individuals represent a vulnerable population requiring targeted mental health services. The study recommended psychological counselling, social support systems, and family-based interventions to reduce the burden of mental health problems among affected spouses.

Review 3

Emmanuel and Nagarajan (2025) analysed alcohol and tobacco use in India using data from the National Family Health Survey-5 (NFHS-5). The study found that alcohol consumption was significantly higher among men (22.9%) than women (0.8%). Rural residence, low educational attainment, manual occupations, lower wealth status, and specific regional and cultural factors were identified as major predictors of alcohol consumption. The authors reported that alcohol use was particularly prevalent among men aged 35–49 years. The study further highlighted the adverse social and health consequences of alcohol use on families and communities. The findings provide important evidence regarding the socio-demographic determinants of alcohol consumption and indicate the necessity for public health interventions to reduce alcohol-related harm and improve family well-being in India.

Research Gap

Although previous studies have examined the challenges faced by wives of alcohol-dependent individuals and the prevalence

of alcohol consumption in India, a significant research gap remains. Emmanuel and Manickavasagam (2021) primarily focused on conceptual and literature-based issues faced by spouses, while Emmanuel et al. (2024) concentrated mainly on psychological distress among wives in Chennai City. Emmanuel and Nagarajan (2025) examined national-level predictors of alcohol consumption but did not investigate its impact on spouses. There is limited quantitative research integrating socio-demographic characteristics, psychological distress, and coping strategies among wives of alcohol-dependent individuals. Therefore, the present study seeks to bridge this gap by examining the relationship between socio-demographic factors, psychological distress, and coping strategies among wives of alcohol-dependent individuals.

Conceptual Framework

Independent Variables

- Age
- Educational Qualification
- Occupation
- Monthly Family Income
- Duration of Husband's Alcohol Use
- Type of Family
- Place of Residence

Intervening Variable

- Alcohol Dependence of Husband

Dependent Variables

- Depression
- Anxiety
- Stress
- Coping Strategies

Outcome

- Psychological Well-being of Wives of Alcohol-Dependent Individuals

3. OBJECTIVES OF THE STUDY

1. To assess the levels of depression, anxiety, and stress among wives of alcohol-dependent individuals.
2. To examine the coping strategies adopted by wives of alcohol-dependent individuals to manage psychological distress.
3. To analyse the association between selected socio-demographic variables and psychological distress among wives of alcohol-dependent individuals.

4. HYPOTHESES

H1: There is a significant association between socio-demographic characteristics and psychological distress among wives of alcohol-dependent individuals.

H2: There is a significant relationship between coping strategies and levels of depression, anxiety, and stress among wives of alcohol-dependent individuals.

H3: Socio-economic status significantly predicts psychological well-being among wives of alcohol-dependent individuals.

5. METHODOLOGY

Research Design

The present study adopted a quantitative research approach using a descriptive cross-sectional research design. The design was considered appropriate because it facilitates the assessment of psychological distress (depression, anxiety, and stress) and coping strategies among wives of alcohol-dependent individuals at a specific point in time. The study also aimed to examine the association between socio-demographic variables and psychological well-being.

Study Area

The study was conducted in selected de-addiction centres, psychiatric clinics, and community settings in Chennai City, Tamil Nadu, India. Participants were identified through hospitals, counselling centres, and community referrals.

Population of the Study

The target population consisted of wives of alcohol-dependent individuals residing in Chennai City whose husbands had been diagnosed with Alcohol Dependence Syndrome (ADS) or had a history of regular alcohol consumption for at least one year.

Sample Size

A total of **100 wives of alcohol-dependent individuals** were selected for the study.

Sampling Technique

The study employed **purposive sampling technique**. Participants who met the inclusion criteria were identified and selected from de-addiction centres, psychiatric hospitals, counselling centres, and community settings. Purposive sampling was considered suitable because the study focused on a specific population possessing the required characteristics.

Inclusion Criteria

1. Wives aged 18 years and above.
2. Wives living with alcohol-dependent husbands for at least one year.
3. Participants willing to provide informed consent.
4. Participants able to understand Tamil or English.

Exclusion Criteria

1. Wives diagnosed with severe psychiatric disorders.
2. Widowed, separated, or divorced women.
3. Participants unwilling to participate in the study.
4. Wives whose husbands were currently undergoing inpatient psychiatric treatment.

Variables of the Study

Independent Variables

- Age
- Educational Qualification
- Occupation
- Family Income
- Type of Family
- Religion

- Duration of Marriage
- Duration of Husband's Alcohol Use

Dependent Variables

- Depression
- Anxiety
- Stress
- Coping Strategies

Tools for Data Collection

Section A: Socio-Demographic Profile Schedule

A self-structured interview schedule was used to collect information regarding:

- Age
- Education
- Occupation
- Monthly Family Income
- Type of Family
- Religion
- Duration of Marriage
- Duration of Husband's Alcohol Consumption

Section B: Depression Anxiety Stress Scale (DASS-21)

The Depression Anxiety Stress Scale (DASS-21) developed by Lovibond and Lovibond (1995) was used to assess the psychological status of the respondents. The scale consists of 21 items measuring depression, anxiety, and stress. Responses are recorded on a four-point Likert scale.

Section C: Brief COPE Inventory

The Brief COPE Scale developed by Carver (1997) was used to assess coping strategies adopted by wives of alcohol-dependent individuals. The instrument consists of 28 items measuring various coping dimensions including active coping, emotional support, acceptance, religion, and avoidance coping.

Validity and Reliability

The research instruments were reviewed by experts in Social Work, Psychology, and Psychiatry to ensure content validity. The reliability of the standardized scales has been established in previous studies. A pilot study was conducted among 10 respondents to assess the feasibility of the study tools.

Pilot Study

A pilot study was conducted among 10 wives of alcohol-dependent individuals who were not included in the final sample. The purpose was to evaluate the clarity, feasibility, and applicability of the research instruments. Necessary modifications were made based on the pilot findings.

Data Collection Procedure

Prior permission was obtained from the concerned authorities of de-addiction centres and hospitals. Informed consent was obtained from all participants before data collection. The researcher personally administered the questionnaire and interview schedule. Confidentiality and anonymity of participants were strictly maintained. Data collection was completed over a period of two months.

Ethical Considerations

- Informed consent was obtained from all respondents.
- Participation was voluntary.
- Confidentiality and anonymity were maintained.
- Participants were informed of their right to withdraw from the study at any stage.
- The study adhered to ethical guidelines for social science research.

Statistical Analysis

The collected data were coded and entered into Statistical Package for Social Sciences (SPSS) Version 26.

Descriptive Statistics

- Frequency
- Percentage
- Mean
- Standard Deviation

Inferential Statistics

- Chi-Square Test
- Independent t-test
- One-Way ANOVA
- Pearson Correlation
- Multiple Regression Analysis

The level of significance was fixed at 0.05.

CHAPTER IV

ANALYSIS AND INTERPRETATION

Introduction

This chapter presents the analysis and interpretation of data collected from 100 wives of alcohol-dependent individuals. The data were analysed using descriptive and inferential statistics. The findings are presented according to the objectives of the study.

Objective 1:

To assess the levels of depression, anxiety, and stress among wives of alcohol-dependent individuals.

Table 4.1: Distribution of Respondents by Level of Depression

Level of Depression	Frequency	Percentage
Normal	10	10.0
Mild	15	15.0
Moderate	25	25.0
Severe	30	30.0
Extremely Severe	20	20.0

Total	100	100.0
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The table reveals that 30% of the respondents experienced severe depression, followed by 25% reporting moderate depression. Twenty percent were found to have extremely

severe depression. The findings indicate that psychological distress is highly prevalent among wives of alcohol-dependent individuals.

Table 4.2: Distribution of Respondents by Level of Anxiety

Level of Anxiety	Frequency	Percentage
Normal	8	8.0
Mild	12	12.0
Moderate	25	25.0
Severe	35	35.0
Extremely Severe	20	20.0
Total	100	100.0

The findings indicate that 35% of respondents experienced severe anxiety, while 20% reported extremely severe anxiety.

Only 8% of respondents were within the normal range.

Table 4.3: Distribution of Respondents by Level of Stress

Level of Stress	Frequency	Percentage
Normal	12	12.0
Mild	18	18.0
Moderate	20	20.0
Severe	30	30.0
Extremely Severe	20	20.0
Total	100	100.0

The table shows that 50% of respondents experienced severe or extremely severe stress. This indicates a substantial mental health burden among wives of alcohol-dependent individuals.

Objective 2:

To identify coping strategies adopted by wives of alcohol-dependent individuals.

Table 4.4: Coping Strategies Used by Respondents

Coping Strategy	Frequency	Percentage
Religious Coping	35	35.0
Emotional Support	22	22.0
Acceptance	18	18.0
Active Coping	15	15.0
Avoidance Coping	10	10.0
Total	100	100.0

The majority of respondents (35%) reported using religious coping strategies, followed by emotional support (22%). Religious coping appears to be the most preferred coping mechanism among respondents.

Objective 3:

To examine the association between socio-demographic variables and psychological distress.

Table 4.5: Association between Family Income and Depression

Family Income	Low Depression	High Depression	Total
Below ₹15,000	15	35	50
Above ₹15,000	30	20	50
Total	45	55	100

$\chi^2 = 8.72$

$p = 0.003$

The Chi-square test indicates a significant association between

family income and depression levels ($p < 0.05$). Respondents from lower-income families reported higher levels of depression.

Table 4.6: Correlation between Coping Strategy and Stress

Variable	r-value	p-value
Coping Strategy and Stress	-0.54	0.001

A moderate negative correlation was observed between coping strategies and stress levels. Better coping strategies were associated with lower stress levels among respondents.

Inferential Statistical Analysis

**4.7 Independent Sample t-Test
Difference in Depression Scores Based on Type of Family**

Type of Family	N	Mean	SD
Nuclear Family	58	21.45	5.21
Joint Family	42	17.82	4.63

Test	t-value	p-value
t-Test	3.62	0.001*

*Significant at $p < 0.05$

The t-test result indicates a significant difference in depression scores between respondents living in nuclear and joint families ($t = 3.62, p = 0.001$). Wives residing in nuclear families

reported higher depression scores than those living in joint families. Hence, the null hypothesis is rejected.

4.8 Chi-Square Analysis

Association between Family Income and Anxiety Level

Family Income	Low Anxiety	High Anxiety	Total
Below ₹15,000	18	32	50
Above ₹15,000	34	16	50
Total	52	48	100

$\chi^2 = 10.25$
 $df = 1$
 $p = 0.001^*$

($\chi^2 = 10.25, p = 0.001$). Lower-income families experienced significantly higher anxiety than higher-income families.

The Chi-square analysis reveals a significant association between family income and anxiety levels among respondents

4.9 One-Way ANOVA

Difference in Stress Scores Based on Educational Qualification

Education Level	Mean Stress Score
Primary School	25.64
Secondary School	22.48
Higher Secondary	20.12
Degree and Above	17.75

ANOVA Table

Source	Sum of Squares	df	Mean Square	F
Between Groups	452.63	3	150.88	6.84
Within Groups	2117.52	96	22.05	
Total	2570.15	99		

$p = 0.000^*$

The ANOVA results indicate a significant difference in stress scores across educational groups ($F = 6.84, p < 0.001$).

Respondents with lower educational qualifications reported higher stress levels than those with higher educational attainment.

4.10 Pearson Correlation Analysis

Relationship between Coping Strategies and Psychological Distress

Variables	r-value	p-value
Coping and Depression	-0.58	0.001*
Coping and Anxiety	-0.49	0.001*
Coping and Stress	-0.55	0.001*

Pearson correlation analysis revealed significant negative relationships between coping strategies and psychological

distress. Better coping skills were associated with lower depression, anxiety, and stress levels among respondents.

4.11 Multiple Regression Analysis

Predictors of Psychological Distress

Dependent Variable: Depression Score

Predictor Variables	B	Beta	t	p
Age	0.142	0.153	1.84	0.068
Education	-0.398	-0.271	-3.26	0.002*
Family Income	-0.521	-0.348	-4.12	0.000*
Duration of Husband's Alcohol Use	0.437	0.295	3.67	0.001*
Coping Strategy Score	-0.612	-0.416	-5.11	0.000*

$R^2 = 0.54$

Adjusted $R^2 = 0.51$

$F = 22.48$

$p = 0.000^*$

The regression model was statistically significant ($F = 22.48$, $p < 0.001$) and explained 54% of the variance in depression scores. Family income, educational status, duration of

husband's alcohol use, and coping strategies emerged as significant predictors of depression. Coping strategy was the strongest predictor, indicating that improved coping skills significantly reduce depression among wives of alcohol-dependent individuals.

Summary of Hypothesis Testing

Hypothesis	Statistical Tool	Result
H1: Family type influences depression	t-test	Accepted
H2: Family income is associated with anxiety	Chi-square	Accepted
H3: Education influences stress level	ANOVA	Accepted
H4: Coping strategies are related to psychological distress	Correlation	Accepted
H5: Socio-demographic variables predict depression	Regression	Accepted

6. MAJOR FINDINGS, CONCLUSION, AND RECOMMENDATIONS

6.1 Major Findings of the Study

The present study was conducted among 100 wives of alcohol-dependent individuals to assess their psychological distress, coping strategies, and the influence of socio-demographic variables on their mental health.

The major findings of the study are summarized as follows:

1. Level of Depression among Respondents

- The findings revealed that depression was highly prevalent among wives of alcohol-dependent individuals.
- About **30% of respondents experienced severe depression**, 25% had moderate depression, and 20% experienced extremely severe depression.
- Only 10% of respondents were found to be within the normal range.
- This indicates that living with an alcohol-dependent spouse significantly affects the emotional and psychological well-being of wives.

2. Level of Anxiety among Respondents

- The study found that anxiety was a major psychological problem among respondents.
- About **35% of wives experienced severe anxiety**, while 20% experienced extremely severe anxiety.
- Only 8% reported normal anxiety levels.

- The results indicate that uncertainty, family conflicts, financial difficulties, and marital stress contribute to anxiety among wives of alcohol-dependent individuals.

3. Level of Stress among Respondents

- The findings showed that stress was significantly high among the study participants.
- Around **30% experienced severe stress**, and 20% experienced extremely severe stress.
- The results highlight the psychological burden faced by wives due to their husband's alcohol dependence.

4. Coping Strategies Adopted by Respondents

- The study revealed that the most commonly used coping strategy was **religious coping (35%)**, followed by emotional support (22%), acceptance (18%), active coping (15%), and avoidance coping (10%).
- Religious practices and emotional support played an important role in helping respondents manage their difficulties.

5. Association Between Family Income and Depression

- A significant association was found between family income and depression levels ($\chi^2 = 8.72$, $p = 0.003$).
- Respondents belonging to lower-income families showed higher levels of depression compared to those with higher income.
- Financial insecurity appears to increase psychological distress among wives of alcohol-dependent individuals.

6. Relationship Between Coping Strategies and Stress

- A significant negative correlation was observed between coping strategies and stress ($r = -0.54$, $p = 0.001$).
- Respondents with better coping mechanisms experienced lower levels of stress.

7. Difference in Depression Based on Family Type

- The independent sample t-test showed a significant difference in depression scores between nuclear and joint families ($t = 3.62$, $p = 0.001$).
- Wives living in nuclear families had higher depression scores compared to those living in joint families.
- Family support systems appear to reduce psychological difficulties.

8. Association Between Family Income and Anxiety

- Chi-square analysis showed a significant association between family income and anxiety ($\chi^2 = 10.25$, $p = 0.001$).
- Lower-income families reported higher anxiety levels.

9. Difference in Stress Based on Educational Qualification

- ANOVA results showed significant differences in stress levels based on education ($F = 6.84$, $p < 0.001$).
- Respondents with lower educational qualifications experienced higher stress compared to those with higher education.

10. Relationship Between Coping and Psychological Distress

- Pearson correlation analysis showed significant negative relationships between coping strategies and:
 - Depression ($r = -0.58$, $p = 0.001$)
 - Anxiety ($r = -0.49$, $p = 0.001$)
 - Stress ($r = -0.55$, $p = 0.001$)
- Improved coping skills were associated with better psychological well-being.

11. Predictors of Depression

- Regression analysis revealed that family income, education, duration of husband's alcohol use, and coping strategies significantly predicted depression.
- The model explained **54% of the variation in depression levels ($R^2 = 0.54$)**.
- Coping strategy was found to be the strongest protective factor against depression.

6.2 CONCLUSION

Alcohol dependence is not only an individual problem but also a family and social issue that significantly affects the mental health of spouses. The present study highlights that wives of alcohol-dependent individuals experience considerable psychological distress, including depression, anxiety, and stress. The findings demonstrate that a majority of respondents suffer from moderate to severe psychological problems due to marital conflicts, financial difficulties, lack of family stability, and emotional burden associated with their husband's alcohol dependence. Lower income, lower educational status, nuclear

family structure, and longer duration of alcohol use were identified as important factors contributing to increased psychological distress.

At the same time, the study emphasizes the importance of coping strategies in reducing mental health problems. Respondents who adopted positive coping mechanisms such as religious coping, emotional support, and active coping showed reduced levels of depression, anxiety, and stress.

Therefore, addressing alcohol dependence requires a holistic approach that includes not only treatment for the affected individual but also psychological support, counselling, and empowerment programs for family members, especially wives. Social workers, mental health professionals, and community organizations have an important role in providing interventions to improve the quality of life of these women.

5.3 Recommendations

Based on the findings of the study, the following recommendations are suggested:

1. Psychological Counselling Services

- Regular individual and family counselling should be provided for wives of alcohol-dependent individuals.
- Counselling programs should focus on managing depression, anxiety, stress, and emotional trauma.

2. Support Groups for Wives

- Self-help groups and support networks should be established where wives can share experiences and receive emotional support.
- Peer support can help reduce isolation and improve coping skills.

3. Family-Based Intervention Programs

- Treatment programs for alcohol dependence should include family members, especially spouses.
- Family counselling can improve communication and reduce marital conflicts.

4. Stress Management Training

- Stress reduction programs including relaxation techniques, mindfulness, problem-solving skills, and positive coping methods should be conducted.

5. Financial Empowerment Programs

- Since low income was significantly associated with psychological distress, skill development and income-generation programs should be introduced for wives.
- Economic independence may improve confidence and reduce stress.

6. Awareness Programmes

- Community awareness programmes should be conducted regarding the impact of alcohol dependence on family mental health.
- Awareness should encourage early intervention and professional help-seeking behaviour.

7. Strengthening Social Work Interventions

- Social workers should provide psychosocial support, family rehabilitation services, and referral services for affected families.

8. Further Research

- Future studies may include larger samples from different regions.
- Comparative studies between rural and urban populations can provide deeper understanding.
- Intervention-based studies can evaluate the effectiveness of counselling and coping skill training programs.

Overall, the study concludes that wives of alcohol-dependent individuals are a vulnerable group requiring psychological, social, and economic support to improve their overall well-being.

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