

Lived Experiences of Wives of Persons with Alcohol Dependence Syndrome during the COVID-19 Pandemic

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ABSTRACT

Background: There have been reports of increasing alcohol use and domestic violence among individuals with alcohol dependence syndrome during the COVID-19 pandemic. This study assessed the experiences of domestic violence, psychological distress, and coping mechanisms used by wives of individuals with alcohol dependence syndrome (PWADS) during the COVID-19 pandemic. **Materials and Methods:** This cross-sectional institutional-based study collected data from 50 participants using the consecutive sampling method. The following tools were utilized: Socio-demographic Questionnaire, Domestic Violence Questionnaire, the Kessler Psychological Distress Scale, and the Brief Cope. **Results:** The mean age of the spouses (PWADS) was 42 ± 8.20 years, with 42% (N = 21) being skilled workers. Sixty percent (N = 30) had been consuming alcohol for the past 10 years, and 50% (N = 25) had been undergoing treatment for 2-5 years. Among the study participants (wives of PWADS), the mean age was 40.70 ± 8.70 years, and 82% were housewives. They reported a significant increase in alcohol use and excessive spending by their husbands, which negatively affected the home environment. Domestic violence, in terms of psychological, physical, and sexual abuse, also significantly increased ($p < .001$) compared to before and during the lockdown. Forty-eight percent of the wives reported experiencing severe levels of psychological distress. They employed various coping strategies. **Conclusion:** The lived experiences of wives of individuals with alcohol dependence syndrome during the COVID-19 pandemic were challenging, as their husbands not only continued their regular alcohol consumption but also increased the amount and expenditure on alcohol. This had a detrimental effect on the home environment, worse than the situation before the lockdown. Targeted interventions are necessary to address these issues during the COVID-19 pandemic or similar situations.

Keywords: Life events, alcohol, COVID-19 pandemic, domestic violence

INTRODUCTION

Alcohol dependence syndrome is recognized as a significant health problem with societal implications (Nayak, 2020). In India, alcohol consumption has been prevalent for decades, raising concerns about the medical and social consequences of binge drinking and addiction (Reddy et al., 2014). The alcohol ban in Haryana state from 1996 to 1998 increased the likelihood of alcohol smuggling from neighbouring states (Chavan et al., 2010).

The novel coronavirus pandemic in 2019 brought about various challenges, including fear of infection, financial instability, job losses, and government-imposed restrictions on travel and social interactions, all contributing to increased alcohol consumption and associated issues (Tran et al., 2020).

Intimate partner violence (IPV) is a prevalent form of violence against women, encompassing physical, sexual, and emotional abuse, as well as controlling behaviours by intimate partners

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or ex-partners (WHO, 2012). The COVID-19 pandemic has emerged as a global health challenge, leading to heightened stress and social isolation, which have disrupted living arrangements and triggered changes in behaviour (Nair and Banerjee, 2020). In India, domestic violence is considered a pervasive social issue, encompassing physical assaults, sexual abuse, psychological torment, and financial exploitation (Nair and Banerjee, 2020). Individuals with alcohol dependence are often consumed by their preoccupation with alcohol consumption, leading to additional stress and hardships for their wives, who are burdened with assuming their husbands' traditional roles (Kaur and Ajinkya, 2014). Wives of individuals with alcohol dependence syndrome employ coping mechanisms as means to address the physical and psychological challenges associated with their husbands' drinking and its adverse effects on themselves and their families. These coping mechanisms are traditionally classified into two main categories: emotion-focused and problem-focused (Orford et al., 1975).

Therefore, this study aimed to assess the experiences of domestic violence, psychological distress, and coping mechanisms used by wives of persons with alcohol dependence syndrome (PWADS) during the COVID-19 pandemic.

MATERIALS AND METHODS

It was a cross-sectional, study done at the Department of Psychiatry, Government Medical College and Hospital (GMCH), Chandigarh using a 50 convenience sample. The wives of adult men (more than 18 years of age) who were diagnosed with Alcohol Dependence Syndrome (F10.2) as per ICD-10 (WHO, 1992) criteria by a consultant psychiatrist, were recruited in the study. All respondents were able to comprehend Punjabi or Hindi or English language and were living with their spouse in the same household for at least the past six months. Data was collected telephonically after their consent was obtained. The following tools in the Hindi version were used in the study:

- 1) *Socio-Demographic Data Sheet*: It was a semi-structured Performa which recorded the case registration number of a person with Alcohol Dependence Syndrome, name, age, sex, address, contact number, domicile, education level, marital status, number of family members, type of family, occupation, religion, category, age of onset of alcohol use, duration of illness, duration of treatment, number of hospitalization, side effects experienced (if any) during treatment. Similarly, informants' (wives of PWADS) names, ages, sex education levels, marital statuses, occupations, family monthly incomes, family sizes and types, were included in the Performa. Names and variables related to individual identity were withheld on ethical grounds.
- 2) *Questionnaire for Spouse (Wife) Responses on Alcohol Use by Husband*: A questionnaire which contains 10 items on effects on the home environment, patterns of alcohol use, irritability and anger, self-harm, and family violence to assess the wife's responses on alcohol use by their husband during the COVID-19 pandemic. It was developed as a part of ongoing work on PWADS during the COVID-19 pandemic (Sidana et al., 2021).
- 3) *Domestic Violence Questionnaire (DVQ-20)*: This is 20-item questionnaires have 12 items to assess psychological violence, six items to assess physical violence and two items to assess sexual violence by abuse by a husband toward his spouse over the past 12 months. Scoring is done from 0 to 4 based on the frequency of exposure to the act over the past 12 months (0 – never, 1 – once/twice, 2 – three to five times, 3 – six to ten times, and 4 – 11 times or more). At a cut-off score of 5, sensitivity was 89.5% and specificity was 87.2%. Cronbach's alpha was 0.92 (Indu et al. 2011).
- 4) *The Kessler Psychological Distress Scale (K10)*: It consists of 10 items, with each item having five responses (1–5) on a Likert scale. It measures psychological distress based on

anxiety and depression that a person has experienced in the most recent four weeks period can be assessed (Kessler et al.2002).

- 5) *Brief COPE*: It is a self-administered scale developed to assess a broad range of coping responses. It consists of 28 items that measure 14 factors of 2 items each, which correspond to a Likert scale ranging from 1=I have not been doing this at all to 4=I have been doing this a lot (Carver1997).

Statistical Analysis: Obtained data were analysed using appropriate statistics through SPSS 16. Descriptive statistics – mean, standard deviation and percentage were used and to see the differences between variables, an independent-sample t-test was computed.

Ethical Consideration: The purpose and the design of the study had been explained to the patients and their wives in a language that they understand viz. English, Hindi and Punjabi. Informed consent had been taken from all. No interference was done in treatment and no advice had been given regarding treatment by the researcher. The persons (PWADS) and their consenting wives had informed that they could withdraw at any time from the study without giving reasons for the same. The confidentiality and anonymity of the information obtained was maintained. Before collecting the data permission was taken from the institutional ethical committee and registered with the Clinical Trials Registry, India (CTRI/2021/01/030843).

RESULTS

Socio-Demographic and Clinical Profile

Table 1: Socio-Demographic Profile of the Persons with Alcohol Dependence Syndrome

| Variables | Variables Category | Mean + SD/ n (%) |
|--------------|----------------------------|------------------|
| Age in years | | 42 ± 8.20 |
| Education | Illiterate | 3(6) |
| | Middle | 4 (8) |
| | Matric | 16 (32) |
| | Inter/Diploma | 6(12) |
| | Graduate | 14(28) |
| | Postgraduate | 6(12) |
| | Professional | 1(2) |
| Occupation | Professional | 4(8) |
| | Semi-professional | 12(24) |
| | Clerical/Shop owner/farmer | 12(24) |
| | Skilled/Semi-Skilled | 21(42) |
| | Retired | 1(2) |

Table 1 depicts that, the PWADS were in their forties. Two-thirds were matriculation to graduate level, nearly half of them were semi-professionals, clerical or shop owners or farmers, and around fourth-two percent of them were skilled or semi-skilled workers rest of them were professionals.

Table 2: Clinical Profile of the Patient with Alcohol Dependence Syndrome

| Variables | Variables Category | Mean +SD/ n (%) |
|-------------------------------|------------------------------|-----------------|
| Duration of illness | 2-5 Years | 7(14) |
| | 5-10 Yrs | 13(26) |
| | More than 10 Yrs | 30(60) |
| Duration of treatment | 6-12 months | 1(2) |
| | 1-2 Yrs | 15(30) |
| | 2-5 Yrs | 25(50) |
| | 5-10 Yrs | 5(10) |
| | More than 10 Yrs | 4(8) |
| Referred from | Direct | 36(72) |
| | Medical/surgical & other OPD | 1(2) |
| | Relative | 13(26) |
| Precipitation factor | No | 17(34) |
| | Yes | 33(66) |
| Age of onset illness in years | | 21.5 ± 5.65 |
| No. of hospitalization | | 0.82 ± 1.62 |
| Current ongoing treatment | Yes | 38(76) |
| | No | 12(24) |
| Psychosocial treatment | Yes | 22(44) |
| | No | 28(56) |
| Family history of Drug Use | Yes | 39(78) |
| | No | 11(22) |

Table 2 shows the clinical, treatment and other associated details of PWADS. The majority of them were suffering from Alcohol Dependence Syndrome (ADS) for ten years but only half of them were taking treatment for two to five years. A large majority around three-fourths of them came directly for the treatment followed by referrals from other medical/surgical and other OPD. In the majority of participants (66%) some precipitating factors were present. Around three-fourths of persons having alcohol-dependent syndrome were current on ongoing treatment in the study sample. Less than half of the participants who were suffering from psychosocial problems were taking psychosocial treatment. The majority (more than three-fourths) of them had a family history of drug use.

Table 3 depicted the information about wives of PWADS. They were also in their forties. More than half of those who participated in the study were having matriculation to a graduate level of education. More than three-fourths of them were housewives. The majority of them belong to the Hindu religion and around one-third belong to the Sikh religion.

Nearly half of the families were earning more than thirty thousand rupees, and the rest half had 20,001-30,000 per month family income. There was the highest sample of people living in a nuclear family was about half, the rest in a joint family. Most of the families were living in their own homes which makes up 94% of the whole population. Little more than half were residing in an urban area and the rest in a rural area. Most of them were from Punjab about 48%, followed by Haryana 26%, and Chandigarh 12%.

Table 3: Socio-Demographic Profile of the Wives of the PWADS

| Variables | Variables Category | Mean + SD/n(%) |
|------------------|--------------------------------|-----------------------|
| Age in years | | 40.70± 8.70 |
| Education | Illiterate | 3(6) |
| | Primary | 3(6) |
| | Middle | 6(12) |
| | Matric | 13(26) |
| | Inter/Diploma | 9(18) |
| | Graduate | 9(18) |
| | Professional | 7(14) |
| Occupation | Professional | 1(2) |
| | Semi-professional | 1(2) |
| | Skilled/Semi Skilled/Unskilled | 6(12) |
| | Housewife | 41(82) |
| | Unemployed/student | 1(2) |
| Religion | Hinduism | 33(66) |
| | Sikhism | 17(34) |
| Family income | 10,000-20,000 | 3(6) |
| | 20,001-30,000 | 22(44) |
| | 30,001-Above | 25(50) |
| Living situation | Own home | 47(94) |
| | Rented accommodation | 3 (6) |
| Family Type | Nuclear | 25(50) |
| | Extended | 2(4) |
| | Joint | 23(46) |
| No. of children | | 2 ±.85619 |
| Locality | Urban | 27(54) |
| | Rural | 23(46) |
| Residence | Punjab | 24(48) |
| | Haryana | 13(26) |
| | Chandigarh | 6(12) |
| | Himachal Pradesh | 4(8) |
| | Utter Pradesh | 1(2) |
| | Others | 2(4) |
| Language known | Hindi | 23(46) |
| | Punjabi | 27(54) |

Wives' Responses on their Husband's Alcohol Use

Table 4 Wives' Responses on variables related to Husband's Alcohol Use

| Variables | During lockdown f (%) | Before lockdown f (%) |
|---------------------------------|-----------------------|-----------------------|
| Effects on the home environment | 49 (98) | 41 (82) |
| Regular use of alcohol | 49 (98) | 42 (84) |
| Continue use of alcohol | 47 (94) | 43 (86) |
| Used same brand and amount | 42 (84) | 36 (72) |
| Local and handmade alcohol | 34 (68) | 28 (56) |
| Spending amount of money | 40 (80) | 25 (50) |
| Found intoxicated | 44 (88) | 37 (74) |
| Irritability and anger | 47 (94) | 44 (88) |
| Self-harm | 02 (4) | 1 (2) |
| Family violence | 30 (60) | 29 (58) |

Table 4 shows that there is a significant difference in alcohol use by the PWADS during the lockdown in comparison to before the lockdown due to the COVID-10 pandemic. It affected negatively the home environment, patterns of alcohol use worsen, irritability and anger were increased and self-harm was slightly more frequently reported by the PWADS, family violence was also increased as reported by their wives.

Psychological Distress

Table 5 Severity of Psychological Distress among Wives of Persons with Alcohol Dependence Syndrome

| Severity | Frequency | Percent |
|----------|-----------|---------|
| Well | 3 | 6.0 |
| Mild | 8 | 16.0 |
| Moderate | 15 | 30.0 |
| Severe | 24 | 48.0 |
| Total | 50 | 100.0 |

Table 5 shows the severity of psychological distress among wives of persons with alcohol-dependent syndrome during the lockdown. Nearly half of them were having severe distress, and around one-third of them were having a moderate level of distress.

Domestic Violence

Table 6 Domestic Violence among Wives of Persons with Alcohol Dependence Syndrome

| Variables | Mean \pm SD | | t | p |
|------------------------|-----------------|-----------------|---------|---------|
| | During Lockdown | Before lockdown | | |
| Psychological Violence | 6.58 \pm 4.95 | 2.14 \pm 2.21 | -9.203 | .000*** |
| Physical Violence | 6.70 \pm 4.30 | 3.18 \pm 2.50 | -8.497 | .000*** |
| Sexual Violence | 2.44 \pm 1.57 | 1.34 \pm 1.13 | -7.244 | .000*** |
| Total | 15.4 \pm 8.95 | 6.66 \pm 4.68 | -10.809 | .000*** |

***Significant at .001 level

Table 6 describes the difference in incidents of domestic violence during the lockdown and before the lockdown. There was a significant difference in all three types of violence during lockdown to before lockdown, psychological violence, physical violence, sexual violence, and responses.

Coping Mechanisms Used by Wives of Persons with Alcohol Dependence Syndrome

Table 7: Coping Orientation among Wives of Persons with Alcohol Dependence Syndrome

| Coping styles | Mean \pm SD |
|-----------------------------|-----------------|
| Self-distraction | 6.54 \pm 1.07 |
| Active coping | 5.88 \pm 1.15 |
| Denial | 4.14 \pm 1.53 |
| Substance use | 2.00 \pm 000 |
| Use of emotional support | 6.28 \pm 1.41 |
| Use of instrumental support | 7.06 \pm 1.33 |
| Behavioural disengagement | 5.44 \pm 1.83 |
| Venting | 3.74 \pm 1.67 |
| Positive reframing | 4.94 \pm 1.26 |
| Planning | 4.32 \pm 1.18 |
| Humour | 2.08 \pm .444 |
| Acceptance | 5.94 \pm 1.28 |
| Religion | 6.54 \pm 1.14 |
| Self-blame | 3.88 \pm 1.70 |

Table 7 is presenting the scores of Brief COPE which depicted the coping styles of the wives of persons with Alcohol Dependence Syndrome. In this specific sample, the most frequently used coping styles were instrumental support followed by the use of emotional support, religion, self-distraction, acceptance, active coping, and behavioural disengagement often used by spouses. Positive reframing, planning, and denial are rarely used, self-blame, venting, humour, and substance use are less frequently used by their wives.

DISCUSSION

The present study was conducted on the wives of Persons with Alcohol Dependence Syndrome who were enrolled for treatment from the Department of Psychiatry, GMCH, Chandigarh. The study aimed to assess the pattern of alcohol use by husbands, experiences of domestic violence, psychological distress and the coping mechanism used by wives of persons with alcohol dependence syndrome during the COVID-19 Pandemic.

Socio-Demographic & Clinical Profile of the Persons with Alcohol Dependence Syndrome

In this present study, the mean age of the participants was forty-two which is similar to a study done by Vignesh et al. (2014) where participants with a mean age of 43 years. Most people were educated up to matriculation somewhat similar to a study by Patel & Makadia (2018) where most participants were educated up to the secondary level. Near half of them were skilled/semi-skilled/unskilled workers which was also seen in a study by Ranjan et al. (2010) where little more than half of the alcoholics were semi-skilled or skilled workers followed by semi-professionals, clinical/shop owner/farmers, professionals, and two percent of them were retired.

As per their clinical profile, more than half of them were suffering for more than ten years, a study by Schuckit & Smith (2000) supports the finding of the current study finding. Only half were taking treatment for two to five years, then around one-third of them were undergoing treatment for one to two years, others were taking treatment for less than two years, and few participants were undergoing the treatment for a longer time for more than ten years.

Largely, around two-thirds of them were engaged directly by themselves in the treatment, one-fourth come through relatives and two percent among them were referred by medical/surgical and other OPD. This has a very important bearing on the treatment as motivation is a very important factor for it. Among 66% of participants, peer pressure was a precipitating factor, according to De La Rosa & White (2001) peer pressure to use drugs is also widely known as an important precipitating factor in the commencement of drug use and continuation of drug abuse. The age of the onset of illness was found to be the early twenties which is similar to another study by Patel et al. (2018). During lockdown little, more than one-third of the persons were taking treatment for their alcohol-dependent syndrome. It shows the treatment disruption due to COVID-19 restrictions. Almost half participants were taking psychosocial treatment. More than two-thirds of people had a family history of substance use. A study by Patel & Makadia (2018) also reported that around little less than one-third of the participants had a positive family history of alcohol consumption.

Socio-Demographic Profile of the Spouses of Persons with Alcohol Dependence Syndrome

In the present study, the mean age of the wives of Persons with Alcohol Dependent Syndrome was 40 years which is very near to another study by Sapharina (2020) where the age range was mentioned as 36-45 years. When we find the educational background of wives it shows that 26% of the wives passed their matric (10th standard), it was also similar to the study by Sapharina (2020) where most women studied at the secondary level, 18% had been done graduation, 18% of them were having intermediate/diploma, 14% had been done their professional courses, 12% completed middle school, 6% of them have done their primary education, and about 6% are illiterate. Their occupational background shows that 82% of wives were housewives which is not consistent with the finding of a study by Sapharina (2020) where 50% of wives were housewives doing household chores. When we see religion among them (66%) belong to the Hindu religion which is similar to another study by Abraham et al. (1997) where wives belong to the Hindu religion, and 34% belong to Sikhism.

Regarding family income, more than 30,000 were 50%. There was the highest (50%) number of people living in a nuclear family which is the same in another study by Sapharina (2020). In the study sample, 47 Persons with Alcohol Dependence Syndrome live in their own homes which makes up 94% of the whole population.

In the present study no. of children in the family was $2 \pm .85619$ similar to another research done by Kaur (2016) reveals no children 2. More than half (54%) of people are residing in an urban area is consistent with another study by Sapharina (2020) where 60% of participants were residing in an urban. Around half of them belong to Punjab State which is obvious because the study was done there.

Alcohol Use During Lockdown

The present study also reported that the patterns of alcohol use changed during the lockdown which is supported by the finding of a study (Avery et al, 2020) that reported a change in alcohol use after lockdown and stay-at-home, one in four adults were drinking more alcohol and reported higher levels of stress and anxiety than those who did not drink. However, the current study could assess the stress and anxiety of alcohol users but found that irritability and anger were increased and self-harm was slightly more frequent.

The present study found that PWADS not only continued to use alcohol but they increased the amount of alcohol resulting in more expenditure on alcohol which is obvious. During COVID-19, numerous factors may affect increased alcohol drinking, including higher stress levels, being bored and spending more time at home. A review on, “Effects of the COVID-19 pandemic and lockdown on alcohol use disorders and complications” reported that increased alcohol consumption during lockdown compared to before lockdown. This was based on reviews of various studies (Ren et al, 2020; Sun et al, 2020; López-Bueno et al, 2020; Barbosa et al, 2021; Pollard et al, 2020; Vanderbruggen et al, 2020) from various countries. A similar study (Tran et al.2020) also reported one in five adults reported that they had been drinking more alcohol since the COVID-19 pandemic. On the contrary, a study (Pišot et al, 2020) which took data from various countries reported a decrease in alcohol use during the pandemic. another study among regular drinkers in France also reported reduced alcohol consumption during the lockdown (Constant et al, 2020).

The current study found that the increased alcohol consumption affected negatively the home environment which is similar to a study which found the home environment, working status and health concerns could also impact patterns of increased consumption in lockdown (Oldham et al, 2021).

The current study found that family violence was also increased as research indicates that the COVID-19 pandemic has exacerbated the risk of domestic violence experienced by wives of individuals with Alcohol Dependence Syndrome (ADS). This particular point is discussed elsewhere in this paper.

Psychological Distress among Wives of Persons with Alcohol Dependence Syndrome

The present study assessed the severity of psychological distress in terms of tiredness, nervousness, hopelessness, restlessness and fidgety, sadness, effortlessness, and worthlessness among wives of persons with alcohol-dependent syndrome during the lockdown. It is a well-known fact that associated with higher stress and domestic violence.

The present study shows that all most half of wives of the persons with alcohol-dependent syndrome were having a severe level of distress; around one-third were having moderate levels of distress and one-sixth were having a mild level of stress; only there are six percent of the study participants were not having stress. This particular finding is consistent with an Indian study which reported moderate to severe levels of stress among wives of persons with alcohol dependence syndrome before the COVID-19 pandemic (Sapharina 2020).

The pandemic has been associated with heightened psychological distress among the general population, and wives of individuals with ADS are particularly vulnerable. The combination of increased caregiving responsibilities, isolation, financial uncertainties, and limited access to support services has exacerbated their distress. Social distancing measures and lockdowns have restricted social interactions and support systems for these wives. They may face difficulty accessing support groups, counselling services, or seeking help from friends and family, leading to a sense of isolation and further psychological distress.

Domestic Violence Experienced Before and During Lockdown Among Wives

In the current study, it has been found that experience of all three types of domestic violence psychological, physical, and sexual were increased among wives of persons with alcohol dependence during the lockdown in comparison to the before lockdown. The combination of factors such as increased stress, economic strain, social isolation, and confinement at home has

heightened the risk of domestic violence for wives of individuals with ADS during the pandemic. In sexual violence which contains ignoring by not having sexual intercourse and having forcible sexual intercourse; among the study participants, they made forcefully sexual relationships. Malathesh et al. (2020) noted that stress from physical isolation, economic instability, stopped the business, impending unemployment, scarcity of basic goods, and restricted social assistance all contributed to the situation. Another study done by Krishnakumar & Verma (2021) reported domestic violence incidences surged around the nation during the COVID-19 shutdown.

Several studies have discovered a link between disasters or other catastrophic occurrences and an increase in intimate partner violence rates. Stress from physical limitations, economic instability, possible insecurity, shortages of basic goods, and poor social support are all factors that might lead to suicide, mainly in developing nations. The current pandemic situation is not an exception to these (Geahart et al. 2018).

The relationship between domestic violence and alcohol is not new which has begun during COVID-19. Various studies found that alcohol does not cause domestic violence. Rather it is seen as a causative factor towards the perpetration of domestic violence (Graham et al. 2011; Leonard 2001; Moreira et al. 2011).

Coping Mechanism Used among Wives of Persons with Alcohol Dependence

The present study depicted the coping mechanism used by the wives of Persons with Alcohol Dependence Syndrome. Lazarus & Launier (1978) explained that coping is psychological and behavioural attempts to deal with external and internal demands and tensions. Esia-Donkoh et al. (2011) outlined many coping strategies, the first of which is problem-focused coping and the second of which is emotion-focused coping. In this current study, spouses were mostly using problem-focused coping such as instrumental support, acceptance, active coping, planning, and positivity. On the other hand, they were using emotion-focused in terms of emotional support, venting, religion, and positive reframing. Some participants were using a maladaptive coping style like self-blame, and behavioural disengagement.

It's important to note that the effectiveness of coping mechanisms may vary for each individual, and what works for one person may not work for another. Seeking professional guidance and support from mental health professionals can provide personalized strategies and assistance in developing effective coping mechanisms tailored to specific circumstances.

Limitations of the study: The sample size was small so; the findings of the present study couldn't be generalized at a large level and need further validation. It was the cross-sectional hospital-based assessment that limits its generalization to the community population.

CONCLUSION

Lived experiences of wives of persons with alcohol dependence syndrome during the COVID-19 pandemic were bitter as their husbands not only continued the use of alcohol regularly but they increased the amount of alcohol intake and spend more money on it which has worsted effects on the home environment in comparison to before lockdown.

Wives of persons with alcohol dependence syndrome were found to be distressed; facing the hardship of the COVID-19 pandemic followed by the lockdown imposed and additionally living with an alcoholic husband. Half were having a severe level of distress; around one-third were having a moderate level of distress and one-sixth were having a mild level of stress; only six percent were not having distress.

Domestic violence also increased significantly level as psychological, physical, and sexual violence increased towards wives of persons with alcohol dependence during the lockdown in comparison to the before lockdown.

Wives of the persons with AUD were using highly engaged coping by utilizing instrumental and emotional support, religion, acceptance, active coping, positive reframing, and planning followed by withdrawal coping styles where self-distraction, denial and substance were used; tolerant coping least used coping style where self-blame was used.

These need to be targeted through different interventions during the COVID-19 pandemic or any other similar situations.

It is crucial to recognize the heightened risk of domestic violence faced by wives of individuals with ADS during the COVID-19 pandemic. Efforts should focus on enhancing support systems, providing accessible resources, and promoting awareness to ensure the safety and well-being of these individuals. Addressing domestic violence requires a multidisciplinary approach involving law enforcement, healthcare professionals, social workers, and support organizations. Collaborative efforts can help ensure the safety of wives and provide comprehensive support during the pandemic.

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