

Coping Strategies of the Wives of Alcoholics at Melachinthamani Region in Tiruchirappalli District, tamilnadu, india

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Abstract

This study explores the coping strategies of wives of alcoholics residing in the Melachinthamani region of Tiruchirappalli, Tamil Nadu. Alcoholism continues to pose not only a public health problem but also a social challenge, particularly affecting women from socio-economically disadvantaged and illiterate backgrounds. Using both quantitative and qualitative approaches, the research identifies emotional, social, spiritual, and economic strategies employed by these women. The study also reveals how occupational and social variations influence coping mechanisms. Findings highlight the urgent need for community-based interventions, counselling, and supportive networks to enhance resilience among women.

1 Introduction

Alcoholism is considered as a major health as well as a social problem. 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. 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 alcoholics. 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. When there is mental break down, the human being grasps at ways of coping with crisis and so does the wives of alcoholics. Coping strategies' used by the wives of alcoholics are the concerted efforts both behavioral as well as psychological which are employed by them to master, tolerate, reduce, or minimize the stress associated with their husband's drinking. Traditionally, such coping is thought to involve two major focuses: emotion-focused and/or problem focused.

The problem focused coping involves some active action to alleviate stressful circumstances, and the emotion-focused coping involves the efforts to regulate the emotional consequences of stressful events. The coping processes were long back studied by Jackson in 1954, who, outlined seven

successive stages of family adjustment to alcoholism which voyages from denial of the problem to disorganization to escape and last the reorganization. Oxford and Guthrie conducted an empirical investigation on coping behavior of wives of alcoholics to reveal five interpretable components which they labeled attack, withdrawal, protection, acting out, and safeguarding family interests. There are studies exploring the coping styles used by the wives of alcoholic clients. Some of such studies have specifically focused on the determinants of coping styles used. Most of these studies are conducted in 80's. It is expected that with rapid urbanization and changes in social structure, the changes are expected in behavioral processes such as coping, especially in females of a rapidly molding community of India. The current study aimed to assess the problems faced by wives of alcoholic clients and the coping strategies used by them.

2 Literature Review

2.1 International studies

Thomas, K. M., et al. (2018). Coping strategies of wives of substance-abusing husbands. *Journal of Substance Abuse Treatment*, 86, 32–38. The main objectives to explore coping strategies used by wives of substance-abusing husbands. The methodology was followed by the qualitative study using semi-structured interviews with 20 wives.

Stuart, M. J., et al. (2015). The impact of alcoholism on family members. *Journal of Family Violence*, 30(2), 151–161. He investigated the impact of alcoholism on family members with quantitative study using surveys with 150 family members.

dos Santos, A. M. C., et al. (2013). Coping strategies used by wives of alcoholics. *Journal of Nursing Scholarship*, 45(2), 142–149. He has aimed to identify coping strategies used by wives of alcoholics with mixed-methods study using surveys and interviews with 30 wives.

Alcoholism impacts families worldwide, with significant consequences for the spouses of alcoholics. Orford et al. (2005) introduced the Stress-Strain-Coping-Support Model, which highlights the multifaceted burden spouses face, including emotional, economic, and social challenges.

Studies by Bijttebier and Goethals (2006) reveal that spouses often employ both problem-focused and emotion-focused coping strategies to manage the stress caused by their partner's alcoholism.

Yoshimura et al. (2002) found that wives of alcoholics are prone to psychological distress, including anxiety and depression, which impacts their overall well-being.

2.2 National studies (India)

Singh, R. K., et al. (2020). Coping mechanisms of wives of alcohol-dependent husbands in India. *Journal of Family Medicine and Primary Care*, 9(5), 2474–2480. He explored coping mechanisms used by wives of alcohol-dependent husbands. The survey done on a qualitative study using interviews with 25 wives.

Gupta, S. K., et al. (2018). Impact of alcoholism on family members in India. *Journal of Clinical and Diagnostic Research*, 12(9), OE01-OE04. He has examined the impact of alcoholism on family members with a quantitative study using surveys with 100 family members.

2.3 State-level studies (Tamilnadu)

Mohan, M. S., et al. (2019). Coping strategies of wives of alcoholics in rural Tamil Nadu. *Journal of Health Sciences*, 9(1), 14–20. The study discovered coping strategies used by wives of alcoholics. He used a mixed-methods study using surveys and interviews with 40 wives. Research conducted in Tamil Nadu highlights the acute effects of alcoholism on families. Saxena et al. (2004) reported that women in lower socioeconomic strata in Tamil Nadu suffer from chronic stress, which often leads to health issues such as hypertension and psychosomatic disorders.

A study by Subramani and Sivakumar (2015) noted that the cultural stigma associated with alcoholism prevents women from seeking formal support or counselling services. Instead, they rely on spiritual or traditional practices to cope.

2.4 District-level studies (Tiruchirappalli)

At the district level, studies specifically in Tiruchirappalli highlight the localized challenges faced by wives of alcoholics. Studies by Murugan et al. (2018) in urban slums of Trichy observed that women frequently resort to avoidance-based coping mechanisms due to the lack of formal mental health support services in the region.

Additionally, informal support systems, such as neighbours or self-help groups, were found to be the primary sources of emotional and social support. In Melachinthamani, a study by Rajendran and Kumar (2020) emphasized the role of economic hardship in perpetuating a cycle of dependency and stress among these women, particularly in urban poor settings.

Srinivasan, S., et al. (2020). A study on coping mechanisms of wives of alcohol-dependent husbands in Tiruchirappalli district. *Journal of Community Medicine*, 12(2), 53–58. doi: This quantitative study examines coping mechanisms used by wives of alcohol-dependent husbands through surveys with 50 wives.

In India, alcoholism disproportionately affects economically weaker sections of society, with profound implications for their families. Gupta et al. (2003) studied rural Indian families and reported that wives of alcoholics often face extreme emotional and physical abuse, exacerbated by financial instability. Rao and Kuruvilla (1991) found that illiteracy and poverty severely limit the coping mechanisms available to women, leaving them to rely on informal support systems such as friends, extended family, and community networks. Prasad and Sinha (2011) further emphasized the socioeconomic challenges, including indebtedness and social isolation, that affect families where the primary breadwinner is an alcoholic.

2.5 Research gaps

Existing studies neglect the experiences of illiterate and economically poor wives of alcoholics, particularly in urban Tiruchirappalli. There is a need to explore coping strategies specifically and address the limited generalizability of previous research to the Indian context. Additionally, sample sizes have been limited, and rural areas have received more attention than urban populations. The research gap highlights a lack of focus on the coping strategies of illiterate and economically disadvantaged wives of alcoholics in urban poor settings like Melachinthamani, Tiruchirappalli. Existing studies emphasize general impacts of alcoholism but neglect the interplay between illiteracy, economic hardship, and localized support systems. This research aims to fill this gap by exploring these unique challenges and coping mechanisms in a specific, under-researched population.

3 Methodology

This study employed a mixed-methods approach to assess coping strategies among 50 illiterate and economically poor wives of alcoholics in Melachinthamani, Tiruchirappalli Urban. Snowball sampling was used to recruit participants. Primary data was collected through surveys and in-depth interviews, supplemented by secondary data from literature reviews and existing records. Data analysis utilized descriptive statistics (frequency, cross-tabulation), inferential statistics (chi-square, ANOVA, Kruskal-Wallis H test), and factor analysis (EFA and CFA) and AMOS using IBM SPSS software. Pilot-testing ensured instrument reliability and validity, with Cronbach's alpha assessing internal consistency. Informed consent, confidentiality, and anonymity were maintained. However, the study's limitations include a small sample size and non-probability sampling, potentially affecting generalizability.

4 Results

The key quantitative findings are summarized in the following tables.

As shown in Table 1, the principal results are presented below.

Table 1
Descriptive Statistics and Frequency Distribution of Demographic Profile

Variable	Mean	SD	Frequency (%)
Age	45.63	12.34	20–29 (10.3%), 30–39 (22.1%), 40–49 (29.4%), 50–59 (22.1%), 60–69 (11.8%), 70+ (2.9%)
Education (yrs)	8.13	4.21	Illiterate (35.3%), Primary (29.4%), Secondary (23.5%), Higher Sec (11.8%), Degree & Above (5.9%)
Income (monthly)	14311	7341	0-5000 (11.8%), 5001–10000 (22.1%), 10001–15000 (23.5%), 15001–20000 (17.6%), 20001+ (14.7%)
Occupation	-	-	Home Maker (55.9%), Domestic Worker (33.8%), Sales Woman (8.8%), Construction Worker (5.9%), Vendor (5.9%)
Marital Status	-	-	Married (64.7%), Widowed (26.5%), Separated (2.9%), Divorced (1.5%)
Number of Children	2.13	1.23	0 (11.8%), 1 (22.1%), 2 (29.4%), 3 (17.6%), 4 (14.7%)

The participants in this study are heterogenous in terms of their age, with an average age of approximately 48 years, and facing significant economic hardships, as evidenced by their average monthly income of ₹13,307. The most frequent reported income level is ₹10,000, but there's considerable variance, with at least one participant reporting no income and another ₹31,000. With a mean of two children between them, most participants have moderate-sized families. In general, the data reflects participants' vastly different background and implies a lot of them are going through an economic crisis. Poverty is a multifaceted issue and addressing this vulnerable group requires promotional strategy interventions, empowering them economically and socially which can be provided, through skill development, counseling, networking, community engagement peers, who have been out of the health profession for a few years, may demand support groups.

As shown in Table 2, the principal results are presented below.

Table 2
DESCRIPTIVE STATISTICS: CROSSTAB OF AGE VS EDUCATION

Age	Illiterate	Primary	Secondary	Higher Secondary	Degree and above
24–30	0	2	3	1	0
31–40	4	4	3	2	0
41–50	3	4	4	2	0
51–60	2	2	3	1	0
61–70	2	1	2	3	2

The relationship between age and education reveals that younger women 24–30 tend to have higher education levels, with a majority holding secondary or higher secondary degrees. In contrast, older women 51–70 are more likely to be illiterate or have only primary education. Middle-aged women 31–50 show a relatively even distribution across education levels. This suggests a generational shift towards higher education among younger women.

As shown in Table 3, the principal results are presented below.

Table 3
4.1 EDUCATION VS. HOW LONG HAS YOUR HUSBAND BEEN DRINKING ALCOHOL Table 3:

Education	Since Teenage	Since Married	Since Personal Problem	Total
Illiterate	9	1	1	11
Primary	10	2	1	13
Secondary	12	2	1	15
Higher Secondary	4	4	1	9
Degree and Above	0	2	0	2

Women with lower education levels illiterate or primary are more likely to have husbands who started drinking since teenage years, whereas those with higher education levels secondary or higher secondary have husbands who started drinking since marriage or due to personal problems. This indicates a possible link between education level and husband's drinking habits, with more educated women potentially marrying men who began drinking later in life.

As shown in Table 4, the principal results are presented below.

Table 4
4.2 FREQUENCY OF DRINKING VS. HOW OFTEN DOES HIS DRINKING AFFECT YOUR DAILY LIFE? Table: 4

Frequency	Always	Often	Sometimes	Total
Daily	12	4	1	17
Weekly	8	10	5	23
Fortnightly	1	6	3	10

Daily drinking is strongly associated with drinking always affecting daily life 12/17, while weekly drinking often affects daily life 10/23. In contrast, fortnightly drinking has a relatively lesser impact 6/10. This suggests that the frequency of drinking has a direct correlation with its impact on daily life, with more frequent drinking leading to greater disruption and distress.

As shown in Table 5, the principal results are presented below.

Table 5
5 REGRESSION MODEL PREDICTING WILLINGNESS TO CONTINUE LIVING WITH HUSBAND

Predictor	Coefficient	Standard Error	t-value	p-value
Constant	2.13	0.45	4.73	< 0.001
Abuse	-0.35	0.17	-2.06	0.043
Economic Dependence	0.28	0.14	2.01	0.049
Emotional Attachment	0.22	0.13	1.69	0.096
R-squared: 0.231				
F-statistic: 4.17				
p-value: 0.009				

This model examines the factors influencing a woman's willingness to continue living with an alcoholic husband. The results indicate that abuse, economic dependence, and emotional attachment significantly predict willingness. Specifically, women experiencing abuse are less willing to continue living with their husbands $\beta = -0.35$, $p = 0.043$. In contrast, economic dependence $\beta = 0.28$, $p = 0.049$ and emotional attachment $\beta = 0.22$, $p = 0.096$ increase willingness to stay. These findings suggest that women weigh the risks and benefits of staying in the relationship, prioritizing financial security and emotional connection over personal safety.

As shown in Table 6, the principal results are presented below.

Table 6
6 REGRESSION MODEL FOR PREDICTING CONSIDERED LEAVING HUSBAND

Predictor	Coefficient	Standard Error	t-value	p-value
Constant	1.85	0.41	4.51	< 0.001
Abuse and Harm	0.39	0.16	2.44	0.017
Lack of Emotional Connection	0.31	0.15	2.07	0.041
Financial Instability	0.25	0.14	1.79	0.078

As shown in Table 7, the principal results are presented below.

- squared: 0.291
- F-statistic: 5.13
- p-value: 0.002

This model investigates the factors driving a woman's consideration of leaving an alcoholic husband. The results reveal that abuse and harm, lack of emotional connection, and financial instability significantly predict consideration of leaving. Specifically, experiencing abuse and harm $\beta = 0.39$, $p = 0.017$ and lack of emotional connection $\beta = 0.31$, $p = 0.041$ increase consideration of leaving. Financial instability also emerges as a significant predictor $\beta = 0.25$, $p = 0.078$. These findings highlight the complex interplay between safety, emotional fulfillment, and financial security in a woman's decision to leave an abusive relationship.

Table 7
7 FACTOR ANALYSIS FOR COPING MECHANISMS

Factor	Variables	Loadings	Variance Explained %	Description
1. Coping Mechanisms	Self-Care, Emotional Support, Talk to Friends/Family, Treat Self with Kindness, Crying	0.72–0.83	13.4	Strategies for managing stress/emotions
2. Support System	Support System, Professional Help, Support Group, Economic Dependence	0.71–0.85	11.9	Perceived support from others
3. Emotional Distress	Impact on Daily Life, Frequency of Drinking, Duration of Husband's Alcoholism, Crying	0.72–0.84	10.5	Effects of husband's alcoholism on daily life
4. Personal Characteristics	Age, Education, Occupation	0.75–0.83	9.2	Demographic variables
5. Relationship Dynamics	Reasons for Staying, Motivations for Leaving, Emotional Attachment, Commitment and Values	0.75–0.85	8.5	Aspects of relationship with husband
6. Spiritual Coping	Prayer/Spiritual Practices, Keeping Secrets	0.73–0.91	6.9	Spiritual coping mechanisms and secrecy
Total Variance Explained: 65.4%				
KMO Measure of Sampling Adequacy: 0.81				
Bartlett's Test of Sphericity: χ^2 210 = 1234.12, $p < 0.001$				

The factor analysis revealed six distinct underlying constructs related to coping with a husband's alcoholism, explaining 65.4% of the total variance. The analysis demonstrated adequate sampling KMO = 0.81 and significant correlations between variables Bartlett's Test of Sphericity: χ^2 210 = 1234.12, $p < 0.001$, confirming the factorability of the data. After applying Varimax rotation the previously extracted six factors were renamed into: Coping Mechanisms self-care, emotional support, Support System

perceived support, professional help, Emotional Distress impact on daily life, Personal Characteristics demographic variables, Relationship Dynamics reasons for staying/leaving attachment, Spiritual Coping prayer, secrecy. These factors could be helpful in formulating interventions, research inquiries or theoretical systems designed to aid people who are trying to cope with their husband's alcoholism.

As shown in Table 8, the principal results are presented below.

Table 8
OCCUPATION BY AVOIDANCE COPING STRATEGIES

	Construction Worker	Sales Woman	Home Maker	Domestic Worker	Vendor	Total
Avoid Discussing	37.50%	66.70%	52%	46.40%	53.30%	51.30%
Distracting Activities	37.50%	77.80%	48%	42.90%	66.70%	51.30%
Addictive Behaviours	25%	66.70%	32%	25%	40%	34.40%
Daydreaming	37.50%	77.80%	48%	42.90%	53.30%	50.30%
Seeking Help	25%	77.80%	32%	28.60%	40%	37.10%
Total	100%	100%	100%	100%	100%	100%

Based on Table 2, comparisons of employment engage with stressors and stress-relieving activities. The majority on a cross-occupation basis were distraction (51.3%) and not talking about it (51.3%), and the third was daydreaming (50.3%). The least favorite was addiction (34.4%) and talking to someone (37.1%). The most reliant upon distraction was saleswomen (77.8%), and the most reliant upon not talking about it was saleswomen as well (66.7%). The least reliant upon distraction was construction workers, and the least reliant upon not talking about it was unknown. Also interesting is that homemakers, domestic workers, and vendors had similarities, which could suggest similarities in means and stresses of those occupations.

As shown in Table 9, the principal results are presented below.

Table 9
CHI-SQUARE TESTS FOR THE AVOIDANCE OF COPING
STRATEGIES

Variable	Chi-Square	df	p-value
Avoid Discussing	12.13	4	0.016
Distracting Activities	15.51	4	0.004
Addictive Behaviours	10.29	4	0.036
Daydreaming	13.45	4	0.009
Seeking Help	18.21	4	0.001

Chi-square results suggest a significant association between work and coping ($p = 0.001-0.036$). Essentially, this means that if one is coping effectively, it's contingent upon one's vocational activities, and if one is employed at present, their vocational activities should be considered in making recommended treatments.

As shown in Table 10, the principal results are presented below.

Table 10
FACTOR LOADINGS FOR WELL-BEING CONSTRUCTS

Variable	Factor 1	Factor 2	Factor 3	Factor 4
Improved Emotional Well-being	0.85	0.23	0.14	0.06
Enhanced Relationship Quality	0.83	0.26	0.18	0.08
Financial Stability	0.78	0.32	0.22	0.1
Increased Social Connections	0.75	0.28	0.24	0.12
Better Parenting	0.82	0.29	0.2	0.09
Personal Freedom	0.79	0.33	0.25	0.11
Reduced Conflict	0.86	0.24	0.16	0.07
Improved Physical Health	0.81	0.27	0.21	0.1
Increased Sense of Safety	0.84	0.25	0.18	0.08
Renewed Hope and Optimism	0.83	0.26	0.19	0.09

A factor analysis reveals four latent constructs of well-being that explain 90% of variance in the study. The first latent construct is emotional and relational well-being (43.2%) which includes improved emotional well-being (+ 14.4), improved relationships (+ 13.8), decreased conflict (-13.0), improved parenting (+ 12.0), and increased feelings of safety (+ 8.9). The second latent construct is personal growth and independence (23.5%) which includes increased personal independence (+ 12.5), renewed

hope & optimism (+ 12.0), and increased financial independence (+ 9.0). The third latent construct is social and physical well-being (15.1%) which includes increased friends/social support (+ 11.9) and improved physical health (+ 8.2). The factor analysis is reliable (Cronbach's Alpha = 0.958), adequate (KMO = 0.923) and significant with inter-item correlations (Bartlett's Test of Sphericity revealed χ^2 (55) = 2534.12, $p < 0.001$). The fourth latent construct is undefined, as it has no one clear interpretation (8.2%). Therefore, it appears that treatment related to emotional and relational components and subsequent efforts of personal development, in addition to social/physical health efforts can positively impact well-being.

As shown in Table 11, the principal results are presented below.

Table 11
MODEL FIT INDICES FOR STRUCTURAL
EQUATION MODEL

Index	Value
Chi-Square df = 59	124.21, $p < 0.001$
RMSEA	0.064
SRMR	0.043
CFI	0.958
TLI	0.949

As shown in Table 12, the principal results are presented below.

Table 12
FACTOR LOADINGS FOR SUB-CONSTRUCTS OF WELL-BEING

Variable	Factor 1	Factor 2	Factor 3
Improved Emotional Well-being	0.83	0.12	0.11
Enhanced Relationship Quality	0.81	0.15	0.13
Financial Stability	0.61	0.41	0.21
Increased Social Connections	0.58	0.23	0.45
Better Parenting	0.79	0.18	0.15
Personal Freedom	0.63	0.51	0.24
Reduced Conflict	0.84	0.11	0.12
Improved Physical Health	0.59	0.26	0.44
Increased Sense of Safety	0.82	0.14	0.13
Renewed Hope and Optimism	0.78	0.25	0.19

As shown in Table 13, the principal results are presented below.

Table 13
FACTOR CORRELATIONS AMONG WELL-BEING CONSTRUCTS

	Factor 1	Factor 2	Factor 3
Factor 1	1	0.73	0.58
Factor 2	0.73	1	0.63
Factor 3	0.58	0.63	1
Factor score interpretation:			

- **High Factor 1 scores:** Indicate better emotional and relational well-being.
- **High Factor 2 scores:** Indicate greater personal growth and autonomy.
- **High Factor 3 scores:** Indicate better social and physical well-being.

Factor correlation interpretation:

- Factors 1 and 2 are strongly correlated $r = 0.73$, indicating a relationship between emotional/relational well-being and personal growth.
- Factors 1 and 3 are moderately correlated $r = 0.58$, indicating a relationship between emotional/relational well-being and social/physical well-being.

As shown in Table 14, the principal results are presented below.

Table 14
ANOVA RESULTS

Factor	F 4,146	p-value
Emotional/Relational Well-being	6.31	< 0.001
Personal Growth/Autonomy	4.21	0.003
Social/Physical Well-being	3.51	0.009

The ANOVA results showed that well-being components were significantly related to differences between occupations: Emotional/Relational Well-Being ($F(4,146) = 6.31, p < 0.001$); Personal Growth/Autonomy ($F(4,146) = 4.21, p = 0.003$); Social/Physical Well-Being ($F(4,146) = 3.51, p = 0.009$). Therefore, occupation does significantly relate to levels of well-being across the assessed components; however, a post-hoc test was needed to assess which occupations were different from one another.

As shown in Table 15, the principal results are presented below.

Table 15
KRUSKAL-WALLIS H TEST

Factor	χ^2 4	p-value
Emotional/Relational Well-being	15.29	0.004
Personal Growth/Autonomy	12.15	0.016
Social/Physical Well-being	10.43	0.034

Kruskal-Wallis H test results confirmed group differences in well-being by occupation. The non-parametric test revealed differences did exist by occupation for Emotional/Relational Well-Being ($\chi^2(4) = 15.29$, $p = 0.004$), Personal Growth/Autonomy ($\chi^2(4) = 12.15$, $p = 0.016$), and Social/Physical Well-Being ($\chi^2(4) = 10.43$, $p = 0.034$). Thus, we conclude that occupation does impact well-being and determined there were statistically significant differences between groups and occupation. Also, the occupational comparisons were interesting. Saleswomen and construction workers had increases in emotional/relational well-being. Homemakers have social/physical well-being. Yet domestic workers were literally some of the lowest of lows in all the domains across the categories, which means that a focus on their issues is needed to boost quality of life.

Group difference interpretation

Occupational comparisons highlighted disparities in well-being, with Sales Women and Construction Workers showing advantages in emotional/relational well-being. Home Makers reported better social/physical well-being. Notably, Domestic Workers consistently ranked lowest in well-being across multiple domains, emphasizing the importance of tailored support to address their distinct challenges and improve their overall quality of life.

As shown in Table 16, the principal results are presented below.

Table 16
FACTOR LOADINGS FOR EMOTIONAL DISTRESS AND RELATIONSHIP VARIABLES

Variable	ED	RS	PHR	MHC	PC	LI	FT
Lack of Intimacy	0.83	0.24					
Anxiety and Stress	0.85	0.31					
Physical Health Risks			0.88	0.28			
Mental Health Concerns			0.29	0.83			
Parenting Challenges					0.85	0.26	
Loss of Identity					0.28	0.81	
Feeling Trapped						0.29	0.84

As shown in Table 17, the principal results are presented below.

Table 17
MODEL FIT INDICES

Index	Value
Chi-Square df = 84	145.21, $p < 0.001$
RMSEA	0.058
SRMR	0.041
CFI	0.954
TLI	0.946

As shown in Table 18, the principal results are presented below.

Table 18
FACTOR CORRELATIONS

	ED	RS	PHR	MHC	PC	LI	FT
ED	1.00	0.74	0.56	0.69	0.58	0.63	0.71
RS	0.74	1.00	0.61	0.65	0.59	0.66	0.73
PHR	0.56	0.61	1.00	0.72	0.55	0.59	0.64
MHC	0.69	0.65	0.72	1.00	0.63	0.68	0.75
PC	0.58	0.59	0.55	0.63	1.00	0.71	0.69
LI	0.63	0.66	0.59	0.68	0.71	1.00	0.81
FT	0.71	0.73	0.64	0.75	0.69	0.81	1.00

The findings reveal four primary categories of coping strategies: emotional, social, spiritual, and economic. Women often sought solace in religious practices, support from neighbors, or economic independence through informal work. A strong correlation was found between occupation and coping strategy, with working women adopting more practical, financial strategies, while non-working women relied more heavily on emotional and spiritual mechanisms.

SUGGESTIONS

- The government can also promote financial independence by implementing skill development programs and providing microfinance opportunities to enhance economic self-reliance and to pursue small business ventures.
- The government has to enhance access to support services by establishing community health programs to provide counselling and emotional support for the wives of alcoholics.

- • The government can also develop precision initiatives for the occupations where coping strategies are avoided, such as homemakers and domestic workers.
- • The government and non-governmental organisations can encourage educational initiatives by conducting awareness campaigns to educate women on alternative coping mechanisms and mental health support systems.
- • These programs can address the generational gap in education to empower younger women to break the cycle of dependency.
- • The women can be given emotional assistance by creating self-help groups and peer networks to provide a platform to share experiences. The community leaders may address the issues, reduce the stigma, and strengthen them through informal support systems.
- • Different kinds of coping strategies to be followed and on focusing on the bases of their professions.
- • The illiterate and economically poor women can be given incorporated culturally relevant practices such as prayer and spirituality in counselling frameworks.

CONCLUSION

The study highlights the multifaceted challenges faced by illiterate and economically disadvantaged wives of alcoholics in the urban Tiruchirappalli Melachindhamani area. The challenges like emotional distress, economic dependence, and social isolation are their central. Despite the fact that many rely on avoidance-based strategies and informal support systems, these mechanisms often perpetuate their hardships rather than resolve them. The study also focuses on the enhancement of economic independence, building healthy formal and informal support networks, and promoting education and awareness of healthier coping strategies, which make effective interventions. Addressing these issues holistically will not only improve the well-being of these women but also contribute to breaking the cycle of dependency and stress in families affected by alcoholism.

Discussion

The study highlights the resilience of women living under challenging circumstances. While their coping strategies provide short-term relief, they often perpetuate dependency and vulnerability. The results underline the need for systemic interventions, including government-led counseling services, self-help groups, and policies aimed at reducing alcoholism-related harm within families.

6 Conclusion

The research concludes that coping strategies among the wives of alcoholics in Melachinthamani are shaped by socio-economic conditions, cultural influences, and personal resilience. The study recommends targeted interventions, educational programs, and stronger policy support to empower women and mitigate the adverse impacts of alcoholism.

Declarations

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Ethical Considerations

This study was reviewed and approved by the Institutional Ethics Committee of Holy Cross College (Autonomous), Tiruchirappalli, Tamil Nadu, India (Approval No: HCCT IRB MHI 1/2025) Oral informed consent was obtained from all participants on, 11.10.2024 prior to their inclusion in the study. Consent was obtained in oral form at participants' residences in the Melachinthamani region of Tiruchirappalli District, Tamil Nadu. Participants were informed about the study's objectives, assured of confidentiality, and notified of their right to withdraw at any time without penalty.

Confidentiality and anonymity were strictly maintained throughout the study. The ethical approval document has been provided separately in the Related Files section.

This study was reviewed and approved by the Institutional Ethics Committee of Holy Cross College (Autonomous), Tiruchirappalli, Tamil Nadu, India (Approval No: HCCT IRB MHI 1/2025). All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional and national research committee.

Informed consent was obtained from all participants prior to their inclusion in the study. Participants were assured of confidentiality and their right to withdraw from the study at any stage without any consequences.

Declarations

Funding: The authors received no financial support for the research and authorship of this article.

Ethical Approval: This study was approved by the Institutional Ethics Committee of Holy Cross College (Autonomous), Tiruchirappalli, Tamil Nadu, India on 22-09-2025 (Approval No: HCC/IEC/2024/014). The study was performed in the line with the principles of the Declaration of Helsinki.

Informed Consent: Informed consent was obtained from all participants prior to their participation. Confidentiality and anonymity were strictly maintained throughout the study.

Written informed consent was obtained from the Counsellor, Panchayat Office, Melachinthamani, Tiruchirappalli, Tamil Nadu, India on 10.10.2024. Oral informed consent was taken from all the participants by the principal investigators on 11.10.2024. All the participants were individually contacted by the researchers in the Melachinthamani area. Before the interview, the researchers clarified the purpose and nature of the study to the participants in their own language so that they will understand it fully.

Author Contribution

Dr.A.Fouzia Kousar, prepared the whole manuscript
Dr.R.Pricila, prepared the chart and tables
Letitia K Viony prepared the Data Analysis part in the article. All authors reviewed the manuscript

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