

Assessment of Depression among Spouses of Male Patients with Alcohol-related disorders

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Abstract - Background: Alcohol-related disorders (ARD) are considered as an ongoing stressor, not only for the individual but for family members as well. Spouses are affected most given the intimate nature of their relationship and are more vulnerable to have significant psychological disorders.

Aims: The present study was to assess the levels of depression among spouses of male patients with ARD.

Objectives: To estimate the frequency and pattern of depression among spouses of male patients with ARD; To associate the relationship between socio-demographic variables and depression among spouses of male patients with ARD; To evaluate the relationship between severity of alcohol dependence and depression among spouses of male patients with ARD; To examine the relationship between duration of alcohol use and depression among spouses of male patients with ARD.

Method: The present study was a cross-sectional study design and a purposive sampling method was used. The sample consisted of 110 female spouses and their husbands who fulfilled the inclusion and exclusion criteria. Participants were administered a semi-structured Proforma for collecting socio-demographic data and screened for depression using (DASS-42) for the wife and (SADQ-C) for assessing severity levels of ARD for the husband. Statistical analysis such as Chi-square and frequency were used to evaluate the significant differences between variables.

Results: The findings indicated that 34% of the respondents were mild depression, 51% moderate depression, and 15% severe levels of depression. The results showed that the prevalence of depression was 66% of the respondents. The findings further revealed that younger spouse was having higher level of depression than older spouse of male patients with ARD. The research revealed that the higher the severity of the husbands' alcohol dependence higher the levels of depression among their wives. However, levels of depression had an insignificant relationship with the duration of alcohol use as well as socio-demographic variables.

Index Terms - Female spouses, Male patients' alcohol-related disorders, Depression, and ARD.

INTRODUCTION

Background

Alcohol-related disorders (ARD) are a family disease. It is considered as an ongoing stressor, not only for the individual but for family members as well. The deleterious consequences not only on the person with ARD but also impaired social, financial, and family integration. Spouses are affected most given the intimate nature of their relationship and are more vulnerable to have significant psychological disorders. According to World Health Organization (WHO,2018), a global status report on alcohol and health, the harmful use of alcohol in the world resulted in some 3 million deaths, equivalent to 5.3% of all deaths and 132.6 million disability-adjusted life years (DALYs), equivalent to 5.1% of all DALYs in that year. Depressive disorders are highly prevalent in the population, and impact on the mood or feelings of affected persons, that anyone can experience from time to time in their lives. Symptoms range from mild to severe in terms of their severity and duration from months to years. The total estimated number of people living with depressive disorders globally over 300 million i.e., 4.4%. The risk of becoming depressed is elevation by poverty, unemployment, life events such as the loss of a loved one or a divorce, medical conditions and problems caused by substance related-disorders. Depression is more common among females than males 5.1% compared to 3.6% (WHO,2017).

A report on magnitude of substance use in India. Ambekar et. al. (2019) alcohol is the most common psychoactive substance used by Indians as many as 19% of current users of alcohol consume alcohol in a dependent pattern.

Harmful alcohol consumption on increasing around the globe. Negative consequences of husband's alcohol drinking problem often affect couple relationships, wife is exposed to considerable stress and are equally ill. Also, spouses play a crucial role in the treatment process (Dandu et al., 2017). High prevalence of depression among wives of husband with alcohol problem. In developing countries like India, cultural barriers prevent women from speaking out about marital discord, and there is a sense of acceptance of the spouse's behavior despite continued abuse. These women are the primary caregivers of their partner and suffer in silence from the endless of physical and psychological problems. These spouses face difficulty in reaching the mental health facility in the community, which is further worsened by the extreme deficit of mental health workers, stigma and limited awareness in India (Shah et al., 2017).

Chronic alcohol dependent directly linked to markedly impaired family interactions, and other serious problems like intimate partners violence, domestic violence and spousal abuse. Thus, understanding the characteristics of the drinker and their negative consequences may help to clarify the development and prevention of alcohol-related problems (Singh et al., 2009).

A problematic pattern of alcohol use serious threats to the healthy functioning of the family structure in a multitude of ways. Over time there is a financial hardship, social isolation, frustration. The spouse is most commonly at the receiving end of the fighting simultaneously with the disease as well as the diseased. The distressing rise in violent relationship and sexual assault under the influence of alcohol remain a bothersome. The children of parents with alcohol problems endure the burden of the bitterly marital discord in a hostile and threatening environment in their formative years, often growing up with deficits that stifle their adult lives (Ghosh et al., 2017). The recent research that addressed the psychiatric morbidity in family members of individuals with alcohol-related disorders was highly limited. Wives of men with alcohol dependence have significantly greater chances of developing depression when compared with wives of men without alcohol dependence. The social consequences of husbands' problematic drinking may be associated with increased rates of physical and verbal aggression or violence which can lead to decreased marital

satisfaction and increased depressive disorders among wives (Gandhi et al., 2017). The adverse impact of substance use on families, usually on women caregivers, is immense. The burden on the women due to substance-abusing family members can be related to problems occurring when the user is under intoxication, behavioral consequences such as domestic violence, high-risk behaviors, social consequences like stigma, isolation, legal consequences such as crime, arrests, emotional breakdown due to lack of support from the spouse (Pujam et al., 2017). Psychological distress and psychiatric morbidity in spouses of alcohol-dependent men are high, with marital satisfaction being low (Begam et al., 2015).

The rationale of the Study: Addressing the common mental disorders among spouses of male patient with alcohol-related disorders (ARD) will not only reduce their burden but also improve their mental health and wellbeing and treatment outcome. Psychiatric morbidities faced by spouses of husband with ARD are often given insufficient attention and are overlooked completely. The present study draws attention to the fact that the depression among the spouses is considerable and warrant attention. Thus, the high rates of the psychological problem among women whose partners diagnosed with ARD, need to be addressed either as part of alcohol treatment programs or independently. Hence, treatment programs for patients with alcohol-related disorders must also include a formal assessment of depressive disorders among their spouses. Such an initiative will not only address the needs of this often-marginalized population but also enhance their esteem and mental health.

OBJECTIVES OF THE STUDY

1. To estimate the frequency and pattern of depression among spouses of male patients with alcohol-related disorders.
2. To associate the relationship between socio-demographic variables and depression among spouses of male patients with alcohol-related disorders.
3. To evaluate the relationship between severity of alcohol dependence and depression among spouses of male patients with alcohol-related disorders.

- To examine the relationship between duration of alcohol use and depression among spouses of male patients with alcohol-related disorders.

METHODOLOGY

The present study was a cross-sectional study design. The study was conducted in the Department of Clinical Psychology and Psychiatry, Regional Institute of Medical Sciences (RIMS) Imphal from July 2019 to July 2020. Participants were recruited from the outpatient as well as inpatient services of these departments. Variables such as age, educational qualification, type of family, religion, place of residence, occupations, monthly income, number of children, depression, alcohol-related disorders, etc. were analyzed in the present study. The samples of the study consisted of 110 (one hundred & ten) spouses of male patients with alcohol-related disorders, fulfilling the inclusion and exclusion criteria. This study had been commencing only after gaining approval from the Research Ethics Board of RIMS, Imphal.

Sample Size Calculation

The sample size was determined using the formula $n = Z^2 P (1-P)/d^2$

Where, n = sample size,

Z = Z statistic for a level of confidence

P = expected prevalence or proportion (prior information is 65% = 0.65)

d = precision (in proportion of one; if 9%, d = 0.09)

Assumptions, at 95% confidence limit, Z=1.96

Sample size $n = Z^2 P (1-P)/d^2$

$= 1.96^2 \times 0.65 (1-0.65)/0.09^2$

$= 1.96^2 \times 0.2275/0.0081$

$= 0.8739/0.0081$

$= 107.89$

$= 110$ (rounded off to nearest 10)

Sampling Method

For the present study, the purposive sampling method was used. Every female spouse of male patients with ARD from the inpatient as well as the outpatient registry, at the Department of Psychiatry and Clinical Psychology who fulfills both the inclusion and exclusion criteria, were collected till the required sample size is reached. The flexibility of purposive sampling allows researchers to save time and money while collecting data.

Inclusion Criteria

- Spouses of male adult patients attending the Department of Psychiatry and Clinical Psychology with a diagnosis of ARD according to the International Classification of Diseases-10 (ICD-10).
- Consenting for the study.

Exclusion Criteria

- The exclusion criteria were physical and severe psychiatric disorders in the patient and their spouses which are not related to alcohol use and patients as well as their spouses not consenting for the study.

Assessment Tools Used:

- Socio-Demographic Datasheet:

It comprised items including the age, gender, educational status, occupational status, and other demographic information of wives of male patients with alcohol-related disorders.

- The Depression Anxiety Stress Scale (DASS-42): was developed by Lovibond & Lovibond (1995). The DASS-42 contains 42 items, divided into subscales of 14 depression, 14 anxiety, and 14 stress items with similar content. Reliability of the scale revealed excellent Cronbach's alpha values of 0.90, for depression, 0.90 for anxiety, and 0.87 for stress domains. DASS-42 showed good validity.

- The severity of Alcohol Dependence Questionnaire (SADQ-C):

The Severity of Alcohol Dependence Questionnaire was developed by Stockwell et. al. (1994). It is a measure of the severity of dependence. It has been validated in inpatient, outpatient, and community settings. Four-point Likert scale: Almost never – 0, Sometimes -1 Often -2, Nearly always -3. A score of 31 or higher indicates "severe alcohol dependence". A score of 16 -30 indicates "moderate dependence". A score of below 16 usually indicates only a mild physical dependency.

Statistical Analysis

The data was being sorted, coded, and entered in the computer using Statistical Package for Social Sciences (SPSS) software version 20. Statistical analysis such as Chi-square and frequency were used to find out the association among variables.

RESULTS

The present study was based on the primary samples of 110 spouses of a male patient with alcohol-dependent attended in the department of psychiatry, RIMS, Imphal. There were four sections in the present study.

Section 1: Estimates the frequency and pattern of depression among spouses of male patients with alcohol-related disorders.

Table 1-Showing percentage on levels of depression of spouse of male patients with ARD

Levels of depression	Frequency	Percentage
Mild	37	34
Moderate	56	51
Severe	17	15
Total	110	100

Table 1: This table had shown the frequencies and percentages of mild, moderate, and severe levels of depression among spouses of male patient with ARD. Out of the total 110 study samples, 37 samples 34% mild depression, 56 samples 51% moderate depression and only 17 samples 15% severe levels of depression.

Section 2: Studies the relationship between socio-demographic variables and depression among spouses of male patients with alcohol-related disorders.

Table 2 (a)-Age and levels of depression of the study samples

Age of spouse of ARD	Levels of depression			
	Mild	Moderate	Severe	Total
Younger spouse (below 45)	23 (62%)	23 (41%)	12 (71%)	58 (53%)
Older spouse (above 45)	14 (38%)	33 (59%)	5 (29%)	52 (47%)
Total	37 (100%)	56 (100%)	17 (100%)	110 (100%)

Chi-square = 6.549; d.f. = 2; p-value = 0.038; Remark = Significant

Table 2 (a): This table showed the different levels of depression of younger and older spouses of male patients with ARD attained at RIMS, psychiatry department. For younger spouses 62% was mild, 41% was moderate, and 71 % severe levels of depression whereas for older spouses 38% mild, 59% moderate, and 29% severe levels of depression. The differences in percentage were maximal and when statistically applied chi-square test it was found to be significant relationship between age of spouse of male patients with ARD and levels of depression (p-value = 0.038).

Table 2 (b)-Educational qualification and levels of depression of the study samples

Educational qualification	Levels of depression			
	Mild	Moderate	Severe	Total
Primary	11(30%)	23(41%)	8(47%)	42(38%)
Secondary	3(13%)	12(21%)	3(18%)	20(18%)
Higher secondary	13(35%)	15(27%)	2(12%)	30(27%)
Graduation	8(22%)	6(11%)	4(23%)	18(17%)
Total	39 (100%)	59 (100%)	12 (100%)	110 (100%)

Chi-square = 6.530; d.f. = 6; p-value = 0.367; Remark = Insignificant

Table 2 (b): This table displayed the educational qualification and levels of depression among spouses of male patients with ARD attained at RIMS, psychiatry department. For primary education mild was 30%, moderate was 41%, and severe was 47%, levels of depression and for secondary education were 13% was mild, 21% moderate, and 18% severe and for higher secondary were mild 35%, moderate 27%, and severe 12% and for graduation were mild 22%, moderate 11%, and 23% severe level of depression. The differences in percentage were very minimal and it was found to be an insignificant relationship between educational qualification and levels of depression among spouses of patients with ARD (p-value = 0.367).

Table 2 (c)-Types of family and levels of depression of the study samples

Types of family	Levels of depression			
	Mild	Moderate	Severe	Total
Nuclear	25(68%)	34(61%)	11(65%)	70(64%)
Joint	12(32%)	22(39%)	6(35%)	40(36%)
Total	39 (100%)	59 (100%)	12 (100%)	110 (100%)

Chi-square = 0.462; d.f. = 2; p-value = 0.794; Remark = Insignificant

Table 2 (c): This table revealed the types of family and levels of depression among spouses of male patient with ARD admitted at RIMS, psychiatry department. The percentage for nuclear family were 68% mild, 61% moderate, and 65% severe and for joint family were 32% mild, 39% moderate, and 35% severe depression. The differences in percentage were very minimal and when statistically applied chi-square test it was found to be an insignificant relationship between types of family and levels of depression (p-value = 0.794).

Table 2 (d)-Religion and levels of depression of the study samples

Religion	Levels of depression			
	Mild	Moderate	Severe	Total
Hindu	29 (78%)	44 (79%)	11 (65%)	84 (76%)
Christian	8 (22%)	12 (21%)	6 (35%)	26 (24%)
Total	39 (100%)	59 (100%)	12 (100%)	110 (100%)

Chi-square = 1.514; d.f. = 2; p-value = 0.469; Remark = Insignificant

Table 2 (d): This table presented the types of religion and levels of depression among the spouse of patients with ARD attained at RIMS, psychiatry department. The percentage of mild, moderate, and severe levels of depression of Hindu families were 78%, 79%, and 65%, respectively and for Christian families were 22%, 21%, and 35% respectively. The differences in percentage were very minimal and when statistically applied chi-square test it was found to be an insignificant relationship between religion and levels of depression among spouses of patients with ARD (p-value = 0.469).

Table 2 (e)-Place of residence and levels of depression of the study samples

Place of residence	Levels of depression			
	Mild	Moderate	Severe	Total
Urban	11 (30%)	16 (29%)	4 (24%)	31 (28%)
Rural	26 (70%)	40 (71%)	13 (76%)	79 (72%)
Total	39 (100%)	59 (100%)	12 (100%)	110 (100%)

Chi-square = 0.230; d.f. = 2; p-value = 0.891; Remark = Insignificant

Table 2 (e): This table demonstrated the Place of residence and levels of depression among the spouse of patients with ARD attained at RIMS, psychiatry department. The percentage of mild, moderate, and severe levels of depression for urban residence was 30%, 29%, and 24%, respectively and for rural residence were 70%, 71%, and 76% respectively. The differences in percentage were very minimal and when statistically applied chi-square test it was found to be an insignificant relationship between place of residence and levels of depression among spouses of patients with ARD (p-value = 0.891).

Table 2 (f)-Monthly family income and levels of depression of the study samples

Monthly family income	Levels of depression			
	Mild	Moderate	Severe	Total
Rs. 10000 to 30000	27 (73%)	31 (55%)	12 (70%)	70 (64%)
Above Rs. 30000	5 (14%)	13 (23%)	5 (30%)	23 (21%)
Below Rs. 10000	5 (13%)	12 (22%)	0 (0%)	17 (15%)
Total	39 (100%)	59 (100%)	12 (100%)	110 (100%)

Chi-square = 6.948; d.f. = 2; p-value = 0.139; Remark = Insignificant

Table 2 (f): This table showed the monthly family income and levels of depression among the spouse of patients with ARD attained at RIMS, psychiatry department. The percentage of mild, moderate, and severe levels of depression among the spouse and monthly family income (Rs. 10000 to 300000) were 73%, 55%, and 70%, respectively and for above Rs. 30000 were 14%, 23%, and 30% respectively, and below Rs. 10000 were 13%, 22% and 0% respectively. The differences in percentage were very minimal and when statistically applied chi-square test it was found to be an insignificant relationship between monthly family income and levels of depression among the spouse of patients with ARD (p-value = 0.139).

Table 2 (g)-Occupation and levels of depression of the study samples

Occupation	Levels of depression			
	Mild	Moderate	Severe	Total
government employee	3(8%)	7(12%)	2(12%)	12(11%)
business	11(30%)	15(27%)	1(6%)	27(25%)
Unemployed	7(19%)	15(27%)	7(41%)	29(26%)
Sheltered work	16(43%)	19(34%)	7(41%)	42(38%)
Total	39 (100%)	59 (100%)	12 (100%)	110 (100%)

Chi-square = 6.089; d.f. = 6; p-value = 0.413; Remark = Insignificant

Table 2 (g): This table displayed the occupation and levels of depression among the spouse of patients with ARD attained at RIMS, psychiatry department. The percentage of mild, moderate, and severe levels of depression of government employees were 8%, 12%, and 12%, respectively and for business were 30%, 27%, and 6% respectively and for unemployed were 19%, 27%, and 41% respectively and for sheltered work were 43%, 34%, and 41% respectively. The differences in percentage were very minimal and when statistically applied chi-square test it was found to be an insignificant relationship between occupation and levels of depression among the spouse of patients with ARD (p-value = 0.413).

Table 2 (h)-Age of initiation of alcohol use and levels of depression of the study samples

Age of initiation of alcohol use	Levels of depression			
	Mild	Moderate	Severe	Total
Before 19 years	22(60%)	43(77%)	12(71%)	77(70%)
After 19 years	15(40%)	13(23%)	5(29%)	33(30%)
Total	39 (100%)	59 (100%)	12 (100%)	110 (100%)

Chi-square =3.188; d.f. = 2; p-value = 0.203; Remark = Insignificant

Table 2 (h): This table presented the age of initiation of alcohol use and levels of depression among the spouse of patients with ARD attained at RIMS, psychiatry department. The percentage of depression among the spouse of patients with ARD 60% was mild, 77% was moderate, and 71% was severe levels and initiation of alcohol use before the age of 19 years among husbands and age of initiation of alcohol use after the age of 19 years among husband and the level of depression among wife was 40% was mild, 23% was moderate, and 29% was severe level respectively. The differences in percentage were very minimal and when statistically applied chi-square test it was found to be an insignificant relationship between age of initiation of alcohol use before 19 years and after 19 years and levels of depression among the spouse of patients with ARD as evident by p-value = 0.203.

Section 3: Studies the relationship between severity of alcohol dependent and depression among spouses of male patients with alcohol-related disorders.

Table 3 The severity of alcohol dependence and depression of the study sample

The severity of alcohol dependence	Levels of depression			
	Mild	Moderate	Severe	Total
Mild	22 (60%)	2 (4%)	1(7%)	25 (23%)
Moderate	13 (35%)	52 (93%)	4(23%)	69 (63%)
Severe	2 (5%)	2 (4%)	12(70%)	16 (14%)
Total	37 (100%)	56 (100%)	17 (100%)	110 (100%)

Chi-square = 93.359; d.f. = 4; p-value = 0.000; Remark = Significant

Table 3: This table showed the relationship between the severity of alcohol dependence and the level of depression among the spouse of patients with ARD attained at RIMS, psychiatry department. The mild level of husband alcohol dependence as compared to wife levels of depression were 60% mild, 4% moderate, and 7% severe levels of depression, for moderate alcohol dependence were 35% mild, 93% moderate, and 23% severe and for severe alcohol dependence were 5% mild, 4% moderate, and 70% severe. The differences in percentage were maximal and when statistically applied chi-square test it was found to be a significant relationship between severity of alcohol dependence and levels of depression among spouses of male patients with ARD (p-value = 0.000).

Section 4: Examines the relationship between duration of alcohol use and depression among spouses of male patients with alcohol-related disorders.

Table 4-Duration of alcohol use and depression of the study samples

Duration of alcohol use	Levels of depression			
	Mild	Moderate	Severe	Total
2 to 10 years	26 (70%)	37 (66%)	8 (47%)	71 (65%)
11 to 20 years	6 (16%)	11 (20%)	5 (29%)	22 (20%)
20 & above	5 (14%)	8 (14%)	4 (24%)	17 (15%)
Total	37 (100%)	56 (100%)	17 (100%)	110 (100%)

Chi-square = 2.892; d.f. = 4; p-value = 0.576; Remark = Insignificant

Table 4: This table showed the relationship between the duration of alcohol use and the level of depression among spouses of male patients with ARD admitted at RIMS, psychiatry department. The duration of alcohol use for 2 to 10 years and levels of depression were 70% mild, 66% moderate, and 47% severe respectively, for 11 to 20 years were 16% mild, 20% moderate, and 29% severe and for 20 years and above were 14% mild, 14% moderate, and 24% severe. The differences in percentage were minimal and when statistically applied chi-square test it was found to be an insignificant relationship between duration of alcohol use and levels of depression (p-value = 0.576).

DISCUSSION

The present study aimed to assess the levels of depression among spouses of male patients with alcohol-related disorders. The objectives were to determine the depression among wives and to explore the association between depression among spouses and severity of alcohol dependence in the male patients. Alcohol-related disorders are considered as an ongoing stressor, not only for the individual but for family members as well. Spouses are affected most given the intimate nature of their relationship and the constant exposure to the behavior of the alcoholic husband. There is an increased incidence of somatization, interpersonal sensitivity, and hostility in spouses of ARD men, especially when associated with battering by spouses.

The first section of the study deals with the socio-demographic factors of the study samples. Regarding the age of spouses of male ARD, the younger spouse below 45 years of age (53%) represented more samples than the older spouse above 45 years of age

(47%) in the present study. In terms of educational qualification, the maximum numbers of representative samples were Primary level (38%), followed by higher secondary (27%), secondary (18%), and a least by graduation (17%). About types of family, 64% were from nuclear families and 36% were from joint families. Concerning religion, the highest representative samples in the present study were Hindu (76%).

In terms of monthly family income, the maximum numbers of representative samples were a monthly amount of Rs. 10000 to 300000 (63%), followed by 30000 (22%) and a least by below 10000 (15%). In the case of the number of children born, the maximum numbers of representative samples in the present study were two to three children 42%, followed by four children and above (36%), and a least by only one child (22%). In terms of years of marriage, the highest representative samples were ten to twenty years of marriage (41%), followed by less than ten years (38%), and a least by more than twenty years (21%). Regarding occupation, the highest representative samples were sheltered workers (38%) and followed by unemployed 26% next with business 25%, and a least by government employee 11%. About of age of initiation of alcohol use, 70% of respondents started taking alcohol before the age of 19 years, and the remaining 30% of respondents initiated taking alcohol after the age of 19 years. For wife battering due to alcohol intoxication, 50% sometimes had beaten their wife, 35% never beaten their wife due to alcohol intoxication and 15% claimed that they had beaten their wife due to alcohol intoxication.

The second section of the study estimates the frequency and pattern of depression among spouses of male patients with alcohol-related disorders. The present findings showed that the percentage and pattern of mild, moderate, and severe levels of depression of among spouses of male patients with ARD were 34%, 51%, and 15% respectively. The present study was supported by a study conducted by Bagul et.al. (2015) results show a high prevalence of Psychiatric morbidity (63.33%) among spouses of alcohol-dependent men. Another research collaborated that mood disorders comprised 50% of the total Psychiatric morbidity (Mammen et al., 2015). Similarly, wives of men with alcohol use disorder show significantly higher rates of both depression and depression when compared with wives of men without

alcohol use disorder (Rakesh et al., 2017). Shah et.al. (2017) anxiety 16 % and depression 36% were higher in wives of alcohol-dependent men who were supported by the present study. Thasnim et.al. (2015) 43% major depressive disorders was present in spouses of alcohol dependent men.

The third section of the study describes the relationship between socio-demographic variables and depression among spouses of male patients with alcohol-related disorders. In the present study, there were no significant relationships found between socio-demographic factors such as age, education, occupation, religion, types of family, place of residence, monthly income, number of children, years of marriage, age of initiation of alcohol use, and wife battering due to alcohol intoxication and levels of depression among spouses of male patients with alcohol-related disorders. This finding was contradicted an earlier study which demonstrate that husband drug dependence and lower monthly income were common predictors of depression among wives of drug dependents in Iran, while older age, shorter marital duration, and lower educational level were predictors of depression (Noori et.al., 2015).

The fourth section discusses the relationship between the severity of alcohol dependence and depression among spouses of male patients with alcohol-related disorders. The present findings showed that there was a significant relationship between the severity of alcohol dependence and the level of depression among spouses of male patients with alcohol-related disorders. The finding also revealed that the higher the severity of alcohol dependence among the spouse of male patients higher the levels of depression among the spouses. These findings agreed with the earlier research that reported the presence of psychiatric morbidity in the spouse was associated with increased years and higher severity of alcohol dependent (Ghosh et.al., 2017).

The fifth section of the study examines the relationship between the duration of alcohol use and depression among spouses of male patients with alcohol-related disorders. The present findings revealed that there were no significant relationships found between the duration of alcohol use and the levels of depression among spouses of male patients with alcohol-related disorders.

CONCLUSIONS

The study concluded that the maximum number of representative samples regarding educational qualification was primary level; for the type of family was nuclear family; most of the respondents was Hindu; the majority of participants was sheltered work, etc. The husband's age of initiation of alcohol use was before the age of 19 years. Wife battering due to husband's alcohol intoxication, 50% reported that they had beaten their wife for sometimes and 35% reported that they had never beaten. These findings were supported by other studies such as the prevalence of psychiatric morbidity among spouses of alcohol-dependent men, hospital-based observational and cross-sectional studies among spouses of male patients diagnosed with alcohol use syndrome etc. Concerning the relationship between socio-demographic factors and depression among spouses of male patients with alcohol-related disorders, it was concluded that there were no significant relationships found between socio-demographic factors (age, education, occupation, religion, types of family, place of residence, monthly family income, number of children, years of marriage, age of initiation of alcohol use and wife battering due to alcohol intoxication) and levels of depression among spouses of male patients with alcohol-related disorders. This present finding was contradicted an earlier study which demonstrates that spousal drug dependence and lower monthly income were common predictors of depression among spouses of drug dependents in Iran, while older age, shorter marital duration, and lower educational level were predictors of depression. The findings revealed that the higher the severity of husband alcohol dependence higher the levels of depression among their wife. Regarding the relationship between duration of alcohol use and depression among spouses of male patients with alcohol-related disorders, the present findings concluded that there were no significant relationships found between duration of alcohol use and the levels of depression among spouses of male patients with alcohol-related disorders.

LIMITATIONS

1. This study was done only with female spouses of male ARD. The male spouses of the female ARD were not taken up for study because the duration of the study period was short.

2. The study was conducted in a tertiary care hospital hence it might not be representative of the general population.
3. The instruments used to assess for depression was screening test, which may have overestimated the subjective reporting of the conditions. This is a cross-sectional study and hence only associations can be elucidated, and causation cannot be commented upon.

IMPLICATIONS OF THE STUDY

Despite these limitations, this preliminary investigation sheds light on the fact that depression in spouses of patients with alcohol-related disorders is an issue that needs further study and attention in clinical practice. The findings from this study are an attempt to bring a focus on common mental disorder like depression faced by the spouses and pressing the need to provide proper assessment and intervention in this regard.

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