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Descriptive co-relation study to assess the Co-dependency and Depressive's symptoms among wives of Alcoholics in selected rural communities at Kondancheery Village

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Abstract
Alcoholism is a chronic behavioural disorder manifested by repeated drinking of alcohol beverages, in excess of the dietary social use of community and to an extent that interferes, with drinker's health or is social or economic functions. The research design for the study descriptive research design. Convenience sampling technique was used to select samples. Structured interview was used to collect background variable, co-dependency scale and center for epidemiological studies depression scale. Data were collected by 100 from rural population at Kondancheery.The result shows that 17% were between the age group 20-25 years, 34% were between 26-30 years, 12% were between 31-35 years, 14% were between 36-40 years and 23% were between 41-45 years. 72% of the marriage were non-c0nsanguineous marriage and 28% were consanguineous marriage. Duration of staying together were 2-4 years for 11%, 5-7 years for 19%, 8-10 years for 12% and above 10 years for 58% of the sample. It was observed that among 100 samples.24% have only 1 child, 40% have 2 children, 30% have 3 children and only 6% of the sample have 4 children. 40% of the sample had no formal education, 29% had primary education, 25% had high school education and only 6% had studied PUC. The occupational status of the samples was found out that 45% were house wives, 47% were going for daily wages and 8% were self-employed. Co-dependency scale 55% of the sample was found to be moderately co-dependency scoring 16-39, 45% was found to be highly co-dependent. The result revealed that 80% of the sample had major depression after scoring $\geq$ 20 and 20% had mild to moderate depression. The mean of co-dependency was 38.33 and SD 6.7 and with regard to depression mean 32.58 and SD 9.1. The computes value of Karl Persson's correlation co-efficient was 0.2769. So, this shows there exists a positive correlation between co-dependency and depression. The Karl Person's correlation was used to test the hypothesis. Since the obtained r value is (0.2769) the research hypothesis is accepted. That is there was a significant co-relation between the level of co-dependency and depressive symptoms among wives of alcoholics.

Keywords: Co-dependency, depressive symptoms, alcoholic clients, rural population

Introduction
India is one of the largest producers of alcohol in the world and there has been a steady increase in its production over the last 15 years, according to new statistics. More than two-thirds of the total alcohol beverage consumption in the region is in India, according to figures in the newly-compiled Alcohol Atlas of India. The consumption is a 2 litters per person a year. The statistics show that alcoholism increases suicidal tendencies, incident of domestic violence and affects the ability of a person to concentrate at work.

Alcoholic beverages have been used in human societies since the beginning of recorded history. The patterns of alcohol intake around the world are constantly evolving, and alcohol is ubiquitous today. Research has contributed substantially to our understanding of the relation of drinking to specific disorders, and has shown that the relation between alcohol consumption and health outcomes is complex and multidimensional. Increases in the average volume of drinking are predicted for most populous regions of the world in Southeast Asia including India. Cultural differences apparently influence the pattern of alcohol consumption The problem of excessive alcohol consumption is a major cause of public health concern in most countries of the world today. Heavy consumption, which involves for more than dependence, can cause undoubted misery to individual, who is usually affected by others physical, psychological, and social abilities has well. Life in the family of someone with a drinking problem becomes increasingly restricted.

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Excessive intake alcohol leads to a stage of darkness were the person involved loses control over is mental faculties and he maybe a source of danger to himself and for others. Alcohol is associated with a substantial proportion of human violence.

Co-dependency and alcoholism go together because they are two sides of a dysfunctional relationship that reinforce each other. Alcoholism was classified as a disease nearly 50 years ago and has been well established as a disorder of the mind and body. Alcoholics have lost the choice of whether to drink or not and continue to do so despite increasingly severe consequence to their health, job, relationships and freedom. Co-dependency often surrounds the alcoholic and is display by loved ones, friends and even co-workers who find themselves being continually compromised by a problem drinker.

The National Household Survey of Drug Use in the country is the first systematic effort to document the national-wide prevalence of drug use. Alcohol (21.4%) was the primary substance used followed by cannabis (3.0%) and opioids (0.7%). 17% to 26% of alcohol users qualified for ICD 10 diagnosis of dependence, translating to an average prevalence of about 14%. There was a marked variation in alcohol use prevalence in different state of India. Current use ranged from a low of 7% in the western state of Gujarat to 75% in the North-eastern state of Arunachal Pradesh. The incidence study on alcohol use among men was 3 and 2 per 1000 persons in a total cohort of 2,937 households.

The drug abuse monitoring system, which evaluated the primary substance of abuse in inpatient treatment centres found that the major substances were alcohol (43.9%), opioids (26%) and cannabis (11.6%). Alcohol use/abuse prevalence in different regions has thus varied from 167/1000 to 370/1000; alcohol addiction or alcoholism or chronic alcoholism from 2.36/1000 to 34.4/1000; alcohol and drug use/abuse from 21.4 to 28.8/1000.

A study in southern rural India showed that 14.2% of the population surveyed had hazardous alcohol use on the AUDIT. A similar study in the tertiary hospital showed that 17.6% admitted patients had hazardous alcohol use.

A study was conducted in NIMHANS sponsored by WHO shows 20% of women reported domestic violence and 94.5% of women identified their husband's alcohol consumption as a risk factor in incident of domestic violence. Findings show that relation between alcohol and health outcome is complex and multidimensional.

The purpose of the study was 1.To assess the level of co-dependency among wives of alcoholics.2.To assess the depressive symptoms among wives of alcoholics 3.To find the co-relation between co-dependency and depressive symptoms among wives of alcoholics.4.To find out the association between co-dependency and selected demographic variables

To find out the association between depressive symptoms and selected demographic variables

Methods and Material
A descriptive study was conducted toassess the co-dependency and depressives' symptoms among wives of alcoholics in selected rural communities at Kondancheery village respectively. The main study was conducted on 4.3.2020 to 13.3.2020 at Rural population. The 100 samples who met the inclusion criteria were selected by convenience sampling technique. The investigator induced and explained

the purpose of the study to samples and the written informed consent. A questionnaire was divided into two sections which include, Section A -background variable, section B consists of co- dependency scale and section C consists of centre for epidemiological studies depression scale. The demographic data was collected using structured interview questionnaire. Data collection period was for 1 week in rural areas.

Result and Discussion
Section A: Demographic Variable of the Rural Population
The present study revealed that 17% were between the age group 20-25 years, 34%were between 26-30 years, 12% were between 31-35 years, 14% were between 36-40 years and 23% were between 41-45 years. 72% of the marriage were non-c0nsanguineous marriage and 28% were consanguineous marriage. Duration of staying together were 2-4 years for 11%, 5-7 years for 19%, 8-10 years for 12% and above 10 years for 58% of the sample. It was observed that among 100 samples.24% have only 1 child, 40% have 2 children, 30% have 3 children and only 6% of the sample have 4 children. 40% of the sample had no formal education, 29% had primary education, 25% had high school education and only 6% had studied PUC. The occupational status of the samples was found out that 45% were house wives, 47% were going for daily wages and 8% were self-employed. 10% of the samples were Hindu, 90% were Christian. Duration of alcohol consumption by husband was more than 9 years for 57%of the samples, 7-9 years for 14% and 4-6 years for 29%. 60% of the sample had alcoholic history in parents and 40% had no alcoholic history in parents.

Section B: Determine the Level of Co-Dependency among Wives of Alcoholics
The present study revealed that based on co-dependency scale 55% of the sample was found to be moderately co-dependency scoring 16-39, 45% was found to be highly co-dependent.
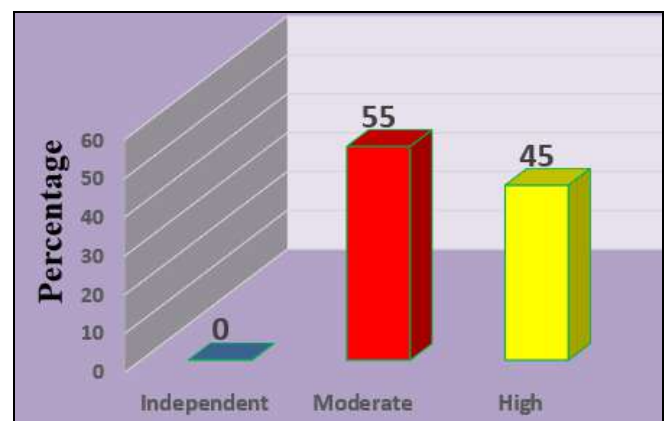

Fig 1: Co-dependency level

Table 1: Table 1 shows that there were 14 statements in the Co-dependency scale and the maximum score was 56. The mean value 38.33 and SD value 6.7.

S. No	Aspects	Statement	Max. Score	Co-dependency Mean	SD
1.	Co-dependency	14	56	38.33	6.7

Section C: Describe the Depressive Symptoms among wives of Alcoholics among Rural Population

Table 2: Show the revealed that 80% of the sample had major depression after scoring ≥ 20 and 20% had mild to moderate depression

Depression level	Category	Wives of alcoholics	
		Frequency (f)	Percentage (%)
No depression	0-14 Score	0	0.0
Mild to moderate	15-21 Score	20	20.0
Major depression	22-60 Score	80	80.0

Table-2 revealed that 80% of the sample had major depression after scoring ≥ 20 and 20% had mild to moderate depression.
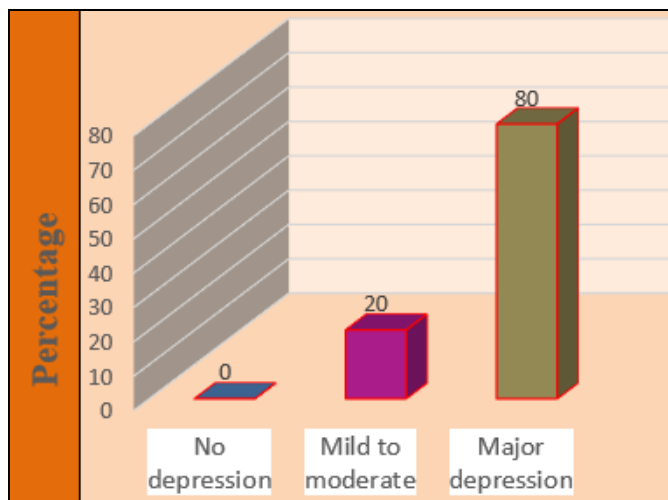

Fig 2: Show the Depression level

Figure- 02 revealed that 80% of the sample had major depression after scoring ≥ 20 and 20% had mild to moderate depression.

Table 3: Mean response on depressive symptoms level among wives of alcoholics N=100

S. No	Aspects	Statement	Max. Score	Depressive Symptoms	
				Mean	SD
1	Depressive symptoms	20	60	32.58	9.1

Table 3 shows that there were 20 statement in the center for epidemiological studies-depression scale and mean of depression was 32.58 and SD 9.1.

Section D: Find out the relationship between co-dependency and depressive symptoms among wives of alcoholics

Table 4: Relationship between co-dependency and depressive symptoms among wives of alcoholics N=100

Aspects	Max. score	Response		Correlation Coefficient (r)
		Mean	SD	
Co-dependency	56	38.33	6.7	0.2769
Depressive symptoms	60	32.58	9.1	

Level of significance=0.05

The table 7 shows that mean of co-dependency was 38.33 and SD 6.7 and with regard to depression mean 32.58 and SD 9.1. The computes value of Karl Person's correlation co-

efficient was 0.2769. So, this shows there exists a positive correlation between co-dependency and depression.

The Karl Person's correlation was used to test the hypothesis. Since the obtained r value is (0.2769) the research hypothesis is accepted. That is there was a significant co-relation between the level of co-dependency and depressive symptoms among wives of alcoholics.

Section E: Association between co-dependency and demographical variables among wives alcoholics

The present study revealed that there was significant relation between co-dependency and demographic variables like age (χ2 =20.31), type of marriage (χ2=20.51), educational level (χ2=22.30), occupational status (χ2=10.75), monthly family income (χ2=7.24). There was not significant relation between co-dependency and demographic variables like duration of married life, number of children, type of family, duration of alcohol consumption by husband, alcoholic history in parents. So the research hypothesis, H2 is accepted. That is there was significant association between of co-dependency and selected demographic variables.

Conclusion

This showed that there is co-dependency scale 55% of the sample was found to be moderately co-dependency scoring 16-39, 45% was found to be highly co-dependent.80% of the sample had major depression after scoring ≥ 20 and 20% had mild to moderate depression. The study revealed positive co-relation between the co-dependency and depressive symptoms

Reference

1. Alcohol in India at a new high. The Hindu Sec A:1(col. 1), 2008.
2. Morris Lolin, Ian frank walker. Women married to alcoholics: help and hope for non alcoholic partners. Canada: Macmillian publishers, 1989.
3. Moos RH, Finney JW, Cronkite RC. Alcoholism treatment context, process, and outcome. Newyork: oxford university press, 1990, 353-36
4. U.S Department of health and human services and SAMHSA's national clearing house for alcohol and drug investigation (online), 2003.
5. Tetyana Parsons. Alcoholism and its effect on family. AllPsych journal, 2003.
6. Murthy P, Manjunatha N. substance use and addiction research in India. Indian journal pf psychiatry 2010;52(22):189-99.
7. The executive lifestyle and alcohol consumption. The Hindu, 2007.
8. Ranjana Tiwari. Presumptive stressful life eventsamong spouse of alcoholics, Indian journal of social science researches 2010;7(1):41-46.
9. Timmen I. Cermak MD. Diagnostic criteria for co-dependency. Journal of psychoactive drugs 1986 Jan-Mar; 112-118
10. Mary Ann Boyd. Psychiatric nursing contemporary practice. New Delhi: Lippincott Williams and Wilkins, 2008.
11. Dr. K Lalitha. Mental health and psychiatric nursing". An Indian Perspective. Bangalore: VMG book house, 2008.

12. Rosemay N. Foundations of nursing research. 3RD edition. Pearson education, 2009.

13. Wesley L Ruby. Nursing theoriesand models. 2ND edition. Pennsylvania: Spring house publications;1994

14. Poulose B, Srinivasan K. High risk behaviors following alcohol use in alcohol dependent man. Indian J Med Res 2009;129(4):354-6.

15. Rotunda RJ, West L, O'Farell TJ. Enabling behavior clinical sample of alcohol-dependent clients and their partners. J Subst Abuse Treat. 2004;26(4):269-76.

16. Rabiul Karim KM. Men's arrack drinking and domestic violence against women in a Bangladesh village. Int Q Community Health Educ 2006;25(4):367-80.

17. Zetterlind U, Hansson H, Aberg-orbeck K, Berglund M. Effects of copying skills training, group support, and information for spouses of alcholics: a controlled randomized study, Nord J psychiatry 2002;55(4):257-62.

18. Backe B. Co-dependency and depression. Journal of couple therapy 1994;(1&2):105-127.

19. Homish GG, Leonard KE, Kearns-Bodkin JN. Alcohol use, alcohol problems, and depressive symptomatology among newly married couples. Drug alcohol depend 2006;83(3):185-92.

20. Tempier R, Boyer R, Lambert J, Moiser K, Duncan CR. Psychological distress among female spouses of male at-risk drinkers Alcohol 2006;40(1):41-9.

21. Bhowmick P, Tripathi BM, Jhingan. Relationship between social support, copying resources and codependence in wives of individual with alcohol dependency. Indian journal of psychiatry 2001;43(3):219-224

22. Frank J Floyd, Michelle Klotz Daugherty, Hiram H, *et al*. martial interaction in alcoholic and non-alcoholic couples: alcoholic subtype variations and wife's alcoholism status. J Abnorm psycho 2006:115(1):121-130

23. Sherry Lipsky, Raul Caetano, Craig. A Field. Psychosocila and substance-use risk factors for intimate partner violence. Drug and alcohol dependence 2005;78(1):39-47.

24. Wang JL, Schmitz N, Dewa CS. Socioeconomic status and the risk of major depression: The Canadian National Population Health survey. J Epideiol Community Health 2010;64(5):447-57.