

Behavioural Problems Among Children of Alcoholic Parents at Selected Government High School in Bangalore

BO Dayananda¹, Rental Sreevani²

Abstract

Perhaps the most defenceless victims of alcoholism are the children of alcoholics. It is, therefore, very important to screen for problems at earliest age. In this study, a cross-sectional descriptive survey research design was adopted. One hundred children of alcoholic parents were recruited by non-probability purposive sampling method. Children of alcoholic screening test were used for identifying children of alcoholics. Paediatric Symptom Checklist was used for assessing behavioural problems. The study was conducted at three Government High Schools in Pottery Town, Hosaguddadahalli and Attigupe, Bangalore.

The result shown that 58 percent of respondents were having mild to moderate impairment in psychosocial functioning. 11 percent of the children scored positive on the internalising subscale, 13 percent scored positive on the externalising subscale, 9 percent scored positive on the attention subscale and 10 percent were positive for other problems like physical symptoms, difficulty in academics and sleep disturbance. There was no significant association found between behavioural problems scores with age, sex, religion, class, educational qualification of father, educational qualification of mother, occupation of father, occupation of mother and monthly family income. It is concluded that children of alcoholic parents are risk for behavioural problems.

Alcoholism is a family disease, as it affects not only the alcoholic but everyone close to them. Children from alcoholic families usually develop behavioural problems based on their often traumatic experiences. Globally, harmful use of alcohol causes approximately 3.3 million deaths every year (or 5.9% of all deaths), and 5.1 percent of the global burden of disease is attributable to alcohol consumption.

According to Global status report on alcohol and health 2014, the prevalence of alcohol use disorders and alcohol dependence in India among men is 4.5 percent and 3.8 percent respectively, whereas for females it is 0.6 percent and 0.4 percent. Many prevalence studies shows that 14-36 percent of the population surveyed had hazardous alcohol use among adults in India. A study by Rather YH et al (2013), Sau M et al (2013) shows that most common age of initiation was 11-20 years. Parental substance abuse effects child's psychological development, which places these children at higher risk for behavioural, emotional, physical and mental health problems.

The authors are: 1. Associate Professor & Head, Department of Psychiatric Nursing, Kempegowda College of Nursing, Bangalore; and 2. Professor & Head, Dept. of Psychiatric Nursing, Dharwad Institute of Mental health and Neuroscience, Dharwad (Karnataka).

Need for the study

Alcohol related disorders have become matter of global concern because of impact on individual health, familial and social consequences. Children growing up in families with substance abuse would expect to have deficits in coping skills and suboptimal parenting would be expected to contribute to these deficits. The dysfunctional family coping will result in negative and adverse effects on development of children and adolescents.

More than 10 percent of US children live with a parent with alcohol problems. The Alcohol Harm Reduction Strategy (UK) suggests there are 780,000 - 1.3 million children affected by parental alcohol problems. The largest Australian study on parental alcohol abuse suggests that 13.2 percent (451,621) of Australian children live in a household with at least one adult who binge drinks. The 2007 National Drug Strategy Household Survey puts this figure between 17 and 34 percent.

In India an NGO survey shows that 63.6 percent of patients coming in for treatment are introduced to substance at an age below 15 years. Another study revealed that 13.1 percent of the people involved in substance abuse in India, are below 20 years.

Many studies show that children of alcoholic are

risk for anxiety and/or depression, antisocial behaviour, relationship difficulties, behavioural problems, and/or alcohol abuse. These children also have difficulties with studies. Parents who drink alcohol in excess are more likely to abuse their children. Risk for alcoholism and drug abuse in such children is higher than in other children. Lifetime depression (46%), suicidal ideation (42%), and suicidal behaviour (23%) were highly frequent among female child from parental alcoholism.

Studies on the prevalence of behaviour problems in children shown alarming results and yet strikingly varying. Studies in rural and urban areas of different parts of India suggest prevalence range ranging from 1.16 percent to 43.1 percent.

If problems are identified at earliest age and appropriate rehabilitation services are provided, complications can be prevented. School settings are the most common intervention sites. Studies in this direction are few in India, hence our initiative.

Review of literature

Iwona G et al (2015), Hinrichs J et al (2011), Hussong AM et al (2010) and Zanoti-Jeronymo DV et al (2005) showed that children of alcoholic parents are at risk of forming internalising behaviours and externalising behaviours. In addition, children will be having negative self-concept and lower academic performance.

The study on psychiatric disorders among children of alcoholics by Burns AR et al (2013) shows that children had significantly higher somatisation scores, social withdrawal and greater attention problems. Balsa AI et al (2009) showed that parental drinking

problem is associated with significant mental health consequences for children.

Robinson (2014) described 10 common behavioural patterns exhibited by children of alcoholics in the school setting: difficulty in concentrating, persistent absenteeism, poor grades and/or failure to turn in homework, low scores on standardised tests, sudden behaviour change, signs of neglect or physical/sexual abuse and compulsive behaviours, withdrawal from other children.

Objectives

The study was conducted (i) to assess the behavioural problems among children of alcoholic parents, and (ii) to find out the association between behavioural problem scores with selected socio-demographic variables.

Assumptions

1) The children of alcoholic parents have an elevated risk of developing behavioural problems. 2) There will be a statistically significant association between behavioural problem scores with selected socio-demographic variables.

Materials and Methods

The study adopted a cross-sectional descriptive survey research design; 100 children of alcoholic parents were recruited by non-probability purposive sampling method at three government high schools in Pottery Town, Hosaguddadahalli and Attiguppe, Bangalore. Data was collected from June to August 2017; 497 children were screened. Those who scored more than 3 in children of alcoholic screening test and aged between 12-16 years were selected for study. Children with learning disorders were excluded. The study protocol was got approved from institutional human ethics committee. Formal permission was obtained from BEO, Head Master and informed consent was taken from child and their parents.

Assessment

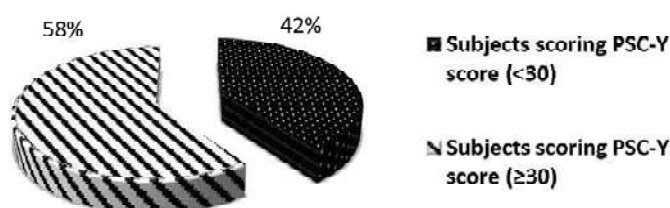
Children who fulfilled the inclusion criteria were administered the socio-demographic proforma and Paediatric symptom checklist.

1. Socio-demographic proforma: It included questions on their age, sex, religion, class, educational qualification of father, educational qualification of mother, occupation of father and mother and monthly family income.
2. Paediatric symptom checklist: Youth Report (Y-PSC) is public domain psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioural problems. The Y-PSC

Table 1: Children scoring positive on the PSC-Y subscales (N=100)

Subscales	Max score	Cut-off score	f	%
Internalising problems	10	≥ 5	11	11
Externalising problems	14	≥ 7	13	13
Attention Problems	10	≥ 7	9	9
Other problems	36	≥ 18	10	10
Total	70	≥ 30	58	58

Fig 1: Distribution of subjects on PSC-Y score



consists of 35 items that are rated as “Never,” “Sometimes,” or “Often” present and scored 0, 1, and 2, respectively. The total score is calculated by adding together the score for each of the 35 items. The score ranges from 0-70. The cut-off score for the Y-PSC was 30 or higher indicates impairment in psychosocial functioning. An Indian study shows reliability was 0.8. The investigator collected the data through self-report questionnaire method.

Data Analysis

Descriptive statistics were computed for Paediatric symptom checklist sub-scales scores. Chi-square was used for finding association between behavioural problem scores with selected socio-demographic variables.

Results and Discussion

Demographic characteristics

Majority (38%) of the respondents were in the age of 15 years, most of them were male (65%). Majority (55%) of the respondents were Hindus and highest numbers (39%) of the respondents were studying in 9th standard. Majority (39%) of the fathers and mothers of respondents had no formal education. Majority (40%) of the fathers of respondents had business as occupation and mothers were non-working (45%). Highest number (46%) of the respondents' family monthly income was Rs 10000-15000.

Findings related to Behavioural problems among children of alcoholics

Table 1 shows that 11 percent of children scored 5 or more on internalising subscale which indicate significant impairments with anxiety and/or depression, 13 percent of respondents scored 7 or more in externalising subscale which indicated significant problems with conduct, 9 percent of respondents scored 7 or more which indicated significant impairments in attention and 10 percent of respondents having scored 10 or more had other problems like physical symptoms, difficulty in academics and sleep disturbance.

It was observed that 58 percent of respondents scored 30 or more which indicated mild to moderate impairment in psychosocial functioning; 42 percent of respondents were normal (Fig 1). The combined mean was 31.92 ± 4.15 .

Findings related to Association

There was no significant association between behavioural problems scores with age ($\chi^2=1.25$;df 3), sex ($\chi^2=0.96$;df 1), religion ($\chi^2=0.86$; df 2), class ($\chi^2=1.20$;

df 2), educational qualification of father ($\chi^2=2.56$; df 3), educational qualification of mother ($\chi^2=1.23$; df 3), occupation of father ($\chi^2=1.20$; df 2), occupation of mother ($\chi^2=0.36$; df 2) and monthly family income ($\chi^2=1.36$; df 2).

The study revealed that highest (13%) of respondents scored positive for externalising behavioural problems; this supported by a prior study of Bountress & Chassin (2015) who found that children of parents with alcohol and drug disorders were at risk for externalising behavioural problems. Finan et al (2015) also found that father's alcoholism increased externalising behavioural problems among boys. The study by Whitaker TM et al also found that children with pre-natal drug exposure had more externalising behaviour problems.

Authors revealed that 11 percent of children scored positive for internalising subscale which indicating significant impairments with anxiety and/or depression. Our findings echo previous research evidence which show higher risk of anxiety and depression among children from alcoholic families.

The study conducted by Sidhu J et al (2016) also showed that both male and female children of alcoholic parents had high externalising and internalising scores. The girls have higher internalising scores while the boys of such parents have higher externalising scores.

Our finding that 58 percent of respondents had mild to moderate impairment in psychosocial functioning is supported by Christensen & Bilenberg (2010) who reported significantly greater risk of scoring above the 95th percentile on behaviour problems, and socially deviant behaviour among children of alcoholics. Bista B et al (2016) also found that Frequency of family alcohol problem was significantly associated with psychosocial dysfunction among children. Previous studies also showed cognitive, behavioural, and emotional problems among school-age children of alcoholic parents. In a study in Bangalore, Srinath *et al* (2004) found a significant association between alcoholism in parent and psychiatric morbidity in children aged 4-16 years.

Nursing Implications

The school nurse is in a unique position to act as a change agent for youth substance abuse prevention and providing proper guidelines for problems faced by children of alcoholics. Public health nurses, working in health centres and schools, have the responsibility and the opportunity to identify young people struggling with psychotropic drug use as well as teach and support significant others, e.g. parents and siblings.

Recommendations

- The study can be replicated in a larger sample for making more valid generalisation.
- A comparative study can be conducted between children of alcoholic parents and non-alcoholic parents.
- An interventional study can be conducted for reducing behavioural problems among children of alcoholics.

Limitations

The study was limited to 100 children of alcoholics from only three government high schools, and did not use randomisation and small number of subjects limits generalisation of the study.

Conclusion

Children of alcoholics are at higher risk for developing behavioural problems. There is need to raise public awareness about the prevalence of these often "hidden" behavioural and emotional problems among children of alcoholics. Further research is needed to identify effective strategies for using primary care for recognising, diagnosing, and treating mental health problems in children and adolescents.

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