ABSTRACT

Alcohol is a universal problem and of a great public health concern. Alcohol addiction is now the third leading cause of life style choice death. Nearly 2.5 million people worldwide die each year due to the harmful effects caused by alcohol addiction. According to World Health Organization 2014 report, episodes of heavy drinking among Indian population was 3.2% in male and less than 0.1% in female aged 15 years and above. The prevalence of alcohol use disorders was found to be 4.5% and 3.8% respectively among males aged 15 years and above and in females it was 0.6% and 0.4% respectively. Age standardized death rate related to liver cirrhosis in male was 39.5 and in female was 19.6.

Family of alcohol dependents suffer from deep emotional issues, marital disruption, poor cohesion, expressiveness and communicational problems and lack of hierarchical boundaries. Families experiencing problems with alcohol dependence are fragile. Alcohol addiction usually has strong negative effects on marital relationship.

There are many significant cost alcoholism exacts upon family, one of its most detrimental may be its negative effects upon the children who grow up with the alcohol dependent parents. The family members of the alcohol dependent person also suffer in the background. The children of alcoholic dependent parents are the unwilling victims of the problem which generally is the centre of their childhood existence, and therefore shapes their personality and behaviour as adults. These victimized children are rarely treated as individuals who need help.

The children’s physical and emotional demands are neglected. They do not share or talk about their suppressed feelings having no opportunity for freedom of expression and develop mistrust because of the unpredictable behaviour of parents. They take roles and responsibilities often inappropriate to their age, witness violence in different forms at home, feel guilty and responsible for their parent’s behaviour. Faulty role modelling of both parents furthers damage to the children. Therefore the
investigator aimed the present study to assess the health effects and coping strategies among children of alcohol dependent parents residing at Kirumambakkam Primary Health Centre, Puducherry.

The objectives of the study includes, to assess the health effects, to describe the coping strategies adopted by the children of alcohol dependent parents, to correlate between health effects and coping strategies adopted by the children of alcohol dependent parents and AUDIT scores of parents, to associate the health effects and coping strategies of the children of alcohol dependent parents with selected demographic variables of parents, to associate the health effects and coping strategies of the children of alcoholic dependent parents with their selected demographic variables and to assess the problems faced by the children of alcohol dependent parents.

Health effects are the physical, psychological health outcomes experienced and expressed by the children of alcohol dependent parents in which the physical effects like height, weight, BMI, Haemoglobin and Clinical symptoms were assessed. Psychological effects like Stress and Self-esteem were measured using standardized perceived stress scale developed by Cohen (1965) and standard Rosenberg (1994) questionnaire respectively. Coping strategies were measured by standardized adolescent coping scale - II developed by Erica Frydenberg (2011). Problems of the children were also assessed by the structured check list developed by the investigator.

Male and female children of alcohol dependents parents between the age 12 and 18 years were included as samples of the study. Parents dependent to alcohol were identified using standardized Alcohol Use Disorder Identification Test (AUDIT). A non-experimental, quantitative research approach using a cross sectional exploratory research design was implied for this study. The research study was conducted in selected villages of Kirumambakkam Primary Health Centre, Pondicherry. Using non probability purposive sampling technique, 400 children were included. The children were taught about effective coping strategies at end of data collection individually by the investigator. The data was analysed using SPSS package including descriptive and inferential statistics.
The BMI calculation showed 83 (20.75%) children were found to be underweight and 9 (2.25%) were obese. 145 (36.25%) children were found with mild anaemia and 73 (18.25%) were having moderate anaemia. The physical health assessment revealed 39 (9.75%) had worm infestation, 2 (0.5%) had chicken pox, 17 (4.25%) had scabies, 166 (41.5%) had head ache, 124 (31%) had stomach ache, 53 (13.25%) had back ache, 63 (15.75%) had sleeplessness. Dental carries was found among 59 (14.75%) children, menstrual irregularities was reported by 9 (2.25%) girls. Three of them were taking treatment for iodine deficiency and 10 (2.50%) were taking treatment for ulcer. There were 45 (11.25%) children abused physically and 3 (0.75%) sexually abused by their alcohol dependent parents.

The perceived stress level was high among 176 (44.00%) children and very high among 137 (34.25%) children. The self-esteem of 153 (38.25%) children was low and only 15 (3.75%) of them had high self-esteem. The children equally adopted both, productive (Mean 51.21 at SD 13.24), and non productive coping Mean 51.93 at SD 10.41) strategies. The correlation was significantly positive between BMI and haemoglobin (r=.26, P= 0.05), coping and self-esteem (r=.17, P=0.05) and between problem and stress (r =, P= 0.05). A negative correlation was found between coping and stress(r=- 0.31, P= 0.05), problem and coping level (r=-.12, P= 0.01) and between AUDIT score of parents and haemoglobin level (r= -.10, P= 0.02) of children.

Haemoglobin of children had a significant association with education ($x^2$=16.87, P=0.01*) and occupation of mother ($x^2$=21.57, P=0.005**). Haemoglobin also found significantly associated with ($x^2$=15.7, P<0.01**) duration of addiction of parents. Perceived stress of children had significant association with occupation of father ($x^2$=30.39, P=0.001**). There was a significant association found between self-esteem of the children and age ($x^2$=8.5, P<0.03*) and income ($x^2$=7.84, P<0.04*) of the father.

Coping strategies of children and father’s income ($x^2$=8.24, P=0.05*) as well a de addiction treatment of their parents ($x^2$=4.76, P<0.05*) were found significantly associated. A significant association was found between haemoglobin level of
children and their age ($x^2=35.5, P<0.001***$), sex ($x^2=8.63 P<0.05*$) as well as their educational status ($x^2=28.13 P<0.001***$). Stress level of children and their gender ($x^2=7.12, p=0.05*$) had an association. The association was also found significant between the stress of children and their educational status ($x^2=15.3 P<0.01**$) and also with their birth order ($x^2=37.81 P<0.05*$). Self-esteem level of children and their educational status ($x^2=20.0, P=0.001***$) are also found associated significantly.

The problem level revealed that 334 (83.5%) children perceived low academic problems while 60 (15.0%), and 6 (1.5%) of them had mild and moderate academic problems respectively. The family problem was found low among 261 (65.3%) children, moderate among 118 (29.5%), and high among 21 (2.5%) children. The assessment of social problem showed 317 (79.25%) had low, 73 (18.25%) had mild and 10 (2.5%) had severe problems and had significant association with their education of mother ($x^2=11.14, P=0.003**$).

The results found that the children of alcohol dependent parents (COAs) suffer from various physical and psychological health effects and experienced low self-esteem and higher levels of stress. They equally adopted productive and non-productive coping strategies towards stress caused by their parental alcoholism. The children of alcohol dependent parents have moderate level of academic, family and social problems. With regard to correlation, BMI and Haemoglobin, as well as coping and self-esteem were positively correlated, whereas, stress and coping as well as coping and problems are negatively correlated.

Children of alcohol dependent parents experience trauma that is little understood by those who have not grown up in a home with a parent who has the untreated disease of alcoholism. Many children have great strength, resilience and coping skill, which can help them adapt in order to function as normal as possible. Others do not adapt so readily and face a multitude of problems. The current study found these children are suffering from various health effects and problems adapt poor coping strategies. The investigator concludes that the miserable impact of parental addiction to alcohol on their children can lead them to live in an unsafe,
unhappy restricted, over responsible life. Therapy/counselling must be planned to aim to move towards a healthier family system that builds self worth, where there is trust, open communication, love, independence and growth of these children of alcohol dependent parents.