CHAPTER - I

1. INTRODUCTION

Health has been recognized from time immemorial as greater potential to the individual, the community and the nation. Mental health is the balanced maturity leading towards harmonious and healthy living.

The world is complex and competitive. Tension must be accepted as part of daily living, and should be considered as an element of normal life. Frustration and the ability to accept such situation must be a component of every individual’s life. Individuals perceive that there are many ways which man adopts to reduce his tension and the most common is addiction especially consuming alcohol. They also perceive that consumption of alcohol will relieve discomfort, anxiety and tension but the sad part of it is that they become alcohol dependent persons which will reflect as low quality of life of the affected, their family especially children, and society as a whole.

Alcoholism is one of the major health and social problems all over the world and also it is a family disease and those close to the alcohol dependent people are as deeply affected by it. Alcohol is the universal problem and it is a great public health concern. Alcohol-dependence is characterised by behavioural, cognitive and physiological symptoms including “a strong desire to take the drug [alcohol], difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state” [1].

Alcohol consumption is the greatest risk factor for disease and disability in the middle-income countries and the third highest cause for death in the world [2]. Alcohol dependent person faces a variety of problems such as health, mental, family and social in origin. Personal consequences of alcohol dependency include trauma, violence, peptic and gastric ulcers, unsafe sex, pre mature death, organ systems failure, cirrhosis of liver, and poor nutritional status of the family [3]. Families of alcohol dependent persons also suffer from unwanted child birth.
Family is the basic unit of community. When the head of the family consumes alcohol the family is disturbed. In Indian culture, to run the family, the wives depend on their husbands. Hence when the husband becomes alcohol dependent, he neglects his family and the wife has to play his role in the family. When the wife and children are unable to cope up with these stresses, they may land up in problems relating to social, psychological and economical perspectives. Their ineffective coping strategies may worsen the problems in the family.

The effects of harmful drinking spread wider than the individual consuming alcohol, often impacting friends, family and colleagues before any negative health consequences can be identified in the drinker. The effects can be as damaging to the family as to the person drinking, with children being the most affected [4].

Families of alcohol dependent parents are families in distress. Alcohol dependency has been characterised as a family illness, as the individual family members participate in the dysfunctional behaviour of the alcohol dependent person by assuming faulty behavioural patterns. The consequences of alcoholism all too often result in chaotic, disorganized and dysfunctional families [5]. Families of alcoholic dependent persons experience guilt, shame, resentment, insecurity, delinquency, financial troubles, isolation, fear and violence [6].

Families of alcohol dependent persons have often distorted, inappropriate communication leading to emotional isolation among the family members. As they begin to function in an isolated manner, role performance is adversely affected and the alcoholic’s spouse has to frequently take on multiple roles, putting further strain on her already fragile emotional defences and coping styles. This accounts for increased incidence of desolation of the marital relationship in alcoholic’s families in terms of separation and divorce. The emotional trauma cannot be translated in terms of money but the impact it has on quality of lives is significant [7].

An alcohol dependent person’s home environment and the manner in which family members interact may contribute to the risk of the problem observed among their children. National association for children of alcohol dependent parents, USA, states that alcoholic families demonstrate poorer problem solving abilities than non-
alcoholic families both among the parents and within the family as a whole. These poor communication and problem solving skills may be mechanisms through which lack of cohesion and increased conflict develop and escalate in alcohol dependent families [8].

Life in the family of someone with the habit of alcohol intake becomes increasingly restricted. Members of alcohol dependent person’s families become co-dependent.” Co-dependency is an unconscious addiction to another person’s abnormal behaviour [9]. There may be a disruption to family functioning such as less cohesive, less chance of following the rituals, unable to express the positive side of the problem, lack of warmth and care and often feeling of unresolved conflicts.

The family of alcohol dependent individuals has the problems of indulge in problem behaviour and the partners have been found to engage in more verbal and physical aggression [10]. Eighty five per cent of men who behave violent towards their wives are frequent or daily users of alcohol. More than 50% of the abusive incidents are under the influence of alcohol. An assessment showed that domestic violence reduced to one tenth of previous levels after alcoholism treatment. Alcohol dependent persons spent 10%-45% of household expenditure on alcohol. Use of alcohol increases debts and reduces the ability to pay for food and education [11].

According to Shankaran L [12] family of alcohol dependent parents suffers from deep emotional issues, marital disruption, poor cohesion, expressiveness and lack hierarchical boundaries. Families experiencing problems with alcohol dependence are fragile. It not only affects the individual physically, but also the spouse and children both physically and psychologically. It has been identified that alcoholic family has a general atmosphere of moodiness, tension, and problems with the spouse and children. These effects include body organ dysfunctions, dizziness, unusual happiness, nausea, tiredness, withdrawal or social autism and abdominal cramps.

Alcohol consumption increases conflicts by demanding adaptive responses, and creates economic drain on the family’s resources. Family members deny reality at the initial stage and as the alcohol problem escalates and intensifies over time, they try
numerous ways to deal with each crisis. Their lives become just as dysfunctional as the addicted family member’s, impacting their physical and psychological health, resulting in low self-esteem, and unhealthy coping patterns. Disruption of marital bond through parental conflict impacts on the parent’s behaviour toward the child and relations between parents [13].

There are many significant cost alcoholism exerts upon family, and the 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 of the sick person. The children are the unwilling victims of a disease which generally is the centre of their childhood existence, and therefore shapes their personality and behaviour as adults. These victimized people are rarely treated as individuals who need help. The children’s physical and emotional demands are neglected. Having no opportunity, they do not share or talk about their suppressed feelings 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 the damage to children [14].

Social deprivation, poverty, and stress compound the trauma and childhood in alcohol dependent family is distressing – hidden to those outside the family and at times neglected by mental health professionals working in the field of addiction. The effect of strong family relationships on the potential negative effects of parental alcoholism contributes to resilience among children of alcohol dependent parents, shielding them from developing problems in childhood as well as the early development of alcohol problems in adolescence and adulthood [15].

1.1 BACKGROUND OF THE STUDY
1.1.1 World Scenario on alcohol addiction and children of Alcohol dependent Parents

Alcoholism is a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestation. Alcohol is responsible for 3.2 per cent of death (1.8 million) and four per cent of the disability – adjoined life years (DALYS, 58.3 million) lost. [16].

Alcohol consumption is the world’s third largest risk factor for disease and disability; in middle – income countries, it is the greatest risk. Alcohol is a casual factor in 60 types of diseases and injuries and a component cause in 200 other. Almost 4% of all deaths worldwide are attributed to alcohol, greater than deaths caused by HIV/AIDS, violence or tuberculosis. Alcohol is also associated with many serious social issues, including violence, child neglect and abuse, and absenteeism in the workplace [2].

The harmful use of alcohol is particularly a grave threat to men. It is the leading risk factor for death in males ages 15-59, mainly due to injuries, violence and cardiovascular diseases. Globally, 6.2% of all male deaths are attributable to alcohol, compared to 1.1% of female deaths. Men also have far greater rates of total burden attributed to alcohol than women-7.4% for men compared to 1.4% for women. Men outnumber women four to one in weekly episodes of heavy drinking – most probably the reason for their higher death and disability rates. Men also have much lower rates of abstinence compared to women. Lower socioeconomic status and educational levels result in a greater for men than women [2].

The very cold and startling statistics about drinking is that it is now the third leading cause of death, when death is from a life style choice, in the United States alone. Nearly 2.5 million people worldwide die each year due to the harmful effects caused by drinking too much including about 80,000 Americans [17].

Alcohol misuse is a growing concern in Australia, with the vast majority of Australian adults (83.6%) consuming alcohol in the last 12 months. The 2004-05 National Health Survey 3 [18] classified people into a health risk level (low risk,
risky, or high risk) based on their estimated average daily consumption of alcohol during the previous week. For both males and females the proportions drinking at risky and high-risk levels were highest in the middle age groups; for example, 18 per cent of males and 13 per cent of females aged 45 to 54 reported that alcohol consumption which would place them in the risky or high-risk groups [19].

The National Drinking Surveys of 2006 and 2010 in Ireland with the sample of 2,011 adults aged 18 years and over were combined and used for analysis. This translates to 1.85 million adults (18+ years) engaging in hazardous drinking. Over half (56%) of adult drinkers (1.37 million) engaged in regular hazardous drinking, at least once a month The prevalence of family problems as a result of someone else’s drinking was reported by 14% of respondents. This translates to approximately 449,000 adults/families negatively affected by others’ drinking [20].

Up to 1.3 million children in the UK are affected by parental alcohol problems (Alcohol Harm Reduction Strategy for England (AHRSE) [21]. Five times as many children could be affected by parental alcohol problems as by parental drug misuse. There are approximately 3.8 million people in England and Wales who are dependent on alcohol [22]. Alcohol causes up to 22,000 deaths each year and 1,000 suicides (AHRSE) [21]. Alcohol misuse by parents was identified as a factor in over 50 per cent of child protection cases [23]. Between 50 per cent and 90 per cent of families on social workers’ child care caseloads have parent(s) with drug, alcohol or mental health problem [24].

In United States alone there are an estimated 28 million children who have alcoholic parents. This figure is staggering when it is considered that, at least 11 million of those children are under the age of 18(alcoholism statistics-3). A report from substance Abuse and mental health services shows that total 7.5 million children in that 6.1 million of them live with 2 parents, either one or both abusing alcohol. The 1.4 million of those children, who remain, live with a single parent who abuses alcohol. 1.1 million of these children lived with a single mother and 0.3 million children lived with a single father [25].
Around half the nearly five million Australian families in 2001 were formed of couples with dependent children or single parents with dependent children [26]. Given the high proportions of adults who drink alcohol and the relatively high proportion drinking at risky or high-risk levels, many children in such families are likely to be affected by the alcohol misuse of one or more of parents.

The importance of parental drinking and parental supervision, as an influence on youth drinking was highlighted in a recent UK study. A survey of 5,700 children aged 13 to 16 years, reported that children who see parents drunk are twice as likely to regularly get drunk themselves [27]. The impact of alcohol on the family is extensive and contributes to the overall burden of alcohol-related harm. In the UK, it is estimated that up to one in eleven children are affected by parental alcohol problems [28].

A Scottish study, based on children’s accounts of living with harmful parental drinking, reported several negative impacts, including several emotional distress, physical abuse and violence and a general lack of care, support and protection [29]. The voice of Irish children was heard when the Irish Society for the prevention of Cruelty to Children (ISPCC) [30] reported in a survey with 9,746 children (12-18 yrs) on the effects of parental alcohol use on their lives (ISPCC). The findings showed that 9% of young people said that their parental alcohol use affected them in negative way. The negative effects included emotional impacts, abuse and violence, family relations, changes in parental behaviour and neglect. Hope A reported 2.9% of boys and 25.7% of girls under 18 years witnessed to serious violence and other family problems in the home environment [31].

According to the 2005 to 2010 National Surveys on Drug Use and Health (NSDUHs), out of the 7.5 million children living with a parent having an alcohol use disorder, most of these children (6.1 million) lived with two parents and either one or both of these parents had an alcohol problem. However, 1.4 million children lived in households with single parents who had alcohol use disorders. In these households, 1.1 million children lived with a mother, and 0.3 million lived with a father [32].
In 2005 a survey carried out by the centre for Social & Health outcomes Research & Evaluation (SHORE) in the Auckland region interviewed young people aged 12 – 17 years and one of parents/caregivers. The survey found that between 4 and 5 per cent of households had at least one parent/caregiver who is a heavy drinker. This figure alone suggests that the issue of the impact of heavy use of alcohol by a parent or caregiver on young people’s health and wellbeing requires substantive further consideration [33].

An in-depth study on the range and magnitude of alcohol’s harm to others in Australia showed that 12% of parents/carers reported that one or more of their children (under 18) had been physically hurt, emotionally abused or exposed to domestic violence because of others’ drinking. The report also examined child protection information and showed that alcohol was recorded in 33% of all child abuse confirmed cases [34].

A cross-sectional design was employed using a web-based survey targeted to 1000 Swedish 16–19-year-olds randomly selected from a web panel. The questionnaire included the CAST-6 scale, used to assess whether or not participants perceived parents’ alcohol consumption as problematic, and questions relating to whether or not they think someone close to them drinks too much and if this has caused them problems. Data was weighted using a post-stratification procedure. The proportion of adolescents classified as having parents with alcohol problems was 20.1%. Further, 44.0% reported that they think someone close to them drinks too much alcohol and 9.6% said that this has hurt them or caused them problems. These results indicate that the problem is widespread [35].

The National Centre on Addiction and substance abuse at Columbia university (1999) documented the effects of parental abuse of alcohol on children and the report says, substance abuse and addiction are the primary causes of the dramatic rise in child abuse and neglect and the immeasurable increase in the complexity of cases since – 1980’s. Further, it states that children whose parents abuse drugs and alcohol are almost three times (2.7) more likely to be abused and four times (4.2) more likely to be neglected than the children of parents who are not substance abusers [36].
Alcohol also caused a greater number of family adversities (e.g. family breakdown and child neglect), increased the chance of injuries to others (e.g. through violence and traffic accidents) and produced a greater decline in social cohesion and the reputation of the community [37].

1.1.2 Indian scenario on alcohol and children of alcohol dependent parents

According to the 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. Also the age standardized death rate related to road traffic accidents among male was 41.0 and among female it was 11.4 [38].

As per the data available from the National Family Health Survey (NFHS-3, 2007), just under one-third of men and 2 per cent of women drink alcohol in India, and young men aged 15-19 are least likely to drink alcohol. About 32% were current users of alcohol and between 4 and 13% were daily users. The proportion of users among rural and urban population is very similar 32% and 31% respectively. Significant higher use has been recorded among tribal, rural and lower socioeconomic urban sections. The statistics show an extreme gender difference in consumption pattern. Prevalence among women has consistently been estimated at less than 3 per cent but it is much higher in the North Eastern States [39].

An estimated 4.5% of the global burden of disease as measured in disability-adjusted life years is caused by harmful use of alcohol. India, which was considered as one of the countries with tradition of abstinence is a thing of the past. Alcohol consumption has now become a social activity and is accepted as a causal behaviour. A national wide survey on drug abuse showed that the prevalence of alcohol consumption was 21% among men and 2% among women in India. Though this is less compared to international statistics, half of them fall under hazardous category
and one fifth are dependent drinkers. Spirit accounts for 9 5% of alcohol consumption in India, which is a serious health concern [40].

In India, 40% road traffic accident, 37% of injuries in public hospital admission, 17.6% psychiatric emergencies, 34% of attempted suicides were due to alcohol abuse. Social consequences include increase in the cost of healthcare, absenteeism and reduced income generation. 20% absenteeism, 40% of accidents in work place, 70000-80000 million annual loss, increase in crime rates were due to alcohol abuse [40].

Hazardous drinking is significantly associated with health problems such as injuries and hospitalizations. 15-20% of traumatic brain injuries are related to alcohol use. Annual loss due to alcohol is estimated at Rs.80, 000-100,000. In public, accidents were reduced to less than one fourth after alcoholism treatment. Large amount of revenue is generated from sale of alcohol. Yet, the hidden, cumulative costs of health care, absenteeism and reduced income levels related to heavy alcohol use are higher. These costs were estimated to be 75% more than the revenue generated in a study from Karnataka [41].

Parenting style influence the psychosocial development of children. Presence of life style diseases including alcohol use in parents affects their communication, relationship and role as a parent with their children. The study conducted by Reshma et al [42] assessed the role of alcohol use in fathers on their parenting practices with fathers in the age range of 35 -60 years-30 alcohol users & 30 alcohol non users. The tools administered were socio demographic data sheet, semi structured interview schedule, parental handling questionnaire, parenting practices questionnaire. The results showed that alcohol users perceived that their alcohol use affected their fathering. While they were equally caring, reported more negative communication with their children. They were more authoritarian in their style of parenting than those who did not. The findings have implication for incorporating the parenting component in the psychosocial intervention for alcohol user.
1.1.3 Tamil Nadu scenario on alcohol and children of alcohol dependent parents

A community based, cross sectional study conducted among 946 subjects who were aged 10 years and above, in rural Tamil Nadu, India revealed overall, the prevalence of alcohol use was found to be 9.4%. Prevalence was more among males (16.8%) as compared to that among females (1.3%). Mean age at initiation was 25.3 ±9.0 years. Among those who used alcohol, 29.2% (26) were possible hazardous drinkers, 33.7% (30) had probable alcohol dependence and 56.2% (50) had experienced harmful effects, based on Alcohol Use Disorder Identification Test (AUDIT) item analysis [43].

John et al. [44] conducted a study among the college students of a college in the North Arcot District, Tamil Nadu to identify the size of COAs in any given student population and identify critical areas of concerns in their lives. Among the 200 study participants 61 boys and 47 girls affirmed the presence of an alcoholic member in the family. Exploratory study design was adopted for the study. The study results shown that on an average about 54% of the college student had a problematic patient in their families. Of these 44% were girls and 56% were boys. It was also found that the relationship at home become a major source of pain to the COAs. In that 18% of the boys and 13% of girls felt they were the cause for their parent drinking.

1.1.4 Puducherry scenario on alcohol and children of alcohol dependent parents

A community based cross sectional study conducted by Muthu Rajesh et al at Kalapet, a coastal area in Pondicherry found that the prevalence of alcohol consumption was found to be 59.6% which was found very high compared to National levels. The family history of alcohol consumption and cigarette smoking were positively associated with alcohol consumption [45].

In the Union Territory of Pondicherry, the preponderance of male deaths in the 30 – 50 years especially between 45 – 50 years was related to alcohol and in that
the mortality among the middle aged men was heavily influenced by alcohol causing death directly and indirectly through its vicious relationship with the infectious diseases like tuberculosis [46].

1.2 SIGNIFICANCE AND NEED FOR THE STUDY

Adolescence has been globally accepted to be a period of turbulence but a significant developmental milestone. Parental alcohol dependence could further compound and create a not so conducive domestic environment significantly impacting the adjustment and personality of the adolescent as he tries to come to grips with this tumultuous phase in his developmental career.

Researches indicate that the impacts of parental alcohol misuse on children and families appear to be influenced by the severity of alcohol misuse, the length of time the parents have been misusing alcohol, the patterns of alcohol drinking, the number of family members who misuse alcohol and, most importantly, the other risk and protective factors present. For example, adverse cognitive outcomes on children are now thought to be influenced by parental alcohol misuse, as well as the levels of parental functioning, parental education, and stimulation of children in the home [47, 48].

In Ireland, a survey on the impact of parental drinking among adults reported that of those who had parents who drank alcohol during their childhood, almost one in ten had often felt ashamed or embarrassed by their parent’s drunken behaviour, or had often witnessed conflict between parents when they were drinking or felt afraid or unsafe as a result of parents’ drinking [49].

With respect to the overall negative impact of parental alcohol dependence, the effect on children’s living situations has been one area that has received less attention. The potential negative consequences include loneliness and isolation, boredom, inability to participate in family activities and disruption to family routines. Such consequences often have both immediate and long lasting effects on children. For example, Ross and Hill [50] reported significantly higher scores (less predictability in the behaviours and regulatory systems of the family) on the scales of
nurturance, finances and discipline in their clinical observations of alcoholic compared to non-alcoholic families.

Alcohol misuse is generally damaging to families, impacting on parents’ ability to care for their children, how the family functions and affecting children from pre-birth to adulthood. It increases the risk of children developing serious emotional and social problems themselves in their adult lives. Over 50 per cent of child protection case conferences include parental alcohol misuse and it is a contributory factor in cases of neglect. Some 360,000 reported incidents of domestic violence are related to alcohol, with a significant proportion of these being witnessed by children [11] (DOH, 2004). Children of alcohol-misusing parents are at increased risk of suffering the trauma of losing a parent given that 22,000 deaths every year are attributable to alcohol [21](AHRSE, 2004). In their contributions to this report, children experienced guilt and distress when a parent became ill or died because of alcohol, and this had a lasting impact on them as they grew older.

In many cases, parents may only express emotion when they have been drinking alcohol, which leaves children deprived of affection and being afraid that parents don’t love them. Other children told Turning Point [51] that parents did not show any warmth towards them, and that this had led to feelings of rejection from an early age. An absence of encouragement or general interest can seriously affect the child’s self-esteem and impact on their own future parenting capacity. Such children carry a heavy emotional burden.

Butler (2009) [52] suggested that “the needs of children are not picked up as clearly or managed as effectively as would seem desirable”, due to the disjointed nature of service delivery related to parental alcohol problems. He argued that the difference in focus in child welfare services (on the child) and addiction services (adult clients with alcohol problems) was a contributory factor. Butler’s proposed solution was for training social workers and family support services in models of counselling and support or to implement formal protocols governing the relationship between specialist addiction services and child welfare services.
According to Dr Hoover Adger, children and adolescents living in families where a parent or another caretaker abuses alcohol often develop “unhealthy living patterns”. “They may not learn to trust themselves or others, how to handle uncomfortable feelings, or how to build positive relationships”, says Adger, who also serves as program Vice President of the National Association for Children Alcohol dependent parents. The result, he says is that not only these youths are at higher risk for school failure, depression increased anxiety and problems of their own with alcohol, but also children of alcohol dependent parents are at increased risk of accidental injury, verbal, physical or sexual abuse and neglect associated with their parent’s excessive drinking [53].

The view of Smith –Mckeever, Falconnier, and Gao was that children growing up in a home environment with parents who abuse substances are likely to display behavioural, adjustment, and conduct problems and are less likely to do well on measures of behavioural and emotional functioning. This, therefore, confirms that the abuse of alcohol by parents does affect adolescents living with them and such adolescents find it hard to deal with the resultant effects deriving from parents’ abuse of alcohol [54].

Living in an environment where violence and aggression are the norm can have a serious impact on children. Children often witness aggressive behaviour, arguments and fighting between parents, and damage to the home. Where domestic violence and alcohol coexist, parents (usually the mother but not exclusively) can be more reluctant to seek help. The effect on children is traumatic, and to live in a family where disruption and conflict is normal is damaging. Where a non-drinking parent is present, the other parent may try to shield the child, but this is not always possible [51].

Tensions may stem from parents’ lack of time and energy for their children. Impact on parental alcohol misuse can mean parents are unable to look after their children or provide the practical and emotional support they need. Poor parenting coupled with a chaotic lifestyle can leave children without adequate care. Children can perceive this lifestyle as the norm, which has serious implications for their own futures. Some parents strive to provide a supportive environment for their children
but find it too difficult to sustain, or do not feel equipped to bring structure and routine into the family home. Caring for younger siblings and caring for the parent themselves can put additional strain on children, affect their achievement at school and impact on their ability to socialise with others of their own age [31].

Parents may separate or divorce, causing further disruption and instability in the home. If the non-drinking parent leaves children in the care of the drinking parent, children are put more at risk, removing a stable and protective factor in their lives. Where a significant amount of the family’s finances are spent on alcohol, this can impact directly on family life with money being used to buy alcohol rather than food and clothing, or to pay household bills. And it can often spiral more seriously into rising debts, defaulting on the mortgage or rent, and fears about losing the family home. [55].

Parental alcohol problems are associated with negative outcomes in children, e.g. poorer physical and psychological health (and therefore higher hospital admission rates), poor educational achievement, eating disorders and addiction problems [56, 57] many of which persist into adulthood [58].

The physical health outcomes are mostly reported for adult children of alcohol dependent parents [59]. COAs tend to have lower birth weight and short height. Adolescent COAs have been found to have an increased risk of developing sleep problems, eczema, epilepsy, diabetes, hearing problems, poor eyesight, hay fever, chronic fatigue, obesity, etc. [60]. Children of men with alcohol dependence have difficulties with frontal lobe functions and neurological developmental tasks.

Negative parenting methods and lack of warmth provide implications for the development of psychological issue that can lead to both mental and physical problems in COAs. Inpatient rates of children of alcohol dependent parents or the number of children admitted to the hospital are compared to children without alcoholic parents. For mental disorders the number is about double. Children of alcohol dependent parents also suffer injuries at about one and a half times more than other children. The total cost for health care for children of alcohol dependent parents is 32% greater than children without an alcoholic in the family [61].
Hospital admission rates in the children of alcohol dependent parents have also been compared to children in families with no exposure to alcoholic parents. In an analysis of hospital admission data, **Woodside and colleagues** [62] found that children of alcohol dependent parents (birth to 23 years) had higher rates of inpatient hospital admissions and spent more days in hospital than children of non-alcohol dependent parents. They also found that children of alcohol dependent parents were significantly more susceptible to certain illnesses: mental disorders such as adjustment reactions and depression (9.5 per cent vs. 6.3 per cent), injuries such as fractures, dislocations, and sprains were the most common (19.4 per cent vs. 15.4 per cent) and poisonings. Growing up in an alcoholic household was inextricably linked to abuse, with 55% of domestic violence incidents happening in alcoholic homes and drink being a factor in 90% of child abuse cases. NSPCC reports that one in four cases of neglect reported to them involves a parent who drinks [63].

The previous research literature examining the effects of heavy parental drinking on children is largely dominated by studies of psychological effects. The majority of the studies hypothesis that children of heavy drinking parents are at increased risk of developing psychological problems. Research shows that children of heavy drinking parents experience higher levels of anxiety and depression.

**Maynard** [64] reported that children of alcohol dependent parents experienced higher levels of anxiety and lower differentiations of self than children of non-alcohol dependent parents who had never received professional treatment (but had attended 12-step meetings) were significantly less differentiated (mean scores were 60.0 and 66.5 respectively) than the offspring of non-alcohol dependent parents (mean score 74.2). Children with a poorly differentiated ‘self’ depend heavily on the acceptance and approval of others and adjust what they think, say and do to please others. Significantly higher mean scores for children of these two groups of alcohol dependent parents were also found for anxiety (mean scores were 53.6 and 46.4 respectively compared to a mean score of 38.7 for offspring of non-alcohol dependent parents), and trait anxiety (mean scores were 54.0 and 46.4 respectively compared to a mean score of 39.6 for the offspring of non-alcohol dependent parents).
Compounding the psychological impact of being raised by a parent who is suffering from alcohol abuse is the fact that most children of alcohol dependent parents have experienced some form of neglect or abuse. A child being raised by a parent or caregiver who is suffering from alcohol abuse may have a variety of conflicting emotions that need to be addressed in order to avoid future problems [53].

**Bird and Canino [65]**, also found that children of alcohol dependent parents when compared to those of non-alcohol dependent parents manifested higher levels of behavioural under control, more neuroticism and greater psychiatric distress. **Hall et al [66]** reported that adult COAs had lower life satisfaction scores and significantly lower levels of locus of control than nCOAs. **DeLucia** and colleagues [67] also found that children of recovered alcohol dependent fathers exhibited significantly more internalizing (mean score 2.22 for COAs vs. 2.09 for controls) and significantly more externalizing behaviours (mean score 1.73 for COAs vs. 1.55 for controls) than children of non-alcoholic fathers.

The study by **Pecukonis [68]** revealed that COAs claimed that alcohol use by parents/caretakers could promote negative family relationships, which in turn psychologically affect COAs. Studies concluded that there was a correlation between parental alcohol use and their subsequent maltreatment of children that leads to the development of both mental and physical problems and causing somatic symptoms. These above said symptoms may invariably affect the COAs through multiple stressors and negatively affect the child development resulted in poor health outcomes. **Cohen, Kaplan & Salonen [69]** have found that there is an association between the stress and increased health problems of COAs.

Children of alcoholics have a less healthy lifestyle and more mental health difficulties above and beyond the poorer economic environment they live in. Also they are at risk for depression, suicide, eating disorders, chemical dependency, and teen pregnancy [70]. Children living with parents who are addicted to alcohol have reported feeling socially excluded and isolated and frequently being left alone [71].

The problem of psychological developmental gaps in their ability to trust others and to appropriately process and express their feelings is found among
children of alcohol dependent parents [72, 73]. Socially, adolescence has been characterized by Erikson that they migrate toward peer relationship and begin to separate from parents [74]. Their perspectives are broadened and they are faced with the task to form their own identity. Identity development is depends on how the adolescent perceives not only self but also social interaction and the future and is conferred or constructed [34, 75]. A healthy identity is one that is constructed by the adolescent (rather than conferred by others on the adolescent), as she or he formulates opinion as simple as with whom to spend time with and as complex as what to believe. The complexity of adolescent development, and the variability in which this development occurs, obvious the challenges inherent in specifying what stress and coping are for adolescents, and how they should be measured in research.

Having an alcohol parent is a recognized risk for child adjustment and development. The proposition that adjustment problems in children would be alleviated or worsened with lessening or increasing in parental drinking is an extension of a more general environmental risk model, which argues that parental dysfunction ultimately jeopardizing optimal child adjustment [76, 77].

Self-esteem plays an important role in adolescent for their overall development. Earlier studies have indicated that children of alcohol dependent parents experience low self-esteem. Many of COAs had common symptoms such as low self-esteem, loneliness, guilt feeling of helplessness [78]. The low self-esteem scores obtained by the children of alcohol dependent adolescent indicate feeling of unhappiness with oneself and feeling of not being competent. Also the low self-esteem seen in COAs showed the poor emotional maturity and interpersonal competence.

Similar to Eric Erikson’s (1980) [79] concept of trust vs. mistrust, a child too only gathers sufficient information to alter his or her perspective about parents remain intact [80]. Just the manner how parents deny themselves being alcohol dependent parents, the children deny their core beliefs, denying the facts of the world in order to love and cohabit with parents. He further states that a family centralizing around the belief of alcoholism denial will never be able to develop a stable, integrated, independent identity which will bypass the issue of alcohol. When the
children leave parents for a very long time such as staying in a college, the student still believes the parents to be central to their identities and find it difficult to state explicit values or concepts without the function of parents. While interacting with peers, they still experience the similar kind of situations they handled fear, embarrassment and shame for their behaviour during their youth. This will in turn lead to unhealthy intimate and peer relationships and the manner they comprehend their identity will be rooted in their parental alcoholism [81]. As time passes by, the students disconnect with their childhood experience as an external formula and find themselves to be more identical with their peers. They start to feel not just the effects of separation but also feel its importance. Self-authorship is understood to be whom the students are, in spite of their parental alcoholism and their experience as a major part of their identity but it would not affect their decision making in life.

Along with low self-esteem parental alcoholism has severe effects on COA such as loneliness, feeling of guilt, helplessness and chronic depression [78]. Shea reported that two things happen to children from alcohol dependent families; first, the interactions that usually occur between parents and the young children may not occur because the father is usually pre-occupied with obtaining and using alcohol and secondly they do not have the same priorities as other parents. Parental alcoholism can erroneously affect the self-esteem and adjustment of children attributed to the increased stress and vitiated alcohol complicated domestic environment of the children of alcoholic parents. Brown indicated that a child develops a misconceived concept of self to identify with the alcoholic parent that in turn further affects the aspect and development of the child [80].

We could find a huge body of work which indicates that adult children of alcohol dependent parents undergo experience multi distresses such as lower self-esteem, high levels of anxiety and depression, phobia development, being highly self-conscious, co-dependency, lower performance in cognitive and verbal test along with the difficulty in relationship with peers and to have intimacy [82]. One of the major crises for these children arises once they are in college. Their interpersonal and intrapersonal skills are in function with pat interactions with their parental figure which led to their basic mistrust. Due to the dissonance in one of their aspects of self-
authority is affected [82]. It further makes the student feel a great level of stress. They will only be successful in resolving their issues with development if build enough coping skills for life [74].

There is strong evidence to suggest that family dysfunction during childhood can negatively influence later life experiences and adjustment [83]. Alcohol drinking behaviour may interrupt normal family tasks, cause conflict and demand adjusted and adaptive responses from family members who do not know how to appropriately respond. In brief, alcoholism creates a series of escalating crises in family structure and function, which may bring the family to a system crisis. As a result, the members may develop dysfunctional coping behaviours [84]. Marital conflict and a lack of coping mechanisms were more frequent in these families and children of alcoholic (COAs) fathers represent a group at risk for the early onsets of psychiatric problems as observed by [85].

One major aspect which had not been recognized was the major contribution of development and the more general life stressor in a man’s life. One could understand this development in terms of identity development which consists of the pursuit of love, work and world views. Young adults generally define this phase of transition as someone becoming independent and becoming responsible for one’s own actions although the sociologist vary in their perception by terming it as being related to marriage, education, parenthood as the marker of this transition [86].

Unlike negative major life events, transition related stressors is for the major cause of attaining autonomy and responsibility which might in turn call out for coping strategies that may include both aspects of cognitive and behavioural coping. There is also a tremendous impact on the meaning that one seeks when one identifies or assumes another persona which might in turn help in better coping. Studies have shown that children of alcohol dependent parents feel that they are different from other people. They develop a poor self-image, in which they closely resemble their alcoholic parents [12] and teenage children of alcohol dependent parents may develop phobias. Velleman and Templeton (2005) [87] found that children may adopt a range of behaviour to cope with their situation, including detachment,
avoiding the problem drinking parent, keeping the problem a secret, switching off and blaming oneself or feeling guilty.

COAs also have academic problems due to their parental alcoholism. Earlier studies revealed that school age children experience academic difficulties, often repeating grades, failing to complete high school and being frequently referred to school psychologist. COAs had worse results on all the cognitive tests used and their of low school achievements was nine times higher than that of controls [88]. Poor academic performance and lower levels of cognitive functioning in children of alcohol dependent parents have also been documented by Miller and Krop [89].

A number of explanations for lowered academic functioning and cognition in children of problem drinkers can be found in the literature. Neuropsychological explanations implicate a biological basis for cognitive deficits [90]. However; evidence for such explanations is inconsistent. Much of the research literature supports an association between poor level of functioning and the family social environment.

Children feel that problems at home mean that they do less well at school. This might be a result of missing school or arriving late, or parents not showing any interest in their work or abilities. The children we spoke to missed school because they had to care for parents, or because of worry about what was happening at home, or because supervision was so poor that there was no expectation on them to attend [51].

Family separation resulting from alcohol dependency leads to a change in school, and vital support may be lost. Children had difficulties in concentrating at school because of feeling tired due to taking on the caring routines in the home, and school was not really a priority for them. They found it difficult to prepare for examinations and complete homework, and had poor expectations and low aspirations to succeed [51].

Similarly, de Marsh and Kumpfer (1986) [91] found that children of alcohol dependent parents who performed poorly in school lacked parental
supervision, received less help from parents with schoolwork, were frequently absent from school and were poorly clothed and fed. Other investigators suggest that lowered academic performance in children of alcohol dependent parents may be due to observed negative perceptions of academic competence. According to Cases-Gil and Navarro-Guzman (2002) [92], children of problem drinkers constitute an at-risk population for poor academic performance due to missed school days and school drop-out. They have identified five variables on which performance by children of alcoholic parents was poorer: intelligence, repeating a grade, low academic performance, skipping school days, and dropping out of school.

Children of alcohol dependent parents tend to score lower when it comes to verbal skills and cognitive ability. This can interfere with their performance at school and with interpersonal relationship and friendships. In later life it can also interfere with their ability to handle job interview [93]. Earlier studies revealed that school age children experience academic difficulties often repeating grades, failing to complete high school and being frequently referred to school psychologist [56, 88]. Thus, while the impact of parental alcohol misuse on cognitive development may not be seen in the important first three years of life, the longer the child is exposed to parental alcohol misuse the more likely that cognitive development and educational outcomes will be adversely affected.

The family environment of COAs was characterized by lack of independence for its members, greater perceived control and lack of adequate cultural and intellectual and they have difficulties with frontal lobe functions and neuro developmental tasks. There are also difficulties in the family, which are related to alcohol consumption by the father [94].

The parent who abuses alcohol often abandons his or her responsibilities to other family members, including the children. As a consequence, this may create problems of control and lack of guidance for the adolescents resulting to social, psychological, and many other problems. According to Reddy, the adolescent stage is considered as a critical stage which makes adolescents more vulnerable to behavioural and emotional problems [95].
Family problems as a result of someone else’s drinking were more often reported by women (16%) than men (11%). Younger adults had the highest rate of reported family problems which decreased as age increased, with the lowest rate (7%) in the 65 plus age group. Reported family problems from others drinking was more common among single than married people (16% vs. 12%) and a greater number of people from lower social class (19%) reported family problems than other social class group [31].

Alcoholism is associated with human violence, and perpetrators are often under the influence of alcohol. Alcohol intoxication produces cognitive distortions, affecting the perception and interpretation of other people’s behaviour, so that ambiguity and misrepresentations in social interactions may evolve into aggressive behaviour [96]. A number of studies have reported that violence against children and other forms of abuse are more often seen among children of heavy drinkers compared with other children [97, 98]. The literature suggests that alcohol-related violence against children occurs because intoxication is viewed as a ‘time-out’ period from normal behaviour or because of ‘deviance disavowal’ aspects of intoxication, whereby the parent may be violent towards the child and subsequently disclaim responsibility, attributing the blame to the alcohol [99].

In the National Drinking Survey of 2010 [20], held in Ireland found one in ten adults reported that children for whom they have parental responsibility experienced at least one or more of the harms - verbal abuse, physical abuse, witness to violence in the home or left in unsafe situations, as a result of someone else’s drinking. At least one or more harms experienced by children were reported more often by parents who engaged in regular hazardous drinking and by those from lower social class.

Alcohol dependency can have adverse effects not only on the individual’s physical and mental health but also on the social wellbeing [3]. Children living with parents who are addicted to alcohol have reported feeling socially excluded and isolated and frequently being left alone [100]. Butler suggests that the impact of parental problem drinking on children can manifest itself in broader social and psychological disorders such as withdrawal and shyness, acting out in more
aggressive ways, under-performing at school or regressing back to earlier behaviours such as bed-wetting. It was discovered that parental alcohol abuse affects the socialization of their adolescents and to deserted trust in their parent-adolescent relationship \[101\].

The parent’s drinking may become the ‘family secret’ with both parent and child in denying that a problem exists, and any admission of difficulties viewed as betrayal or failure to cope \[102\]. This increases the risk of further isolation for the child and social exclusion for the whole family. Children often feel different from their friends and worry about others finding out about their family life. The secrecy can become an added burden. Concerns about leaving parents alone or having to take on additional caring responsibilities in the home can also leave little time to spend with friends, take part in activities, or undertake school work.

Families with parental alcohol use tend to have a lower socioeconomic status \[103\] and disruptions to family functioning, troubled and dysfunctional and less cohesive, lack ritual and routines, have lower levels of physical and verbal expression of positive feelings, warmth and caring, and have higher levels of unresolved conflicts, fighting blaming and arguing \[104, 105\]. Alcoholic's family does show characteristics of dys-functionality and poor adaptation.

Responsibilities lie on everyone at all levels, and the health care providers have to plan, implement and evaluate a continuous chain of activities as a way to strengthen the personality and coping ability of the children of alcohol dependent parents. Whether or not parents are receiving treatment for alcoholism, these children and adolescents can benefit from educational programme. Professional help is needed in preventing more serious problems for the child, living with alcohol dependent parents.

Based on various statistical reports, investigator felt that the research on COAs is in the infancy in Indian context due to the fact that most of the studies been conducted on alcohol dependent parents and their individual concern. Only few studies have looked at the impact of parental alcohol misuse on children. Lack of previous research in this area particularly in Puducherry is of high demand because
the prevalence of alcoholism is very high in both rural and in urban areas. Therefore the present study is aimed to explore the health effects and coping strategies among children of alcohol dependent parents which needs more focus on future nursing interventions.

1.4. STATEMENT OF THE PROBLEM

A study to assess the health effects and coping strategies among the children of alcohol dependent parents residing at Kirumambakkam, Primary Health Centre, Puducherry.

1.5. OBJECTIVES OF THE STUDY

1.5.1 Primary Objectives

1. To assess the health effects among the children of alcohol dependent parents.
2. To describe the coping strategies adopted by the children of alcohol dependent parents.
3. To correlate health effects and coping strategies adopted and problems of the children of alcohol dependent parents and AUDIT scores of parents.
4. To associate the health effects and coping strategies of the children with selected demographic variables of parents.
5. To associate the health effects and coping strategies of the children of alcohol dependent parents with their selected demographic variables.

1.5.2 Secondary Objective

1. To assess the problems among the children of alcohol dependent parents.

1.6. OPERATIONAL DEFINITION

1.6.1 Health Effects

Health Effects are the physical, and psychological health outcomes experienced and expressed by the children of alcohol dependent parents with recall period of one month and measured as followed.

1.6.1.1 Physiological

• Height measured by inch tape.
- Weight measured by weighing scale.
- BMI calculated using height and weight.
- Haemoglobin readings collected from children’s health record.
- Physical Health assessment check list

1.6.1.2 Psychological

(i) Stress is the extent to which the children perceive (appraise) that their
  demands exceed their ability to cope. It is measured using standardized
  perceived stress scale developed by Cohen (1965) [106].

(ii) Self-esteem reflects the children's overall subjective emotional
  evaluation of his or her own worth. It is a judgment of oneself as well as
  an attitude toward the self. It is measured using standard Rosenberg
  (1994) [107] questionnaire.

1.6.2 Coping strategies

It is what the children actually perform to manage the health effects resulting
from parental alcohol dependence with recall period of one month and measured by
standardized adolescent coping scale - II developed by Erica Frydenberg (2011)
[108]. Coping strategies as defined by the author, is a set of cognitive and affective
actions that arise in response to a particular concern.

1.6.3. Children

Male and female children of alcohol dependents parents between the age 12
and 18 years.

1.6.4. Alcohol dependent parents

Both mother and/ or father of children consuming drink containing alcohol
screened using Alcohol Use Disorder Identification Test (AUDIT) and scored equal
or more than 8 in AUDIT screening.

1.6.5. Problems

It refers to the difficulties experienced and expressed by the children of
alcohol dependent parents in the aspects of academic, family and social within the
recall period of one month and measured by the problem assessment check list.

1.7. ASSUMPTIONS

1. The alcohol dependency among adult population may be influenced by
demographic and socioeconomic factors.
2. The Children of alcohol dependent parents may suffer from various health effects resulting from parental alcoholism (Physiological, psychological, academic, family and social)

3. The Children of alcohol dependent parents may be adopting different kinds of coping strategies with regards to the effects of parental alcoholism.

4. The level of self-esteem of children may be less in the context of parental alcoholism.

1.8 RESEARCH HYPOTHESES

HO₁. There is no significant correlation between health effects and coping strategies adopted by the children of alcohol dependent parents.

HO₂. There is no significant correlation between problems faced by the children of alcohol dependent parents and coping strategies adopted by them.

HO₃. There is no significant association between health effects of children and selected demographic variables of the parents.

HO₄. There is no significant association between coping strategies adopted by the children and selected demographic variables of parents.

HO₅. There is no significant association between health effects and selected demographic variables of children.

HO₆. There is no significant association between coping strategies adopted and selected demographic variables of children.

1.9. DELIMITATIONS

1. The period of the study is delimited to 12 months.

2. The study is delimited to the children of alcoholic dependent parents those who are living in Kirumambakkam

3. Subjective elicitation of the parents being dependent to alcohol.

CHAPTERIZATION

Chapter-1: Chapter 1 dealt with the Introduction, Background of the study, Significance and need for the study, Statement of the problem, Objectives, Operational Definitions, Assumptions and Delimitations.

Chapter-2: Presents the overview of literature that supports the study which is divided as Section I and II and Section III presents the Conceptual framework.