

## Parental Alcoholism and Subjective Well-being of their Children in Kerala

Dr. Abdul Wahab Pathath<sup>1\*</sup>, Dr. Nurjahan Begum<sup>2</sup>

### ABSTRACT

Alcohol is important risk factors of ill health and disability. WHO estimates that one-fourth to one-third of the male population in South East Asian countries drink alcohol. In India, the estimated number of alcohol users in 2005 was 62.5 million and 17.4% (10.6 million) were dependent on alcohol. Of the hospital admissions, 20-30% were due to alcohol-related problems. Continuous alcohol abuse not only affects the individual but also family members, especially the spouse and children who faces many emotional problems and stressful life events. The effects during childhood of having a parent with a drinking problem has interested researchers in several countries. The greatest number of reports related to this subject have appeared in the U.S. literature and in the literature from countries of Eastern Europe. **Objective:** To study the effect of alcoholic consumption of parents on subjective well-being of their children. **Method:** Satisfaction with Life Scale developed by Diener et.al used to measure subjective well-being of the children. All data were analyzed using SPSS. Categorical data were expressed frequencies and percentage. **Result:** Low score of subjective well-being was found among children having alcoholic parents.

**Keywords:** Alcoholism, Subjective well-being, Children

The international classification by the American Psychiatric Association describes alcohol 'abuse' as a maladaptive pattern of use leading to clinically significant impairment or distress, characterised by the display at any time during a one-year period of one or more of a specified set of symptoms. Two of these symptoms are of particular relevance to children and family work – one is the failure to fulfil major role obligations at work, school or home; the other is the continued use of alcohol despite recurrent social or interpersonal problems caused or exacerbated by the drinking.

Different studies use different words, including 'heavy drinking', 'alcohol dependence', 'alcohol misuse' and 'alcohol abuse' as well as 'problem drinking'. The terms frequently overlap in the literature, with no common definition used by studies and – usually – no explanation either of the criteria used in particular studies to measure the level of drinking

<sup>1</sup>Assistant Professor, Department of Clinical Neurosciences, College of Medicine, King Faisal University, Al Ahsa 31982, Saudi Arabia

<sup>2</sup>Assistant Professor, Department of Clinical Neurosciences, College of Medicine, King Faisal University, Al Ahsa 31982, Saudi Arabia

\*Corresponding Author

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that gives rise to concern. There does, however, seem to be consensus that what is being described and studied is the consumption of alcoholic drink that warrants attention because it seriously and repeatedly affects the drinker's behavior. There are various definitions about alcohol use and misuse, ranging from those that are more physiologically based to those that are socially based.

Four types of parental drinking emerged – constant opportunistic drinking (daily, and at any time); binge drinking (where periods of sobriety are punctuated by bouts of drinking lasting days or weeks and where gaps become shorter as drinking worsens); nightly drinking (daily, but limited to evenings only); and routine heavy drinking (where there is a settled routine of drinking only at the weekend or only on week days). The first two patterns were found to be more problematic for families because they took least account of children's routines, whereas the nightly or routine drinkers tried to prevent their drinking interfering with their availability to their children.

### ***Subjective well-being***

General well-being refers to the subjective feelings of contentment, happiness, satisfaction with life, experience of one's role in the world of work, sense of achievement, utility, belongingness with no distress, dissatisfaction and worry, etc." (Verma & Verma, 1989). In other words, general well-being implies hope, optimism, happiness and faith in the normal absolutes of truth, beauty and goodness, a proper perception of the means and ends related to the purpose of life and more than all a realization of the value of life. General well-being is a part of the broad concept of positive mental health which is not a mere absence of disease or infirmity (Verma, 1988). Verma (1988) opines that the absence of psychological ill-being / ill-health does not necessarily mean presence of psychological well-being. Most studies in the past defined "wellness" as not being sick, as an absence of anxiety, depression, or other forms of mental problems. The new conception emphasizes positive characteristics of growth and development. There are six distinct components of psychological well-being.

These are:

- a) having a positive attitude towards oneself and one's past life (self-acceptance)
- b) having goals and objectives that give life meaning (purpose in life)
- c) being able to manage complex demands of daily life (environmental mastery)
- d) having a sense of continued development and self-realization (personal growth)
- e) possessing caring and trusting ties with others (positive relations with others), and
- f) being able to follow one's own convictions (autonomy).

## **LITERATURE REVIEW**

A survey of 20 Scottish children and young adults (aged 5 to 28 years) in 14 families in which one or both parents had an identified drinking problem. The focus of the study was on children's experiences of living with parental heavy drinking, as revealed in their first-hand accounts and in the second-hand accounts of their parents. Participants were interviewed once during a six-month period from late 1994. The study was funded by the Health Education Board for Scotland and Barnardo's Scotland.

A New Zealand longitudinal study of a birth cohort of 1,265 children studied the children each year, using interviews with children, parents and teachers and case records. At age 15 there was clear evidence that teenagers with at least one problem drinking parent were more likely to experience psychiatric problems, including mood disorders, depression, anxiety, substance use, and behaviour problems. The prevalence of psychiatric disorders in the

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teenagers was between two and four times higher than that of the other children, and over half the children of problem drinkers had been affected by at least one of the disorders tested for.

### METHODOLOGY

The purpose of the study was to know the relationship between parental alcoholism and subjective well-being of their children.

#### *Subjects*

One hundred and twenty (N=120) children aged between 5 to 18 served as subjects for the present study. The purposive sampling technique was used to draw the sample. Subjects were selected from different schools situated in Kerala State, India. Subjects belonged to Hindu, Muslim, and Christian religion. Both male and female subjects were included in the sample.

#### *Sex-wise break up*

Sex	Number
Male	60
Female	60
Total	120

#### *Religion-wise break up*

Religion	Number
Hindu	44
Muslim	40
Christian	36
Total	120

#### *Tools*

Satisfaction With Life Scale (SWLS) Subjective well-being was measured by using the 5-item Satisfaction with Life Scale (SWLS). The SWLS was developed by Diener, Emmons, Larsen, and Griffin (1985). Individuals responded to items using a 7-point Likert scale ranging from 1 = strongly disagree to 7 = strongly agree. Internal consistency (.87), test-retest reliability (.82, eight weeks), and validity of the SWLS are good (Diener et al., 1985). The total SWLS score ranges from 5 to 35. Internal consistencies of .85 and test-retest coefficients of .84 were reported.

#### *Procedure*

The data were collected individually from the subjects through face-to-face interview method. Each subject was contacted in their schools. Prior to interviewing the subjects, the investigator introduced himself and explained the purpose of investigation. Each subject was interviewed and assured that his/her responses would be kept strictly confidential and would be used for research purpose only.

#### *Data analysis*

Data were analyzed by means of Kruskal-Wallis test (H-test), Kolmogorov-Smirnov test (D-test). Kruskal-Wallis test was used to determine the significance of difference between the mean scores of Hindu, Muslim and Christian children. Kolmogorov-Smirnov test was used to determine the significance of difference between the mean scores of male and female students.

### RESULTS

Subjects	N	D	P
Male	m = 60	0.1589	P>0.05
Female	n = 60		

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Significant difference was not found to exist between the mean scores of male and female subjects ( $D = 0.1589$ ,  $p > 0.05$ ) on well-being.

Subjects	N	Mean rank	H	P
Hindu	44	49.7	5.0977	$P > 0.05$
Muslim	40	43.73		
Christian	36	61.14		

Significant difference was not found to exist among the mean scores of Hindu, Muslim and Christian subjects ( $H = 5.0977$ ,  $p > 0.05$ ) on well-being. In the present study investigator categorized all subjects into various groups based on sex, age and religion i.e., male and female, young old and old and Hindu, Muslim and Christian. Main aim of this categorization was to examine the significant difference between these groups on well-being.

### CONCLUSION

The present study find a strong link between parental drinking problems and children's subjective well-being. Subjective well-being of the children mainly affect in the area of positive relationships and positive thought about life. Parental alcoholism negatively affects the family in general and children in specific mainly in the form of parental conflicts, relationship difficulties between children and parents, distorted roles and restricted social life. Low score on Satisfaction with Life Scale mainly in the areas of the condition of life and satisfaction with life was found among children having alcoholic parents. The results did not provide evidence of clear gender differences in responses to parental problem drinking, though there was a slightly higher risk of girls having psychological problems.

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### ***Conflict of Interest***

The author declared no conflict of interest.

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