

Identifying Developmental Psychopathology among Children of Alcohol Dependent Fathers

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ABSTRACT

Children of Alcohol Dependent fathers are at biological and environmental risk for a variety of social, emotional, and behavioural problems. The adversities that a child goes through is often not easy especially when there is always a sense of uncertainty prevailing in the home environment. When children spend their early years in a less stimulating in the form of emotional or if there is lack of physically supportive environment, brain development gets affected and later in life, these children have difficulty dealing with complex situations and environments making them more vulnerable to developmental psychopathology. **Materials and Methods:** A sample of 200 was collected being divided into two groups with one group consisting 100 sample of mother or caregiver of children whose father has been diagnosed with Alcohol Use Disorder(AUD) attending the outpatient and inpatient department of Psychiatry, Regional Institute of Medical Sciences. The other group consisting of 100 was of children whose father's did not had any kind of Substance Dependence. Socio Demographic details Performa and Developmental Psychopathology Check List was being administered. Statistical analysis in the form of Chi- square test, independent t-test of correlation was carried out to examine the relationship of various variables. Results: Among the children whose father's has AUD indicates that Emotional Disorders has the highest rate of high risk symptoms (35%) followed by Attention Deficient Hyperactivity Disorder (ADHD) with 23% and Conduct Disorder (CD) with 13%. The comparative study between the two group indicated significant difference with regard to ADHD (p-value=0.003), CD (p-value=0.000) and Emotional Disorder (p-value=0.001). Conclusion: The findings have established that ADHD and Conduct disorders which are a part of externalising behaviours were observed to be at high risk among children of AUD father similarly, internalising behaviour which primarily includes emotional disorders was predominant.

Keywords: *Developmental Psychopathology, Children, Alcohol Dependent Fathers.*

Developmental Psychopathology is at once a perspective on the origins of mental disorders that begin during childhood and adolescence, a multidisciplinary approach linking normative development to psychopathology, and a scientific discipline closely tied to clinical child/adolescent psychology and psychiatry but transcending the usual diagnosis-based emphasis of these fields. Developmental psychopathology is described as 'the study of origins

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and course of individual patterns of behavioural maladaptation, whatever the age of onset, whatever the causes, whatever the transformations in behavioural maladaptation, and however complex the course of developmental pattern may be'. Parental mental illness poses a risk for the children both biologically and environmentally. These factors cause social, emotional and behavioural problems. Fathers alcohol problem has often been cited as a high risk environment along with other parental psychopathology. Studies indicate that fathers alcohol problem are at high risk for poor quality of parenting beginning in early childhood (Eiden, Leonard, Hoyle, & Chavez, 2004; Jacob, Haber, Leonard, & Rushe, 2000), such fathers display lower warmth and higher negative affect during interactions with their infants and toddlers (Eiden, Chavez, & Leonard, 1999) and are more prone to experience disorders during childhood and adolescence (Eiden et al., 2004). Children living in families with such fathers are more likely than other children to have an unpredictable home life often leading to adverse childhood experiences in the form of abuse, neglect, witnessing domestic violence, and being exposed to drug-abusing, mentally ill, suicidal, or criminal household members.

Researchers have identified two broad classes of psychopathological symptoms in childhood: internalizing and externalizing symptoms. Internalizing psychopathology encompasses symptoms such as anxiety and depression. A number of studies show that children with alcohol dependent fathers report high levels of depression and anxiety. As noted by West and Prinz (1987), however, it is unclear whether these adjustment problems are directly related to a parent's alcoholism, indirectly related by way of family disruption, or spuriously related (e.g., resulting from parental comorbidity or common genetic makeup [i.e., geno- type]) (Kendler et al. 1995). Externalizing psychopathology primarily encompasses "acting out" types of behavior—characterized by rule breaking, defiance, aggression, inattention, and impulsivity—and corresponds to what is termed "attention deficit and disruptive behavior disorders" (i.e., attention deficit/ hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD)). Adolescents who abused alcohol reflected a 46% of parent alcoholism, that is, in 46% of adolescents who abused alcohol, there was family history of alcoholism in the parents.

In the context of India, Alcoholism is one of the core social issues which has often brought more harm. Alcohol has devastating effects on the family. The socio-economic impact has been huge along with the health implications in the form of liver cirrhosis, diabetes mellitus, cancer, etc. Alcohol is the most common psychoactive substance used by Indians with 19% of current users of alcohol consume in a dependent pattern at the national level out of which 5.2% are effected by harmful use and need help for their alcohol use according to the Magnitude of Substance Use in India Survey 2018. Nationally, the prevalence rate of adult with Alcohol use disorder was 4.6% as indicated by the National Mental Health Survey, 2016. In Indian Literature has also implied that that there is increased psychopathology in the form of increased externalizing behavior, difficulties in neurodevelopment and frontal lobe functions and some differences in the family environment in children and families of alcohol dependent fathers when compared to normal controls (Raman, Prasad & Ayappa, 2010). Considering the paramountcy of the issue, the present study is an endeavour in identification of the developmental psychopathology among the children of alcohol dependent fathers in order to bring about intervention plans.

MATERIALS AND METHODS

The study is a cross-sectional study on children whose father is diagnosed with Alcohol Use Disorder. Before the commencement of the study, permission was taken from the authority of Department of Psychiatry of Regional Institute of Medical Sciences (RIMS), Imphal. The

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study was conducted only after the approval of Institutional Ethics Committee of RIMS. The study population comprised of Mother or Caregiver of children with alcohol dependent father attending the outpatient department (OPD) and inpatient department in the Psychiatry department during the month of October 2015 to February 2016 was taken. The inclusion criteria for the study were: (i) Mother or Caregiver of children (below the age of 16 years) whose father has been diagnosed with Alcohol Use Disorder. (ii) Mother or Caregiver capable of and willing to give informed consent. (iii) Caregiver can be either male or female fulfilling the criteria. The exclusion criteria were: (i) Mother of children with mental retardation. (ii) Mother or the Caregiver who are trained in the helping profession and who had any history of substance abuse, head injury or head trauma or any mental illness. The total sample size was 200 which was divided into two groups in which one group of 100 samples consisted of Mother or Caregiver of children with alcohol dependent fathers attending the Psychiatry department. Another group comprised of 100 samples of Mother or Caregiver of children whose fathers did not have alcohol dependency in order to do a comparative analysis. The test administration was initiated after taking their due consent. The tools used were the socio-demographic datasheet for the purpose of collecting the socio-demographic profile and Developmental Psychopathology Checklist (DPCL). The DPCL has 124 items and six subsections and was developed by Kapur, Barbabas, Reddy and Uma (1994) for the clinical assessment of psychopathology from a developmental context. The checklist has sub-sections which are Developmental history, Developmental Problems, Psychopathology, Psycho-social factors, Temperamental Profile and Social Supports and Assets of the child. The items were selected based on the research findings of Oomen, Daniel, Uma, John, Vythilingam and Reddy that led to the inclusion of hyperkinesia, emotion and conduct disorders, hysteria, learning disorders, autism and psychoses respectively. A 100 children attending the Child Guidance centre at NIMHANS were administered DPCL by four investigators and suitable items were selected. In the sample selections and preliminary standardization, 221 children below the age of 16 and without mental retardation were selected. Out of which 25 cases were seen by two independent raters as a reliability exercise (Interclass Correlation Coefficient [ICC]) via analysis and the variance was 0.96 (significant at 0.001 level). Another 45 cases were assessed CBCL (Achenbach and Edelrock) and DPCL for validation puposes. The results showed significant positive correlation between between Emotion Disorder of DPCL and Internalizing Disorder of CBCL, Hyperkinesia and Conduct Disorder of DPCL and Externalizing Disorder of CBCL had significant positive correlation. On cluster analysis seven clusters emerged. These were emotion disorder, hyperkinesia, psychoses, learning disorder, hysteria, conduct disorder and autism.

RESULTS

Table No.1 Showing rate of developmental psychopathology among children of Alcoholic Father (N=100)

Types of Developmental psychopathology	Frequencies	Percentage
Developmental History	2	2%
Developmental Problems	2	2%
ADHD	23	23%
Conduct Disorder	13	13%
Learning Difficulty	15	15%
Emotion Disorders	35	35%
Somatic	13	13%
Psychosis	7	7%

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Table No. 1: This table shows that out of the 100 cases of children with alcoholic father, Emotion disorder has the highest rate of high risk symptoms as compared to the other symptoms with a percentage of 35%. Attention Deficit Hyperactivity Disorder has a percentage 23% which can be considered a prominent symptom among the others. Followed by Conduct disorder was found to have 13% in the high level symptoms. Also, Learning difficulty has a percentage of 15% in the high level category. Somatic symptoms have a rate of 13% of high risk symptoms and Psychosis with a low rate of 7%. The least was observed in developmental history and developmental problems with a percentage of 2% only.

Relationship between socio-demographic characteristics and the developmental psychopathology of children of alcoholic father

This section tries to find out any effect of the various socio-demographic factors on the developmental psychopathology exclusively dealing with the children of alcoholic fathers. There are 6 subsections represented with tables in this section 3. The subsections try to elucidate the relationship between socio-demographic characteristics with each of the symptoms of developmental psychopathology.

Table 2.1 Relationship between socio-demographic profiles and ADHD

PARAMETERS	PSYCHOPATHOLOGY (ADHD)		
	Normal	High	Total
AGE RANGE			
Adolescence	43(55.8%)	11(47.8%)	54(54.0%)
Early Childhood	6(7.8%)	4(17.4%)	10(10.0%)
Middle Childhood	28(36.4%)	8(34.8%)	36(36.0%)
Total	77(100.0%)	23(100.0%)	100(100.0%)
Chi-Square- 1.855; d.f.-2; p-value=0.396; Remark- Insignificant			
GENDER			
Male	41(53.2%)	13(56.5%)	54(54.0%)
Female	36(46.8%)	10(43.5%)	46(46.0%)
Total	77(100.0%)	23(100.0%)	100(100.0%)
Chi-Square- 0.076; d.f.-1; pvalue=0.782; Remark- Insignificant			
CLASS LEVEL			
Kindergarden	4(5.2%)	3(13.0%)	7(7.0%)
High School	45(58.4%)	11(47.8%)	56(56.0%)
Primary School	28(36.4%)	9(39.1%)	37(37.0%)
Total	77(100.0%)	23(100.0%)	100(100.0%)
Chi-Square- 1.952; d.f.-2; p value=0.377; Remark- Insignificant			
TYPE OF SCHOOL MANAGEMENT			
Government	32(41.6%)	8(34.8%)	40(40.0%)
Private	45(58.4%)	15(45.2%)	56(56.0%)
Total	77(100.0%)	23(100.0%)	100(100.0%)
Chi-Square- 0.339; d.f.-1; p value=0.561; Remark- Insignificant			
NO. OF SIBLINGS			
Single Child	3(3.9%)	1(4.3%)	4(4.0%)
2 to 3 Siblings	65(84.4%)	22(95.7%)	87(87.0%)
4 & Above Siblings	9(11.7%)	0(0.0%)	9(9.0%)
Total	77(100.0%)	23(100.0%)	100(100.0%)
Chi-Square- 0.294; d.f.-2; p-value=0.228; Remark- Insignificant			
ORDER OF BIRTH			

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First Born	29(37.7%)	8(34.8%)	37(37.0%)
Middle Child	16(20.8%)	6(26.1%)	22(22.0%)
Last Child	32(41.6%)	9(39.1%)	41(41.0%)
Total	77(100.0%)	23(100.0%)	100(100.0)
Chi-Square- 0.292; d.f.-2; p-value=0.864; Remark- Insignificant			
RESIDENCE			
Urban	41(53.2)	13(56.5%)	54(54.0%)
Rural	36(46.8%)	10(43.5%)	46(46.0%)
Total	77(100.0%)	23(100.0%)	100(100.0%)
Chi-Square- 0.076; d.f.-1; p-value=0.782; Remark- Insignificant			
RELIGION			
Hindu	65(84.4%)	18(78.3%)	83(83.0%)
Christian	12(15.6%)	5(21.7%)	17(17.0%)
Total	77(100.0%)	23(100.0%)	100(100.0%)
Chi-Square- 0.474; d.f.-1; p-value=0.490; Remark- Insignificant			
FAMILY INCOME			
Below 10000	41(53.2%)	13(56.5%)	54(54.0%)
Between 10000 to 25000	13(56.5%)	6(26.1%)	34(34.0%)
Above 25000	5(6.5%)	4(17.4%)	9(9.0%)
Total	77(100.0%)	23(100.0%)	100(100.0%)
Chi-Square- 3.334; d.f.-2; p-value=0.189; Remark- Insignificant			
TYPE OF FAMILY			
Nuclear	69(89.6%)	16(69.6%)	85(85.0%)
Joint	8(10.4%)	7(30.4%)	15(15.0%)
Total	77(100.0%)	23(100.0%)	100(100.0%)
Chi-Square- 5.581; d.f.-1; p-value=0.018; Remark- Significant			

Table 2.1: This subsection shows the relationship between ADHD and the various socio-demographic profiles. When applied chi-square test it is found that almost all the parameters such as Age range (p-value = 0.396), Gender (p-value = 0.782), Class level (p-value = 0.377), Type of school management (p-value = 0.561), No. Of siblings (p-value = 0.228), Order of birth (p-value = 0.864), Residence (p-value = 0.782), Religion (p-value = 0.490) and Family income (p-value = 0.189) are found to have insignificant relationship with respect to presence and absence of attention deficit hyperactivity disorder except that of Type of family (p-value = 0.018). The finding reveals that socio-demographic has no role in the development of ADHD among children of alcoholic father except that of type of family i.e. children belongs to nuclear family (69.6%) are having more problems of ADHD than the children from joint family (30.4%).

Table 2.2 Relationship between socio- demographic profile and Conduct Disorder

PARAMETERS	PSYCHOPATHOLOGY(Conduct Disorder)		
	Normal	High	Total
AGE RANGE			
Adolescence	46(52.9%)	8(61.5%)	54(54.0%)
Early Childhood	10(11.5%)	0(0.0%)	10(10.0%)
Middle Childhood	31(35.6%)	5(38.5%)	36(36.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)

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Chi-Square- 1.677; d.f.-2; p-value=0.432; Remark- Insignificant			
GENDER			
Male	44(50.6%)	10(76.9%)	54(54.0%)
Female	43(49.4%)	3(23.1%)	46(46.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 3.161; d.f.-1; p value=0.075; Remark- Insignificant			
CLASS			
Kindergarden	7(8.0%)	0(0.0%)	7(7.0%)
High School	46(52.9%)	10(76.9%)	56(56.0%)
Primary School	34(39.1%)	3(23.1%)	37(37.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 0.997; d.f.-2; p value=0.223; Remark- Insignificant			
TYPE OF SCHOOL MANAGEMENT			
Government	36(41.4%)	4(30.8%)	40(40.0%)
Private	51(58.6%)	9(69.2%)	60(60.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 0.531; d.f.-1; p value=0.531; Remark- Insignificant			
NO. OF SIBLINGS			
Single Child	4(4.6%)	0(0.0%)	4(4.0%)
2 to 3 Siblings	74(85.1%)	13(100.0%)	74(85.1%)
4 & Above Siblings	9(10.3%)	0(0.0%)	9(10.3%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 2.223; d.f.-2; p-value=0.327; Remark- Insignificant			
ORDER OF BIRTH			
First Born	33(37.9%)	4(30.8%)	37(37.0%)
Middle Child	20(23.0%)	2(15.4%)	22(22.0%)
Last Child	34(39.1%)	7(53.8%)	41(41.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 1.055; d.f.-2; p-value=0.590; Remark- Insignificant			
RESIDENCE			
Urban	49(56.3%)	5(38.5%)	54(54.0%)
Rural	38(43.7%)	8(61.5%)	46(46.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 1.452; d.f.-1; p-value=0.228; Remark- Insignificant			
RELIGION			
Hindu	70(80.5%)	13(100.0%)	83 (83.0%)
Christian	17(19.5%)	0(0.0%)	17(17.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 3.061; d.f.-1; p-value=0.080; Remark- Insignificant			
FAMILY INCOME			
Below 10000	46(52.9%)	8(61.5%)	54(54.0%)
Between 10000 to 25000	33(37.9%)	4(30.8%)	37(37.0%)
Above 25000	8(9.2%)	1(7.7%)	9(9.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 0.342; d.f.-2; p-value=0.843; Remark- Insignificant			

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TYPE OF FAMILY			
Nuclear	72(82.8%)	13(100.0%)	85(85.0%)
Joint	15(17.2%)	0(0.0%)	15(15.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 2.637; d.f.-1; p-value=0.104; Remark- Insignificant			

Table 2.2: This subsection shows the relationship between Conduct Disorder and the various socio-demographic profiles. When applied chi-square test it is found that almost all the parameters such as Age range (p-value = 0.432), Gender (p-value = 0.075), Class level (p-value = 0.223), Type of school management (p-value = 0.466), No. Of siblings (p-value = 0.327), Order of birth (p-value = 0.590), Residence (p-value = 0.228), Religion (p-value = 0.080), Family income (p-value = 0.843) and Type of family (p value= 104) are found to have insignificant relationship with respect conduct disorder. The finding reveals that socio-demographic has no role in the development of Conduct disorders among children of alcoholic father.

Table 2.3 Relationship between socio-demographic profile and Learning Difficulty

PARAMETERS	PSYCHOPATHOLOGY(Learning Difficulty)		
	Normal	High	Total
AGE RANGE			
Adolescence	44(51.8%)	10(66.7%)	54(54.0%)
Early Childhood	10(11.8%)	0(0.0%)	10(10.0%)
Middle Childhood	31(36.5%)	5(33.3%)	36(36.0%)
Total	85(100.0%)	15(100.0%)	100(100.0%)
Chi-Square-2.324; d.f.-2; p-value=0.313; Remark- Insignificant			
GENDER			
Male	44(51.8%)	10(66.7%)	54(54.0%)
Female	41(48.2%)	5(33.3%)	46(46.0%)
Total	85(100.0%)	15(100.0%)	100(100.0%)
Chi-Square- 1.140; d.f.-1; p value=0.286; Remark- Insignificant			
CLASS			
Kindergarden	7(8.2%)	0(0.0%)	7(7.0%)
High School	46(54.1%)	10(66.7%)	56(56.0%)
Total	85(100.0%)	15(100.0%)	100(100.0%)
Chi-Square- 1.658; d.f.-2; p value=0.436; Remark- Insignificant			
TYPE OF SCHOOL MANAGEMENT			
Government	33(38.8%)	7(46.7%)	40(40.0%)
Private	52(61.2%)	8(53.3%)	60(60.0%)
Total	85(100.0%)	15(100.0%)	100(100.0%)
Chi-Square- 0.327; d.f.-1; p value=0.568; Remark- Insignificant			
NO. OF SIBLINGS			
Single Child	4(4.7%)	0(0.0%)	4(4.0%)
2 to 3 Siblings	76(89.4%)	11(73.3%)	87(87.0%)
4 & Above Siblings	5(5.9%)	4(26.7%)	9(9.0%)
Total	85(100.0%)	15(100.0%)	100(100.0%)
Chi-Square- 7.205; d.f.-2; p-value=2.775; Remark- Insignificant			
ORDER OF BIRTH			
First Born	34(40.0%)	3(20.0%)	37(37.0%)

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Middle Child	17(20.0%)	5(33.3%)	22(22.0%)
Last Child	34(40.0%)	7(46.7%)	41(41.0%)
Total	85(100.0%)	15(100.0%)	100(100.0%)
Chi-Square- 2.544; d.f.-2; p-value=0.280; Remark- Insignificant			
RESIDENCE			
Urban	45(52.9%)	9(60.0%)	54(54.0%)
Rural	40(47.1%)	6(40.0%)	46(46.0%)
Total	85(100.0%)	15(100.0%)	100(100.0%)
Chi-Square- 0.256; d.f.-1; p-value=0.613; Remark- Insignificant			
RELIGION			
Hindu	70(82.4%)	13(86.7%)	83(83.0%)
Christian	15(17.6%)	2(13.3%)	17(17.0%)
Total	85(100.0%)	15(100.0%)	100(100.0%)
Chi-Square- 0.168; d.f.-1; p-value=0.682; Remark- Insignificant			
FAMILY INCOME			
Below 10000	48(56.5%)	6(40.0%)	54(54.0%)
Between 10000 to 25000	28(32.9%)	9(60.0%)	37(37.0%)
Above 25000	9(10.6%)	0(0.0%)	9(9.0%)
Total	85(100.0%)	15(100.0%)	100(100.0%)
Chi-Square- 4.752; d.f.-2; p-value=0.093; Remark- Insignificant			
TYPE OF FAMILY			
Nuclear	70(82.4%)	15(100.0%)	85(85.0%)
Joint	15(17.6%)	0(0.0%)	15(15.0%)
Total	85(100.0%)	15(100.0%)	100(100.0%)
Chi-Square- 3.114; d.f.-1; p-value=0.078; Remark- Insignificant			

Table 2.3: This subsection shows the relationship between Learning difficulty and the various socio-demographic profiles. When applied chi-square test it is found that almost all the parameters such as Age range (p-value = 0.313), Gender (p-value = 0.286), Class level (p-value = 0.436), Type of school management (p-value = 0.568), No. Of siblings (p-value = 0.027), Order of birth (p-value = 0.280), Residence (p-value = 0.613), Religion (p-value = 0.682), Family income (p-value = 0.093) and Type of family (p value=0.078) are found to have insignificant relationship with respect to any features of learning difficulty. The finding reveals that socio-demographic has no role in the development of Learning difficulty among children of alcoholic father.

Table 2.4 Relationship between socio-demographic profile and Emotion Disorder

PARAMETERS	PSYCHOPATHOLOGY(Emotion Disorder)		
	Normal	High	Total
AGE RANGE			
Adolescence	34(52.3%)	20(57.1%)	54(54.0%)
Early Childhood	7(10.8%)	3(8.6%)	10(10.0%)
Middle Childhood	24(36.9%)	12(34.3%)	36(36.0%)
Total	65(100.0%)	35(100.0%)	100(100.0%)
Chi-Square- 0.252; d.f.-2; p-value=0.881; Remark- Insignificant			
GENDER			
Male	39(60.0%)	15(42.9%)	54(54.0%)

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Female	26(40.0%)	20(57.1%)	46(46.0%)
Total	65(100.0%)	35(100.0%)	100(100.0%)
Chi-Square- 2.692; d.f.-1; p value-0.101; Remark- Insignificant			
CLASS			
Kindergarden	7(10.8%)	0(0.0%)	7(7.0%)
High School	36(55.4%)	20(57.1%)	56(56.0%)
Primary School	22(33.8%)	15(42.9%)	37(37.0%)
Total	65(100.0%)	35(100.0%)	100(100.0%)
Chi-Square- 0.481.; d.f.-2; p value=0.118; Remark- Insignificant			
TYPE OF SCHOOL MANAGEMENT			
Government	27(41.5%)	13(37.1%)	40(40.0%)
Private	38(58.5%)	22(62.9%)	60(60.0%)
Total	65(100.0%)	35(100.0%)	100(100.0%)
Chi-Square- 0.183; d.f.-1; p value=0.669; Remark- Insignificant			
NO. OF SIBLINGS			
Single Child	2(3.1%)	2(5.7%)	4(4.0%)
2 to 3 Siblings	55(84.6%)	32(91.4%)	87(87.0%)
4 & Above Siblings	8(12.3%)	1(2.9%)	9(9.0%)
Total	65(100.0%)	35(100.0%)	100(100.0%)
Chi-Square- 2.775; d.f.-2; p-value=0.250; Remark- Insignificant			
ORDER OF BIRTH			
First Born	24(36.9%)	13(37.1%)	37(37.0%)
Middle Child	13(20.0%)	9(25.7%)	22(22.0%)
Last Child	28(43.1%)	13(37.1%)	41(41.0%)
Total	65(100.0%)	35(100.0%)	100(100.0%)
Chi-Square- 0.533; d.f.-2; p-value=0.766; Remark- Insignificant			
RESIDENCE			
Urban	33(50.8%)	21(60.0%)	54(54.0%)
Rural	32(49.2%)	14(40.0%)	46(46.0%)
Total	65(100.0%)	35(100.0%)	100(100.0%)
Chi-Square- 0.780; d.f.-1; p-value=0.377; Remark- Insignificant			
RELIGION			
Hindu	52(80.0%)	31(88.6%)	83(83.0%)
Christian	13(20.0%)	4(11.4%)	17(17.0%)
Total	65(100.0%)	35(100.0%)	100(100.0%)
Chi-Square- 1.185; d.f.-1; p-value=1.276; Remark- Insignificant			
FAMILY INCOME			
Below 10000	34(52.3%)	20(57.1%)	54(54.0%)
Between 10000 to 25000	24(36.9%)	13(37.1%)	37(37.0%)
Above 25000	7(10.8%)	2(5.7%)	9(9.0%)
Total	65(100.0%)	35(100.0%)	100(100.0%)
Chi-Square- 0.742; d.f.-2; p-value=0.689; Remark- Insignificant			
TYPE OF FAMILY			
Nuclear	55(84.6%)	30(85.7%)	85(85.0%)
Joint	10(15.4%)	5(14.3%)	15(15.0%)
Total	65(100.0%)	35(100.0%)	100(100.0%)
Chi-Square- 0.022; d.f.-1; p-value=0.883; Remark- Insignificant			

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Table 2.4: This subsection shows the relationship between Emotion disorder and the various socio-demographic profiles. When applied chi-square test it is found that almost all the parameters such as Age range (p-value = 0.881), Gender (p-value = 0.101), Class level (p-value = 0.118), Type of school management (p-value = 0.669), No. Of siblings (p-value = 0.250), Order of birth (p-value = 0.766), Residence (p-value = 0.377), Religion (p-value = 1.276), Family income (p-value = 0.689) and Type of family (p value= 0.883) are found to have insignificant relationship with respect to the symptoms of emotion disorder. The finding reveals that socio-demographic has no role in the development of emotion disorder.

Table 2.5 Relationship between socio-demographic profile and Somatic Symptoms

PARAMETERS	PSYCHOPATHOLOGY(Somatic Symptoms)		
	Normal	High	Total
AGE RANGE			
Adolescence	45(51.7%)	9(69.2%)	54(54.0%)
Early Childhood	7(8.0%)	3(23.1%)	10(10.0%)
Middle Childhood	35(40.2%)	1(7.7%)	36(36.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 6.523; d.f.-2; p-value=0.038; Remark- Significant			
GENDER			
Male	48(55.2%)	6(46.2%)	54(54.0%)
Female	39(44.8%)	7(53.8%)	46(46.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 0.370; d.f.-1; p value=0.546; Remark- Insignificant			
CLASS			
Kindergarden	6(6.9%)	1(7.7%)	7(7.0%)
High School	47(54.0%)	9(69.2%)	56(56.0%)
Pramary School	34(39.1%)	3(23.1%)	37(37.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 1.260; d.f.-2; p value=0.533; Remark- Insignificant			
TYPE OF SCHOOL MANAGEMENT			
Government	34(39.1%)	6(46.2%)	40(40.0%)
Private	53(60.9%)	7(53.8%)	60(60.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 0.263; d.f.-1; p value=0.627; Remark- Insignificant			
NO. OF SIBLINGS			
Single Child	4(4.6%)	0(0.0%)	4(4.0%)
2 to 3 Siblings	75(86.2%)	12(92.3%)	87(87.0%)
4 & Above Siblings	8(9.2%)	1(7.7%)	9(9.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 0.674; d.f.-2; p-value=0.741; Remark- Insignificant			
ORDER OF BIRTH			
First Born	34(39.1%)	3(23.1%)	37(37.0%)
Middle Child	17(19.5%)	5(38.5%)	22(22.0%)
Last Child	36(41.4%)	5(38.5%)	41(41.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 2.647; d.f.-2; p-value=0.266; Remark- Insignificant			
RESIDENCE			

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Urban	48(55.2%)	6(46.2%)	54(54.0%)
Rural	39(44.8%)	7(53.8%)	46(46.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 0.370; d.f.-1; p-value=0.543; Remark- Insignificant			
RELIGION			
Hindu	72(82.8%)	11(84.6%)	83(83.0%)
Christian	15(17.2%)	2(15.4%)	17(17.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 0.028; d.f.-1; p-value=0.688; Remark- Insignificant			
FAMILY INCOME			
Below 10000	46(52.9%)	8(61.5%)	54(54.0%)
Between 10000 to 25000	33(37.9%)	4(30.8%)	37(37.0%)
Above 25000	8(9.2%)	1(7.7%)	9(9.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 0.843; d.f.-2; p-value=1.245; Remark- Insignificant			
TYPE OF FAMILY			
Nuclear	73(83.9%)	12(92.3%)	85(85.0%)
Joint	14(16.1%)	1(7.7%)	15(15.0%)
Total	87(100.0%)	13(100.0%)	100(100.0%)
Chi-Square- 0.883; d.f.-1; p-value=0.429; Remark- Insignificant			

Table 2.5: This subsection shows the relationship between Somatic symptoms and the various socio-demographic profiles. When applied chi-square test it is found that almost all the parameters such as Gender (p-value = 0.546), Class level (p-value = 0.533), Type of school management (p-value = 0.627), No. Of siblings (p-value = 0.741), Order of birth (p-value = 1.916), Residence (p-value = 0.376), Religion (p-value = 1.542), Family income (p-value = 1.245) and Type of family (p value= 1.238) are found to have insignificant relationship with somatic symptoms except the adolescence (p value=0.038) age range which indicated a significance with somatic symptoms. The finding reveals that socio-demographic has much role in the context of somatic symptoms.

Table 2.6 Relationship between socio-demographic profile and Psychoses

PARAMETERS	PSYCHOPATHOLOGY(Psychoses)		
	Normal	High	Total
AGE RANGE			
Adolescence	47(50.5%)	7(100.0%)	54(54.0%)
Early Childhood	10(10.8%)	0(0.0%)	10(10.0%)
Middle Childhood	36(38.7%)	0(0.0%)	36(36.0%)
Total	93(100.0%)	7(100.0%)	100(100.0%)
Chi-Square- 6.412; d.f.-2; p-value=0.041; Remark- Significant			
GENDER			
Male	51(54.8%)	3(42.9%)	54(54.0%)
Female	42(45.2%)	4(57.1%)	46(46.0%)
Total	93(100.0%)	7(100.0%)	100(100.0%)
Chi-Square- 0.376; d.f.-1; p value=0.540; Remark- Insignificant			
CLASS			
Kindergarden	7(7.5%)	0(0.0%)	7(7.0%)

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High School	49(52.7%)	7(100.0%)	56(56.0%)
Primary School	37(39.8%)	0(0.0%)	37(37.0%)
Total	93(100.0%)	7(100.0%)	100(100.0%)
Chi-Square- 5.914; d.f.-2; p value=0.052; Remark- Significant			
TYPE OF SCHOOL MANAGEMENT			
Government	36(38.7%)	4(57.1%)	40(40.0%)
Private	57(61.3%)	3(42.9%)	60(60.0%)
Total	93(100.0%)	7(100.0%)	100(100.0%)
Chi-Square- 0.922; d.f.-1; p value=0.337; Remark- Insignificant			
NO. OF SIBLINGS			
Single Child	4(4.3%)	0(0.0%)	4(4.0%)
2 to 3 Siblings	81(87.1%)	6(85.7%)	87(87.0%)
4 & Above Siblings	8(8.6%)	1(14.3%)	9(9.0%)
Total	93(100.0%)	7(100.0%)	100(100.0%)
Chi-Square- 0.536; d.f.-2; p-value=0.765; Remark- Insignificant			
ORDER OF BIRTH			
First Born	35(37.6%)	2(28.6%)	37(37.0%)
Middle Child	19(20.4%)	3(42.9%)	22(22.0%)
Last Child	39(41.9%)	2(28.6%)	41(41.0%)
Total	93(100.0%)	7(100.0%)	100(100.0%)
Chi-Square- 1.916; d.f.-2; p-value=0.284; Remark- Insignificant			
RESIDENCE			
Urban	51(54.8%)	3(42.9%)	54(54.0%)
Rural	42(45.2%)	4(57.1%)	46(46.0%)
Total	93(100.0%)	7(100.0%)	100(100.0%)
Chi-Square- 0.376; d.f.-1; p-value=0.540; Remark- Insignificant			
RELIGION			
Hindu	76(81.7%)	7(100.0%)	83(83.0%)
Christian	17(18.3%)	0(0.0%)	17(17.0%)
Total	93(100.0%)	7(100.0%)	100(100.0%)
Chi-Square- 1.542; d.f.-1; p-value=0.214; Remark- Insignificant			
FAMILY INCOME			
Below 10000	49(52.7%)	5(71.4%)	54(54.0%)
Between 10000 to 25000	35(37.6%)	2(28.6%)	37(37.0%)
Above 25000	9(9.7%)	0(0.0%)	9(9.0%)
Total	93(100.0%)	7(100.0%)	100(100.0%)
Chi-Square- 1.245; d.f.-2; p-value=0.537; Remark- Insignificant			
TYPE OF FAMILY			
Nuclear	78(83.9%)	7(100.0%)	85(85.0%)
Joint	15(16.1%)	0(0.0%)	15(15.0%)
Total	93(100.0%)	7(100.0%)	100(100.0%)
Chi-Square- 1.238; d.f.-1; p-value=0.249; Remark-Insignificant			

Table 2.6: This subsection shows the relationship between Psychoses and the various socio-demographic profiles. When applied chi-square test it is found that almost all the parameters such as Gender (p-value = 0.540), Type of school management (p-value = 0.337), No. Of siblings (p-value = 0.765), Order of birth (p-value = 0.283), Residence (p-value = 0.540),

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Religion (p-value = 0.214), Family income (p-value = 0.537) and Type of family (p value= 0.249) are found to have insignificant relationship with somatic symptoms except the Adolescence (p value=0.038) age range and the Class level (p-value = 0.052), which indicated a significance with Psychoses. The finding reveals that socio demographic has much role in the context of psychoses.

Table No. 3 Comparison between Developmental Psychopathology between children of alcohol dependent fathers and alcohol non-dependent fathers

Developmental Psychopathology	Groups		t-value	d.f.	p-value
	Alcohol Dependent Father Mean \pm S.D	Alcohol Non-dependent father Mean \pm S.D			
Developmental History	0.46 \pm 0.83	0.46 \pm 0.83	0.000	198	1.000
Developmental Problem/ Disorder	0.67 \pm 1.706	0.52 \pm 1.059	0.747	198	0.456
ADHD	0.93 \pm 1.066	0.51 \pm 0.937	2.959	198	0.003*
Conduct Disorder	1.56 \pm 1.961	0.55 \pm 1.086	4.5	198	0.000**
Learning Problems	1.18 \pm 1.445	1.09 \pm 1.7	0.39	198	0.694
Emotion Disorder	2.29 \pm 2.57	1.28 \pm 1.6	3.3	198	0.001**
Somatic Symptoms	1.06 \pm 1.3	0.95 \pm 1.6	0.52	198	0.603
Psychoses	0.62 \pm 1.2	0.54 \pm 1.46	0.41	198	0.68
Stressors	4.7 \pm 2.3	1.8 \pm 1.8	9.7	198	0.000**

**t-test is highly significant at 0.01 level

*t-test is significant at 0.05 levels

Table No. 4: It is observed from the table that the mean score of developmental history of children of alcohol dependent father and alcohol non-dependent father are equal i.e. 0.46 each. The variation is insignificant as evident by p-value = 1.000. In terms of developmental problems, the mean score of children of alcoholic father (M=0.67) is higher than the mean score of alcohol non-dependent father (M= 0.52). Statistically when applied independent t-test there is no significant difference found between the two groups (P-value= 0.456). With respect to Attention Deficit hyperactivity Disorder (ADHD) the mean score of children of alcoholic father is 0.93 and that of non alcoholic father is 0.51. This variation is highly significant as evident by p-value = 0.003. It implies that symptoms of ADHD are more prominent among children of alcoholic father. Regarding conduct disorder, emotional disorder and stressor also; the mean score of children of alcoholic father (M= 1.56, M= 2.29 and M= 4.7 respectively) is higher than that of the non-alcoholic father (M= 0.55, M= 1.28 and M= 1.8 respectively). These variations are highly significant as manifest by p-value = 0.000, p-value = 0.001 and p-value = 0.000, respectively. These findings indicate that developmental psychopathologies such as conduct disorder, emotional disorder and stressor are more prominent among children of alcoholic father. Even though the mean score of learning problems, somatic symptoms and psychosis of children of alcoholic father (M= 1.18, M= 1.06 and M = 0.62, respectively) is higher than that of the non alcoholic father (M= 1.09, M= 0.95 and M= 0.54, respectively), the variation are very minimal and the statistical analysis reveal no significant relationship between the two groups i.e. Children of alcohol dependent father and those whose father has no alcohol dependency.

DISCUSSION

A wealth of data has shown that fathers with alcohol use disorders are associated with an array of long-lasting detrimental offspring outcomes, including early internalizing and externalizing behaviors, drug involvement when these offspring grow into adolescence, as well as an increased risk of developing (future) substance use-related problems. Interestingly, both alcoholic patients and their offspring often display attentional difficulties. This study has showed that the prevalence of any developmental psychopathology among the children of alcoholic father which includes mainly of ADHD, Conduct disorders and emotional problems. Considerable evidence now exists that children alcohol dependent fathers are at increased risk for various psychiatric, cognitive and interpersonal difficulties as well as developing alcohol use disorders. Of particular relevance, significantly elevated rates of attention deficit-hyperactivity disorder (ADHD) have been reported in these children. However, inconsistent findings have been reported. Thus, the underlying etiology of this phenotypic association is still not well understood. It is likely that differences in study outcomes are muddled by the very nature of literature which has focused heavily either on children-of-male-alcoholics or on children exposed to significant amounts of prenatal alcohol. Further, such inconsistent findings may be explained with - (1) cross-study differences in controlling for potentially confounding variables; (2) cross-study differences in focus on maternal vs. paternal alcoholism; and (3) perhaps most importantly, cross-study differences in use of genetically informative designs.

Adding further, emotion disorder was dominant among the various developmental psychopathologies. Studies on this aspect have contributed to genetic factors influencing the transmission of internalizing behavior problems, yet much of the variance in internalizing disorders is left unexplained by genetic factors. Thus risk for internalizing problems among children of alcoholics may be more influenced by impaired family environment.

The impact of early stressors and family conflict may be heightened among such children due to increased exposure, less effective coping skills, deficits in social competence and thus social resource and more neurotic response styles. Moreover, these children may show greater risk for internalizing symptoms due to the nesting of such risk structures (e.g., heightened genetic vulnerability within high-risk environments; with this risk exacerbated by important developmental transitions, such as puberty, resulting in greater risk upon entry to adolescence than in childhood.

Findings have illustrated that socio-demographic factors which includes gender, type of school management, no. of siblings, order of birth, religion, residence and family income have no effect in the developmental psychopathology among of children of alcoholic fathers. However, certain factors were found to be having a significance- children from nuclear type of family were found to be at high risk in ADHD. It might be due absence or unavailability of other family members to look after or take care of the child due to the family structure arrangements. Another factor which was found to be significant is the age range with adolescence having a greater risk for Somatic symptoms and Psychoses. Subsequently, high school level children were found to be relevant in developing psychopathology of somatic and psychotic features. Studies on the literature of both somatic and psychotic symptoms among adolescents have indicated that it psychiatric disorders are common presentations in the paediatric age group.

The comparative analysis of developmental psychopathology among the two groups suggested that there is an important relationship with ADHD and Conduct disorders, Emotion

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disorder and stressors were observed to be at a high risk among children of alcoholic fathers. Studies consistent with this outcome has highlighted that internalising behaviour which primarily includes emotional disorders was predominant among the children of alcohol dependent fathers. The offspring from families with were found to be at increased risk for several psychiatric disorders (ADHD, CD, Oppositional Defiance Disorder, Major Depressive Disorder, and Drug Abuse/Dependence). A significant elevation in depressive disorders (MDD) during adolescence was seen in association with risk status. These children are at increased risk for a wide variety of negative outcomes such as higher rates of behavior problems, psychiatric disturbances, and early onset substance abuse.

Having studied identification of developmental psychopathology among the children of alcoholic and its relationship with the various factors of socio-demography along with the comparison between children of alcoholic and non-alcoholic fathers, have widened the scope for studies in providing interventions and management for the high risk group.

CONCLUSION

This study has demonstrated that externalising behavior (ADHD and Conduct Disorder) and internalising behavior (Emotional Disorders) were observed to be more prevalent among the study sample of children whose father had alcohol problems. It was also found that features of ADHD were related to the nuclear type of family. Also adolescence and the children in the high school level were found to be at a greater risk for Somatic symptoms and Psychoses.

Developmental psychopathology among the two groups viz. are children of alcoholic father and non-alcoholic father suggested that developmental history and problems were not affected by father's alcoholism. However, consistent with the current findings have established that ADHD and Conduct disorders which are a part of externalising behaviors were observed to be at high risk among children of alcoholic fathers. Similarly, internalising behaviour which primarily includes emotional disorders was predominant among the children of alcoholic fathers. Compared to their peers, children of alcohol fathers abusing parents show increased rates of anxiety, depression, oppositional behavior, conduct problems, and aggressive behavior as well as lower rates of self-esteem and social competence. By young adulthood, mood disorders in children of alcoholics are nearly double those of their peers.

It is noteworthy that learning problems, somatic symptoms and psychosis were not significant in the comparison of the two groups. It suggested that alcoholism of father does not much pertinent in the mentioned problems. Contradictory to this finding a study related to learning problem among children of alcoholic father indicated that prenatal alcohol exposure to alcohol have detrimental effects in the intelligence and learning difficulties in children.

The stressors factor which includes psychosocial and family history have indicated a high risk relationship between father's alcohol problems and this would be associated with higher child internalizing symptoms via greater levels of marital aggression among alcoholic families. One aspect amongst the developmental psychopathology of children of alcoholic fathers can be attributed to marital disharmony. Higher marital conflict may also be related to inconsistent parenting, which may be related to lack of predictability for the child, leading to higher levels of anxiety.

Limitation Of The Study

The sample size of the study was small and hence constraint in generalizing the results. The time frame allotted for the collection of data was less and thus limitation to include a wide

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range of areas within the geographical area of Manipur. A thorough investigation in the numerous features in the area of developmental psychopathology of children of alcoholic fathers could not be covered.

Implication Of The Study

The study is an effort to identify the developmental psychopathology among the children of alcoholic fathers. Establishing such findings will help in creating awareness among the parents and caregivers so that early intervention of these children with developmental psychopathology would be possible.

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Conflict of Interest

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