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FATHER'S ALCOHOL DEPENDENCE AND CHILDREN EMOTIONAL-BEHAVIOURAL PROBLEMS: MODERATING ROLE OF PARENT-CHILD RELATIONSHIP

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Abstract

The present study was aimed to examine the father's alcohol dependence and their children's emotional-behavioural problems. Parent child-relationship is conceptualized as a moderator. The sample of alcohol dependent fathers (*N*=160) was collected from Hunza participated in the study and the purposive convenient sampling technique was used. Alcohol Use Disorder Identification Test (AUDIT) (O'Hare & Sherrer, 1999), Child-Parent Relationship Scale (CPRS) (Pianta, 1992), and Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) were used to collect data. The data was analysed through correlation coefficient, moderation analysis, *t*-test, and ANOVA. Findings revealed that children of alcoholics have a high degree of emotional-behavioural problems. Parent-child relationships act as a moderator between parental alcohol dependence and child emotional and behavioural problems such that good parent-child relationship weakens the relation between father's alcohol dependence and the emotional-behavioural problems among their children. There is a positive relationship between father's alcohol dependence and children's emotional-behavioural problems. Results also indicate that good parent-child relationships are negatively correlated with children emotional-behavioural problems. It was also found that girls observe higher emotional-behavioural problems and conflicted parent-child relationship due to father's alcohol use. Findings may be useful to develop understanding of the emotional-behavioural problems and parent-child relationship in children of alcoholics. It might also be useful to determine possible interventions or rehabilitation programs at community, district, and educational level.

Keywords
Alcohol dependence, emotional-behavioural problems, parent-child relationship, alcoholic father.

1. Introduction

Alcoholism refers to harmful alcohol-seeking and alcohol-consuming behaviors (Wachira, 2017). Alcohol usage can affect not just the drinker but also their partners, families, children, friends, co-workers, and communities (van Wormer, 2008). Alcohol changes brain chemistry; thus, addiction develops slowly. Alcohol boosts pleasure-related brain dopamine. Long-term drinking can drop or elevate brain chemicals, prompting the body to need alcohol to restore joyful feelings or prevent bad ones (Roberts *et al*., 2008). According to (Myadze & Rwomire, 2014), alcohol is the most commonly misused substance and the oldest drug in the world. It is a psychotropic drug. However, its usage is permitted in public areas and for medicinal purposes. Drinking too much alcohol harms a person's body, mind, and ability to carry out essential roles in society and the workplace (Hallett *et al*., 2014). Excessive alcohol consumption is also associated with various adverse outcomes in households. However, it is not limited to the modeling of harmful drinking behaviors, the disruption of family events and relationships, the infliction of physical harm on children, the continuation of abuse and neglect, and the occurrence of domestic violence. Alcohol makes the human body dependent on it through developing tolerance to it and thus it's a chronic disease. However, alcohol drinking is the root of some critical health problems, as well as education, relationships, and finances (Elliot *et al*., 2008). In most industrialized and developing nations, alcoholism is among the most significant health risk factors (Alonso *et al*., 2004). *Alcohol* is a harmful, psychoactive substance that has the potential to induce dependence. Annually, alcohol consumption is responsible for 300,000 fatalities and millions of impairments and health issues. 5.1% of worldwide disease is attributable to hazardous alcohol usage (World Health Organization, 2019). Alcohol abuse contributes 7.1% and 2.2% to the global burden for men and women. Alcohol is the leading cause of early death and disability in those ages 15 to 49, accounting for 10% of deaths in this age range. Vulnerable groups have a greater incidence of alcohol-related death and hospitalization. Psychotic, socially maladjusted, emotionally troubled, and emotionally challenged are all terms used to describe behavioral and emotional disorders. Emotional and behavioral difficulties refer to an incapacity exhibited by kids, such as unexpected emotional and behavioral reactions, deviant behavior, or violation of cultural norms in school programs. If the child's age is appropriate, then child response negatively affects academic performance, including personal skills, social skills, and academic achievements. People with behavioral and emotional issues have severe, long-term performance impacts. Among children and adults, conduct disorders are common. Conduct disorders make up significantly disrupted behaviors among children and adults due to repetitive, persistent behavior patterns in people (Anderson, 2012). A parent's alcoholism

puts their children into emotional and social adjustment problems, and they are at risk for drug use, relationship problems, aggression, hyperactivity, and school absenteeism (Burns, 2010). Both boys and girls, offspring of alcoholics, have high internalizing and externalizing behavior scores. Girls have lower internalizing scores than boys' offspring (Sidhu *et al*., 2016). According to Krapp and Wilson (2005), the parent-child relationship comprises a unique combination of behaviors, emotions, and expectations for every parent and child. However Troll and Fingerman (1996), suggest that the intimate nature of parent-child interactions distinguishes them from all other types of connections such as family, friends, and partners. Besides familial, socio-emotional, and monetary aspects, indirect circumstances can influence parent-child relationships. Additionally, social and familial support are essential elements. Parental variables, including temperament and personality, determine the degree to which they maintain a relationship with their children. In the general and psychological development, the quality of the parent-child relationship, parenting methods, and parenting dimension have crucial roles (Hennan *et al*., 1997). The family or home environment is a crucial social backdrop for personality formation (Erikson, 1963). The most researched relationship characteristics are parental alcohol abuse and parent-child connections. Parent-child disagreements may result from social ineptitude, as indicated by previous research (Hussong *et al*., 2005). Children were more likely to acquire unpleasant behaviors, low self-esteem, and unfavorable attitudes towards themselves and others. Unpredictable rules, discipline, and parenting styles cause youngsters anxiety and confusion. (Ndani & Murugami, 2009). The concept of parental acceptance and rejection, proposed by Rohner (2011), explains how parents and children interact. It was highlighted that positive parental and social interactions marked by warmth, acceptance, care, and affection influence a child's development. In contrast, unfavorable outcomes occur when a parent is emotionally, mentally, or physically abusive. It reveals that parents' acceptance or rejection impact the growth and development of their children. Parental acceptance is also associated with more remarkable psychological change, whereas parental rejection is associated with psychiatric disorders (Dwairy, 2010). Gracia *et al*. (2005) and Rohner (2004) found that children's psychological and social adjustment depends on whether or not their parents accept them. Literature also demonstrates that the children who receive positive responses and acknowledgment at home succeed in all aspects of life. On the other hand, youngsters unable to perform well in their lives did not receive much attention and praise at home. El Nokali *et al*. (2010) found that unpleasant emotions contribute to developing other negative emotions, which in turn impact an individual's emotional health. Children who grow up in a happy atmosphere are typically emotionally well-balanced. Children in

developmental situations lack a sense of security, which can hinder their emotional development and result in an emotional state that is out of balance. From the above discussion it is thus concluded that alcohol consumption can adversely impact the individual drinker and their partners, families, children, friends, co-workers, and communities. (van Wormer, 2008). Alcohol has been the most commonly abused drug in Hunza since a long time, but no one have assessed the outcomes of this drug on children and families too. Overall, many studies investigated parental alcohol use and children's mental health issues or psychological problems. In Pakistan, there is a limited number of researchers on alcohol use and its outcomes in children. In addition to examining the parent-child interaction of alcoholics, the current study is the first in Hunza to investigate the relationship between parental alcoholism and children's emotional and behavioral difficulties. It is believed to help in developing a children focused intervention for addressing their emotional and behavioral problems that could worsen in the future during their adulthood.

2. Method

2.1 Objectives

1. To examine the relationship between father's alcohol dependence, parent-child relationship, and children's behavioural and emotional problems.
2. To identify gender specified differences for relationship of father's alcohol dependence and children behavioral-emotional problems

2.2 Hypotheses

The following hypotheses were formulated.

1. Positive parent-child relation would weaken father's alcohol dependence and children's behavioural-emotional problems.
2. There is a significant positive association between father's alcohol dependence and children's behavioural-emotional problems.
3. Parent-child relation is negatively correlated with children's behavioural-emotional problems.
4. Daughters of alcoholics have more behavioural-emotional problems as compared to sons.

2.3 Sample

The sample included 160 alcohol-dependent male parents and their children from Hunza. Men with a drinking history and at least one year of interaction with their children were selected. Inclusion in the study was contingent on parental assent and the possession of a minimum qualification level for middle-level education. The study excluded parents with a history of other substance abuse or polydrug use. Participants were children between the ages of 5 and 17 years old. The parents with alcoholism were picked using a straightforward sampling procedure.

3. Instruments

3.1 Demographics Data Sheet

The participants' name, age, gender, source of income, marital status, parent's and child's

education, child's gender, family system, residential area, kind of family, etc. were gathered from a single demographics data sheet.

2.2 Parent-Child Relationship Scale – Short Form (PCRS -SF).

The PCRS (Pianta, 1992) is a self-report questionnaire that examines parents' relationships with their children. 15-item scale. Conflicts and closeness are subscales. Participants react on a 5-point Likert scale such that definitely doesn't applies for 1, not really for 2, neutral not sure for 3, applies somewhat for 4, and definitely applied for 5 (Pianta & Steinberg, 1992). Conflicts (α =.83) and closeness (α =.72).

3.3 Strengths and Difficulties Questionnaire (SDQ) 1997

Robert Goodman developed strengths and difficulties questionnaire (SDQ) in 1997, and it is used to screen out emotional and behavioural problems of children and adolescents. This questionnaire can be fill by parents (mother or father) or teacher of the children. It was developed in the United Kingdom (UK). This questionnaire is short screening tool to identify behavioural problem with age range of 3 to 16 years old. This questionnair consists of 25 items and particpants responds on the three points likert scale from 0 to 2 or not true, somewhat true, or certainly true. This questionnaire measures prosocial behaviours emotional symptoms, hyperactivity inattention, peer relationship problems, and conduct problems. 25 items of this questionnaire are divided in five subscales and each subscale has 5 items each and subscale scores range from 0-10. High scores shows more problems on all subscales except proscial subscale, high scores of prosocial subscale shows less difficulties in prosocial behaviour. The alpha reliability of questionnaire was normal with total items of SDQ (α=.78), furthermore subscales alpha reliabilities are like emotional problems (α=.73), hyperactivity inattention (α=.69), prosocial behaviours (α=.63), peer problems (α=.75), and conduct problems (α=.69) (Goodman, 1997).

3.4 Alcohol Use Disorders Identification Test (AUDIT).

This screening was developed by World Health Organization (WHO), and it has 10 items. This scale is used to idenfied early symptoms of hazardous and harmful and mild alcohol dependence. The particpants responds on the likert scale from 0 to 4. Furthermore this tool is used for idenfication of alcohol dependence from low risk, risky, harmful and severe. It has standarized scoring and very easy to do scoring (Saunders *et al*., 1993). The interpretation of the scores for men and women is mentioned in the following table:

Table 1: The interpretation of the scores for men and women

Suggestion Zone	Scores	
	Men	Women
Low risk	0-4	0-3
Risky	5-14	4-12
Harmful	15-19	13-19
Severe	20+	20+

3. Procedure

The present research was a cross sectional study design and used psychometrically sound measures to quantitatively assess the hypothesized relationships. The research was conducted in accordance with the ethical standards established by the American Psychological Association (APA). Written consent was taken from the participants' before administrating the scales. Participants were given clear instructions on what was being measured and why. They were assured that their data would be kept confidential and used only for educational purposes.

4. Results

The descriptive statistics for the sample of study is mentioned below demonstrating the basic demographic characteristics.

Table 2: Demographic Characteristics of Participants (N=160)

Variables	Category	*f*	%
Locations	Upper Hunza	58	36.3
	Central Hunza	50	31.3
	Lower Hunza	52	32.5
Family type	Nuclear	88	55
	Joint	72	45
Father's Education	Matriculation	34	21.3
	Intermediate	40	25
	Bachelor	41	25.6
	Master	32	20
	Other	13	8.1

Continued…

Variables	Category	*f*	%
Last Use of Alcohol	One day	29	18.1
	One week	42	26.3
	One month	44	27.5
	One year	26	16.3
	Other	19	11.9
Children age	5-8	33	20.6

	9-12	45	28.1
	13-16	36	22.5
	17-20	46	28.7
Gender	Boys	77	48.1
	Girls	83	51.9
Class/ Grades	4	33	20.6
	5	21	13.1
	6	24	15
	7	18	11.3
	8	18	11.3
	9	14	8.8
	10	12	7.5
	11	20	12.5
Children age	5-8	33	20.6
	9-12	45	28.1
	13-16	36	22.5
	17-20	46	28.7
Gender	Boy	77	48.1
	Girl	83	51.9

Continued…

Variables	Category	*f*	%
Class/ Grades	4	33	20.6
	5	21	13.1
	6	24	15
	7	18	11.3
	8	18	11.3
	9	14	8.8
	10	12	7.5
	11	20	12.5

The psychometric properties for the research instruments were also determined. Following table provide information about the total scale and their subscales along with the respective score ranges, mean, standard deviation, and alpha coefficient of reliability.

Table 3: Psychometric Properties of Scales

Scales	Subscales	Range	*M*	*SD*	*α*
Alcohol Use Disorder Identification Test		3-26	12.14	5.63	.70

Child-Parent Relationship Scale	Relationship Closeness	7-35	24.39	8.23	.90
	Relationship Conflict	8-40	24.19	10.77	.88
Strengths and Difficulties Questionnaire		16-46	27.87	5.33	.64

Table 3 shows psychometric properties for the scales used in the present study. The Cronbach's α value for Alcohol Use Disorder Identification Test (AUDIT) was .70 (< .80) which indicated satisfactory internal consistency. The Cronbach's α value for (closeness and conflict) subscales of Parent Child Relationship Scale were .90 and .88 (> .08) which indicated high internal consistency. The Cronbach's α value for Strengths and Difficulties Questionnaire was .64 (< .07) which indicated low internal consistency. The moderating relationship of parent-child relationship for father's alcoholism and children's emotional-behavioral problems was also assessed using moderation analysis. The results obtained are mentioned below:

Table 4: *Moderating Role of Parent-Child Relationships for Father's Alcoholism and Children's Emotional-Behavioural Problems (N=160)*

Variables	*B*	*SEB*	*t*	*P*
Constant	2.63 [-13.28, 18.53]	8.05	.33	.74
Alcohol dependence	1.80 [.64, 2.96]	.59	3.07	.02
Parent-child relationship	.38 [.03, .72]	.17	2.18	.03
Alcohol dependence*Parent-child relationship	-.02 [-.05, -.06]	.01	-2.02	.04
R^2	.47			
ΔR^2	.01			
F	4.09			

The results demonstrate that the interaction effect of alcohol dependence (IV) and parent-child relationship (moderator) is significantly explaining the variance in children's emotional-behavioral problems. The negative sign indicates that the combined effect of IV and moderator is such that with better parent-child relationship there is significant decrease in the children's emotional-behavioral problems with the increase in alcohol dependence. The value of regression coefficient shows that alcohol dependence and parent-child relationship account for 47% of variance in the children's emotional-behavioral problems. The above table represents the significant direct effect between alcohol dependence (β=1.80, p<.05). The moderation analysis shows that parent child relationship significantly moderates the relationship between alcohol dependence and children emotional and behavioural problems. It means that increase in

the value of moderator is responsible to weaken the relationship between IV (alcohol dependence) and DV (emotional and behavioural problems).

Table 5: Correlation Estimates for Father's Alcohol Dependence and Child Emotional-Behavioural Disorders (N=160).

		1	2	3	4	5	6
1.	Father's alcohol dependence	-	-.45**	.38**	.74**	.58**	.51**
2.	Prosocial behavior		-	-.15*	-.59**	-.42**	-.16*
3.	Hyperactivity			-	.37**	.29**	.19*
4.	Emotional symptoms				-	.52**	.45**
5.	Conduct problem					-	.45**
6.	Peer relationship problem						-

Note: ***$p < .001$, **$p < .01$, *$p < .05$

Table 5 shows that father's alcohol dependence is significantly and positively related to emotional-behavioural issues in children like hyperactivity, emotional symptoms, conduct problem, and peer relationship problem. Whereas father's alcohol dependence relates significantly and negatively with the prosocial behavior. Also, the prosocial behavior is found to have significant negative relationship with emotional-behavioural issues in children as signified by hyperactivity, emotional symptoms, conduct problem, and peer relationship problem.

Table 6: Correlation Estimates of Parent-Child Relationships with Child Emotional-Behavioural Difficulties (N=160)

		1	2	3	4	5	6	7
1.	Closeness	-	.73**	.47**	-.31**	-.66**	-.63**	-.48**
2.	Conflict		-	-.54**	.36**	.76**	.65**	.46**
3.	Prosocial behavior			-	-.15	-.59**	-.42**	-.16*
4.	Hyperactivity				-	.37**	.29**	.19*
5.	Emotional symptoms					-	.52**	.45**
6.	Conduct problem						-	.45**
7.	Peer relationship problem							-

Note: ***p < .001, **p < .01, *p < .05

Table 6 shows that the parent child relationship (closeness) has significantly negatively correlated with child emotional and behavioral problems (hyperactivity, emotional symptoms, conduct problems, and peer relationships problem), while parent child relationship (closeness) is positively correlated with child pro-social behaviour. Furthermore, the parent child relationship (conflict) has significantly positively correlated with child emotional-behavioural problems (hyperactivity, emotional symptoms, conduct problems, and peer relationships problem), while parent child

relationship (conflict) is negatively correlated with child pro-social behaviour.

Table 7: Mean, Standard Deviation, and Gender Differences for Children of Alcoholic Fathers (N=160)

Variables	Boys (*n*=77)	Girls (*n*=83)			95% CI	
	M (SD)	*M (SD)*	*t*	*p*	*LL*	*UL*
Emotional-Behavioral problems	26.94 (4.57)	28.73 (5.84)	2.14	.033	-3.44	-.14
Prosocial behavior	6.64 (2.09)	5.89 (2.64)	1.97	.050	.02	1.50
Hyperactivity	5.19 (1.46)	5.36 (1.57)	.695	.488	-.64	.30
Emotional symptoms	5.26 (2.22)	6.27 (2.89)	2.47	.014	-1.82	-.20
Conduct problems	4.84 (2.00)	5.33 (2.22)	1.47	.143	-1.15	.17
Peer relationship problems	5.00 (1.79)	5.86 (1.85)	2.98	.003	-1.44	-.30

The table 7 illustrates the mean differences between boys and girls who are children of alcoholic fathers such that it is significant for emotional-behavioral problems, prosocial behavior, emotional symptoms, and pee relationship problem. The means scores for both boys and girls are above 20 which demonstrate presence of emotional-behavioural abnormalities. The findings also demonstrate that daughters of alcoholics have more emotional-behavioral issues (*M*=28.73, *SD*=5.84) than their sons (*M*=26.94, *SD*=4.57). Girls also demonstrate significantly higher emotional symptoms and peer relationship problems. Prosocial behavior is found to be significantly higher in boys than girls. Results indicate non significantly higher score of girls on hyperactivity and conduct problems. In conclusion, the data validated the research hypotheses, and moderation analysis revealed that parent-child relationships significantly moderate the association between father's alcoholism and children's emotional-behavioural issues. Results also found a substantial correlation between father's alcoholism and emotional-behavioural difficulties in children. The t-test found that girl offspring with alcoholic father had significantly more emotional-behavioural issues than boys as also signified by higher emotional symptoms and peer relationship problems among girls.

5. Discussion

The study's primary objective was to investigate the association between alcohol use by father and children's behavioral and emotional difficulties. The results show that children's emotional and behavioral problems (hyperactivity, emotional symptoms, conduct problems, peer relationship problems) are predicted by father's alcohol dependence. Our findings are also supported by available literature (Barnes & Farrell, 1992; Jacob & Leonard, 1986) highlighting that children of alcoholics are more susceptible to developing mental health disorders and behavioral problems, such as anxiety, conduct disorders, depression, ADHD, and other mental health issues. The findings are congruent with those of Zeitlin (1994), which indicate that parental alcoholism is associated with various emotional and behavioral issues, primarily depression,

anxiety, behavioral disorders, and childhood alcohol consumption. According to the present study, father's alcohol use negatively affects the parent-child relationship. It is also evident by findings of Bountress and Chassin (2015), which indicate that children of alcoholic parents raised in a hazardous environment may experience mild to severe mental illness problems, ranging from disruptive outward behavior to internalizing behavior. Insecurities, worries, mistrust, and emotional problems are internalizing problems. Children's externalizing behaviors range from social avoidance to excessive truancy, and these maladaptive behaviors may result in the development of significant psychological issues over time. The current study found that both girls' and boys' children of alcoholics had a significant risk of emotional and behavioral problems. Furthermore, girls' children have scores on internalizing behavior (emotional symptoms and peer relationship problems), and boys' children have scores on externalizing behavior (pro-social behaviors). Conforming to the findings of Sidhu et al. (2016), both male and female offspring of alcoholics scored highly on internalizing and externalizing behavior. Boys received higher scores for externalizing behavior, while girls got higher scores for internalizing behavior. Children of alcoholics experience a range of emotional, physical, anxiety, oppositional defiant behavior, and attention deficit hyperactivity issues. Bilenberg and Christensen (2000) discovered that offspring of alcoholics have a significantly higher probability of scoring over the 95th percentile on measures of internalizing behavior, depression, and socially unacceptable behavior.

6. Conclusion

Parents play a critical role in children's social, biological, and cognitive development. There are direct and indirect impacts of parental alcohol consumption on children's development. Parental alcohol abuse not only disturbs children's development but also disturbs the home environment. Those children who understand alcoholics' parents are very vulnerable to developing psychological problems such as emotional and behavioral. A positive parent-child relationship leads to positive outcomes in children's development, and a negative parent-child relationship leads to adverse outcomes.

7. Study Limitations

Several limitations apply to this research as the results do not generalize to all children of alcoholics (COAs) in Hunza or other districts of Gilgit-Baltistan due to the limited sample size. Likely, some respondents may not comprehend the tools or some elements of the screening tools as intended. Because there were numerous questions, participants might had experienced impact of boredom. This study used a technique called "convenient sampling" to collect data, which may have caused the data to be biased. Only fathers were studied, so another sampling approach would better explain the results. Non-

experimental factors could sabotage this study like environmental and participant errors.

8. Implications

This study adds to the literature on alcoholic children's emotional and behavioral difficulties in Hunza, Gilgit-Baltistan, Pakistan, which is known for its high rates of alcoholism, emotional and behavioral issues, and poor parent-child connections. This study fills a gap in the literature on child behavioral and emotional difficulties and parent-child relationships in alcoholics' children. The relevance of this study's findings will enable the district administration, other stakeholders, such as the education ministry, and parents to use targeted interventions to solve education difficulties due to parents' alcohol consumption in district Hunza. Pakistan. This study will provide suggestions and techniques for children and parents, educational specialists, new researchers, society, and government organizations.

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