



The Impact of Parental Substance Abuse and Psychosocial Behaviour of Children in Age Group of 6-12 years: School Based Study

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Aim of the study is 1. Find out the extent of reported parental substance abuse 2. Assess the psychosocial development of child 3. Assess the perceived impact of parental substance abuse on psychosocial development of children.

Methodology: The study was conducted in the school of Wardha district, Maharashtra, India.

Population: School going children of age 6-12yrs and their parents. 200 sample size was selected, each 100 parent and 100 children. Non-probability convenient sampling technique used. A structured questionnaire used for both parent and their children separately.

Results: The reported prevalence rate of parental substance abuse as reported by children shows the ratio as: The rate of no substance abusers which scores from 0-12 of frequency (14) is 14%. The rate of Borderline abusers which scores from 13-24 of frequency (23) is 23%. The rate of Mild abusers which scores from 25-36 of frequency (22) is 22%. The rate of Moderate abusers

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which scores from 37-48 of frequency (23) is 23%. The rate of Severe abusers which scores from 49-60 of frequency (18) is 18%. The reported prevalence rate of parental substance abuse as reported by parent shows the ratio as: The rate of no substance abusers which scores from 0-9 of frequency (6) is 6%. The rate of Borderline abusers which scores from 10-18 of frequency (24) is 24%. The rate of Mild abusers which scores from 19-27 of frequency (28) is 28%. The rate of Moderate abusers which scores from 28-36 of frequency (18) is 18%. The rate of Severe abusers which scores from 37-44 of frequency (26) is 26%. Psychosocial behaviour of children which reveals that most of the children will act as crying or will get angry which is an age appropriate behaviour.

Keywords: Parents; substance abuse; psychosocial development; children.

1. INTRODUCTION

Substance abuse is a widespread and deadly problem in today's society, affecting people from all sectors. Substance abuse is one of the most important problems that children and their families face. According to studies, 8.3 million children in the United States live with at least one parent who abuses alcohol or other drugs, accounting for 11% of all children [1].

Substance addicts' children are frightened. Physical violence or incest may have been done against them. They may also witness violence - alcoholism and other substance misuse are usually linked to domestic violence. As a result, these children may experience post-traumatic stress syndrome, which includes sleep difficulties, flashbacks, anxiety, and sadness, similar to those experienced by victims of war crimes [2].

These kids are worried not only about their personal safety, but also about their parents getting sick or dying as a result of their drinking or drug usage. They might avoid bringing friends home or going out with their parents in public. They may even avoid establishing relationships due to a lack of fundamental social skills or a genuine worry of someone discovering the truth [3].

Other parents may have cautioned their children to avoid these children from unstable households, making it harder for them to make friends. Some young people, on the other hand, use their friends as buffers, relying on their leadership skills to assume significant roles in school and extracurricular activities [4].

1.1 Need of the Study

It is difficult to provide precise, current statistics on the number of families in child welfare

affected by parental substance use or dependency since there is no ongoing, standardized, national data collection on the topic. In the U.S. Department of Health and Human Services (HHS) reported that studies showed that between one-third and two-thirds of child maltreatment cases were affected by substance use to some degree. More recent research reviews suggest that the range may be even wider [5].

The variation in estimates may be attributable, in part, to differences in the populations studied and the type of child welfare involvement differences in how substance use is defined and measured; and variations in State and local child welfare policies and practices for case documentation of substance abuse [6].

Parental substance misuse has been identified as a risk factor for child maltreatment and engagement with the child welfare system (Institute of Medicine and National Research Council, 2013). Children with parents who abuse alcohol or drugs are more likely to be abused or neglected than children in other households, according to research. In one longitudinal investigation, parental substance use (especially maternal drug use) was identified as one of five key factors that predicted a CPS referral for abuse or neglect [7].

Once a report is substantiated, children of substance-abusing parents are more likely than other children to be placed in out-of-home care. Three out of four child welfare specialists (71.6 percent) say substance abuse is the principal cause of the large increase in child maltreatment since 1986. According to the majority of welfare specialists (79.6%), substance abuse causes or contributes to at least half of all cases of child maltreatment, while 39.7% claim it is a factor in more than 75 percent of cases. In a group of parents who extensively maltreat their children,

alcohol addiction is directly linked to physical maltreatment, whereas cocaine intake is specifically linked to sexual maltreatment [8].

1.2 Objectives of the Study

1. Find out the extent of reported parental substance abuse.
2. Assess the psychosocial development of child.
3. Assess the perceived impact of parental substance abuse on psychosocial development of children.

2. MATERIALS AND METHODS

2.1 Inclusion Criteria

Children in the age group of 6-12 yrs. 2.Both gender of children and their parents.

2.2 Exclusion Criteria

Children suffering from serious systematic disease.

2.6 Discription of Tool

Section -1 : This section deals with the demographic data i.e. Age, Sex, Family income, Type of family, Education of parents, Occupation of parents, no. of 6-12yrs of children in family, no. of substance abusers in the family.

Section -2: Gather the information through structured questionnaire information regarding parental substance abuse.

- a. Structured questionnaire scale used to assess the prevalence rate regarding parental substance abuse as reported by children's.
- b. Structured questionnaire scale used to assess prevalence rate of parental substance abuse as reported by parent.

Section -3: For assessment of psychosocial behavior of students, structured questionnaire used for self rating of their responses to their parental substance abuse.

2.7 Method of Collection of Data

Permission taken from the appropriate authorities of the chosen School. Children's consent would be taken from their parents. The researcher addressed the chosen areas of school children's and their parents and also explained the purposes of the study and also how it would be useful for them. She enquired their willingness to participate in the study and obtain consent from parents, then made them comfortable and oriented to the study and administered questionnaire to them duration of 30 min. Statistical Analysis of the data was done by using descriptive and inferential statistics both. The software used in the analysis were SPSS 24.0. Frequency, mean, standard deviation, mean percentage to explain demographic variables. Association of demographic done by one-way ANOVA (f-test) and 't' test.

2.3 Setting of the Study

The study was conducted in the school of Wardha district, Maharashtra, India. Sample of the study was school going children of age 6-12yrs and their parents.1.The school going student of Arvinaka of Vikas Vidyalaya and their parent. 2. The primary school going children of Zilha Parishad School of Nagsen Nagar.

2.4 Sampling Technique

Non-probability convenient sampling technique used. Sample size: 200 sample size was selected, each 100 parent and 100 children.

2.5 Tool Preparation

A structured questionnaire format was provided to both parent and their children separately. Structured psychosocial behavior assessment questionnaire was provided to children for self rating of their responses to their parental substance abuse. The tool was validated by psychologist.

3. RESULTS

3.1 Section - I

Table 1. Shows Percentage wise distribution of school going children and their association according to their demographic variables

| Demographic variable | Frequency | Percentage (%) | Mean score | F-value | P value |
|---------------------------------|-----------|----------------|----------------|---------|------------|
| Age(years) | | | | | |
| 6-8 | 35 | 35% | 19.00± 0.00 | 1.225 | 0.305 |
| 9-10 | 27 | 27% | 17.33±2.251 | | NS, p>0.05 |
| 11-12 | 38 | 38 % | 17.00±1.897 | | |
| Gender | | | | | |
| Male | 43 | 43 % | 33.74±15.279 | 1.224 | 0.397 |
| Female | 57 | 57 % | 30.23±13.384 | | NS, p>0.05 |
| Address | | | | | |
| Rural | 39 | 39% | 28.51±15.844 | 4.311 | 0.040 |
| Urban | 61 | 61 % | 33.80±12.862 | | NS, p>0.05 |
| Father's Education | | | | | |
| Primary | 12 | 12 % | 27.25±17.792 | 1.225 | 0.305 |
| Secondary | 46 | 46 % | 32.80±13.133 | | NS, p>0.05 |
| Higher secondary | 32 | 32 % | 30.03±14.645 | | |
| Graduate & above | 10 | 10 % | 37.70±12.936 | | |
| Father's Occupation | | | | | |
| Labourer | 40 | 40 % | 29.98±13.520 | 1.852 | 0.110 |
| Unemployed | 3 | 3 % | 44.67±6.506 | | NS, p>0.05 |
| Private job | 29 | 29% | 34.00±12.282 | | |
| Government job | 13 | 13% | 25.38±19.002 | | |
| Farmer | 14 | 14% | 36.29±14.041 | | |
| Home maker | 1 | 1% | 17.00 | | |
| Mother's Education | | | | | |
| Primary | 13 | 13% | 33.85±18.488 | 0.201 | 0.897 |
| Secondary | 36 | 36% | 31.27±12.229 | | NS, p>0.05 |
| Higher secondary | 20 | 20 % | 32.70±14.708 | | |
| Graduate & above | 11 | 11% | 29.91±18.913 | | |
| Mother's Occupation | | | | | |
| Labourer | 50 | 50% | 32.30±14.480 | 0.269 | 0.897 |
| Unemployed | 2 | 2 % | 25.00±5.657 | | NS, p>0.05 |
| Housewife | 48 | 48% | 31.44±14.382 | | |
| Income | | | | | |
| Up to 10000/- | 41 | 41 % | 32.71±13.333 | 1.1198 | 0.315 |
| 10001-20001/- | 8 | 8 % | 16.4999±58.333 | | NS, p>0.05 |
| 20001-30001/- | 9 | 9% | 11.745±3.915 | | |
| Above 30001/- | 42 | 42% | 290.02±15.0555 | | |
| No. of Family Members | | | | | |
| 3-5 | 67 | 67 % | 31.85±14.6281 | 0.676 | 0.511 |
| 6-10 | 29 | 29 % | 32.59±14.009 | | NS, p>0.05 |
| More than 10 | 4 | 4% | 23.75±9.032 | | |
| Family type | | | | | |
| Joint | 25 | 25% | 28.28±14.164 | 1.981 | 0.162 |
| Nuclear | 75 | 75% | 32.89±14.202 | | NS, p>0.05 |
| Religion | | | | | |
| Hindu | 82 | 82% | 32.43±14.4921 | 0.564 | 0.640 |
| Muslim | 7 | 7 % | 26.71±15.532 | | NS, p>0.05 |
| Christian | 1 | 1% | 39.00 | | |
| Others | 10 | 10 % | 28.90±12.161 | | |
| Number of Abusers in the Family | | | | | |
| 1 | 71 | 71% | 33.08±14.202 | 0.914 | 0.439 |
| 2 | 6 | 6% | 32.33±15.718 | | NS, p>0.05 |
| More than 3 | 1 | 1% | 28.00 | | |
| 0 | 22 | 22% | 27.41±14.188 | | |

| Demographic variable | Frequency | Percentage (%) | Mean score | F-value | P value |
|-----------------------------------|-----------|----------------|--------------|---------|---------------------|
| Number of 6-12yrs Child in Family | | | | | |
| 1 | 62 | 62% | 29.48±14.081 | 2.107 | 0.127 NS, p>0.05 |
| 2 | 35 | 35% | 35.29±14.112 | | |
| More than 3 | 3 | 3 % | 37.00±14.731 | | |

3.2 Section- II

Table 2. Level of substance abusers as reported by children

| Levels | Score | Frequency | Percentage (%) |
|----------------------|-------|-----------|----------------|
| No substance abusers | 0-12 | 14 | 14 |
| Borderline | 13-24 | 23 | 23 |
| Mild | 25-36 | 22 | 22 |
| Moderate | 37-48 | 23 | 23 |
| Severe | 49-60 | 18 | 18 |

The above Table no. 2 show the reported prevalence rate of parental substance abuse as reported by children shows the ratio as:

- The rate of no substance abusers which scores from 0-12 of frequency (14) is 14%.
- The rate of Borderline abusers which scores from 13-24 of frequency (23) is 23%.
- The rate of Mild abusers which scores from 25-36 of frequency (22) is 22%.
- The rate of Moderate abusers which scores from 37-48 of frequency (23) is 23%.
- The rate of Severe abusers which scores from 49-60 of frequency (18) is 18%

3.3 Section II

Table 3. Show the level of substance abusers as reported by parents

| Levels | Scores | Frequency | Percentage (%) |
|----------------------|--------|-----------|----------------|
| No substance abusers | 0-9 | 6 | 6 |
| Borderline | 10-18 | 24 | 24 |
| Mild | 19-27 | 28 | 28 |
| Moderate | 28-36 | 18 | 18 |
| Severe | 37-44 | 26 | 26 |

The above Table no. 3 show the reported prevalence rate of parental substance abuse as reported by parent shows the ratio as:

- The rate of no substance abusers which scores from 0-9 of frequency (6) is 6%.
- The rate of Borderline abusers which scores from 10-18of frequency (24) is 24%.
- The rate of Mild abusers which scores from 19-27 of frequency (28) is 28%.
- The rate of Moderate abusers which scores from 28-36 of frequency (18) is 18%.
- The rate of Severe abusers which scores from 37-44 of frequency (26) is 26%.

3.4 Section III

Table 4. shows the psychosocial behaviour of the children to their parental substance abuse

| Item No. | Crying | Get Angry | Quarrelling | Don't Talk with the person | Keep Quiet | Other |
|----------|--------|-----------|-------------|----------------------------|------------|-------|
| 1 | 20 | 57 | 2 | 8 | 13 | 0 |
| 2 | 37 | 57 | 2 | 8 | 13 | 0 |
| 3 | 24 | 44 | 6 | 17 | 5 | 4 |
| 4 | 28 | 41 | 2 | 14 | 11 | 4 |
| 5 | 25 | 42 | 11 | 14 | 5 | 3 |
| 6 | 31 | 44 | 8 | 10 | 4 | 3 |
| 7 | 44 | 38 | 10 | 1 | 4 | 3 |
| 8 | 45 | 38 | 6 | 7 | 4 | 0 |
| 9 | 31 | 59 | 2 | 3 | 5 | 0 |
| 10 | 34 | 53 | 4 | 6 | 2 | 1 |
| 11 | 24 | 40 | 11 | 21 | 3 | 1 |
| 12 | 62 | 23 | 2 | 7 | 2 | 4 |

| Item No. | Crying | Get Angry | Quarrelling | Don't Talk with the person | Keep Quiet | Other |
|----------|--------|-----------|-------------|----------------------------|------------|-------|
| 13 | 40 | 47 | 4 | 6 | 3 | 0 |
| 14 | 29 | 35 | 5 | 24 | 7 | 0 |
| 15 | 46 | 31 | 8 | 8 | 5 | 2 |
| 16 | 45 | 29 | 11 | 6 | 6 | 3 |
| 17 | 32 | 45 | 5 | 15 | 3 | 0 |
| 18 | 41 | 45 | 5 | 7 | 1 | 1 |
| 19 | 28 | 36 | 8 | 21 | 5 | 2 |
| 20 | 47 | 34 | 12 | 4 | 3 | 0 |

The above Table no. 4 shows the study of psychosocial behaviour of children which reveals that most of the children will act as crying or will get angry which is an age appropriate behaviour.

4. DISCUSSION

The reported prevalence rate of parental substance abuse as reported by children shows the ratio as: The rate of no substance abusers which scores from 0-12 of frequency (14) is 14%. The rate of Borderline abusers which scores from 13-24 of frequency (23) is 23%. The rate of Mild abusers which scores from 25-36 of frequency (22) is 22%. The rate of Moderate abusers which scores from 37-48 of frequency (23) is 23%. The rate of Severe abusers which scores from 49-60 of frequency (18) is 18%.

The reported prevalence rate of parental substance abuse as reported by parent shows the ratio as: The rate of no substance abusers which scores from 0-9 of frequency (6) is 6%. The rate of Borderline abusers which scores from 10-18 of frequency (24) is 24%. The rate of Mild abusers which scores from 19-27 of frequency [28] is 28%. The rate of Moderate abusers which scores from 28-36 of frequency (18) is 18%. The rate of Severe abusers which scores from 37-44 of frequency (26) is 26%. Psychosocial behaviour of children which reveals that most of the children will act as crying or will get angry which is an age appropriate behaviour.

A population-based cross-sectional study was carried in West Bengal, India for identifying the magnitude of licit and illicit substance use among students and to find out the association between socioeconomic and demographic characteristics of the students and habits of use. 416 high school students from two schools Chosen. Substance use, specifically cigarettes, alcohol, and cannabis, was the primary outcome measure. A pretested close-ended self-administered questionnaire was given to the pupils. The final response rate was 87.02

percent, and we were able to cover 416 students in our study. Overall, 6.14 percent and 0.6 percent of rural and urban students used illicit drugs, 8.60 percent and 11.04 percent of students used tobacco, and 7.37 percent and 5.23 percent of students used alcohol, respectively. Male students were more likely to use licit and illegal substances. Current and regular use were mostly restricted to tobacco, and the use of a substance by family members had a significant impact on its use by their children. The study indicated that early detection of the extent and factors associated with substance use can improve planning and preventive efforts for this susceptible group before the problems become severe, making interventions impossible [9].

A study on substance abuse among school going male adolescents of Doiwala Block, District Dehradun. The study was conducted on 511 male adolescents, students of 10 th to 12 th class from the four intermediate schools of the Doiwala block of Dehradun district. 46.9% students accepted substance abuse. In 75.5% cases, friends were providing the substances. 80.2% substance abusers expressed their desire to quit the habit. The study is indicative of need for developing a supportive environment involving both parents and teachers so that adolescent can decide and sustain with the right choices for healthy life [10].

Study conducted to assess the prevalence rate of tobacco use among high-school students in India, we had done a systematic review. Through an extensive search in the indexed literature and website-based population survey reports, 15 epidemiologic studies were identified of tobacco use among Indian high-school (6th-12th classes) students from 200 potentially relevant articles during 1991-2007. We included those articles that had been included at least once in life-time experience as positive cases. Wide differences in samples and primary outcome variables in these studies were observed. The median prevalence of ever users of tobacco was 18.15% and IQR 9.42-53.9%. In 13-15 years old male and female

students had the prevalence of 14.00% with IQR 8.50-22.50% and 6.34% with IQR 1.90-20.00%, respectively. This new finding indicates that the prevalence of tobacco ever use among high-school students in India is quite high [11].

5. CONCLUSION

There is a very high ratio of parental substance abuse. The reported prevalence rate of parental substance abuse is actively reported more by parents as compared to their children. It has created a bad impact on psychosocial development of the children. Those objectives were adequate to reach into the findings. Thus the analysis shows that there is impact of parental substance abuse on the psychosocial behaviour of children. Psychosocial behaviour of children which reveals that most of the children will act as crying or will get angry which is an age appropriate behaviour.

CONSENT

As per international standard, parental written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

The institutional ethical committee of Datta Meghe Institute of Medical Sciences deemed to be university sanctioned approval for conduction of the research study. Ref No. DMIMS (DU)/IES/2017-18/7039.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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