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Self-concept and Academic Performance of Adolescent Children of Alcoholics (COAs)

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KEY WORDS Adolescent Children of Alcoholics. Adolescent Children of Non-alcoholics. Self-concept. Academic Performance. Parental Attitude.

ABSTRACT The present research was carried to study and compare the self-concept and academic performance of adolescent children of alcoholics and non-alcoholics and also to examine gender differences as well as urban-rural differences. Sixty students in the age group of 15+ to 18 years and who were children of alcoholics (30 boys,30 girls) and same number of counterparts i.e. children of non-alcoholics were taken. Sixty teachers (30 for boys,30 for girls) of the selected adolescents rated respective student. Chi-square values revealed that self-concept and academic performance of adolescent children of alcoholics was low as compared to their counterparts. Adolescent children of alcoholics exhibited unfavourable parental attitude on factors namely father acceptance, achievement standards and family closeness. Adolescent girls and boys of alcoholics were affected by the same intensity in the event of father's alcoholism. Findings identify the need for professional help in the lives of COAs. The study also suggests the role of non-drinking parent and teachers in building self confidence and improving psycho-social effectiveness.

INTRODUCTION

Alcohol is consumed globally and the trend of alcohol use has been on increase in the developing countries. It is regarded as a socially acceptable substance and generally social occasions are regarded as incomplete without it. What may have started as social drinking could turn into alcoholism in no time. The common man sees 'alcoholism' as a weakness of character. Moralist looks at it as a vice. Law finds the consequential acts of alcoholism as a crime. The clergyman considers it as a sin. After extensive research, in the year 1956, American Medical Association came to the conclusion that it is a disease. Alcoholism is now recognized as a disease by World Health Organisation (WHO), Indian Medical Association and many other authoritative groups around the world.

Keller and Effron defined alcoholism as a chronic illness, psychic, somatic or psychosomatic, which manifests itself as a disorder of behaviour. It is characterised by the repeated drinking of alcoholic beverages, to an extent that exceeds customary, dietary use or compliance with the social customs of the community and that interferes with the drinkers' health or the social or economic functioning. In 1949, a committee of WHO defined alcoholics as those excessive drinkers whose dependence on alcohol has attained such a degree that they show a noticeable mental disturbance or an interference with their mental and bodily health, their interpersonal relations and their smooth social and economic functioning or who show the prodromal signs of such development.

Since alcoholism is a family disease, it affects not only the alcoholic, but also each and every member of the family living with him. It affects the children with the same intensity with which it affects the spouse, infact even more. The children do not feel worthy. They have a low self-esteem. They determine what they are by the inputs of the significant people around them. This feedback is normally negative and they internalise the message.

Children of alcoholics develop poor self-esteem (Di Ciccio et al., 1984), and inability to establish and maintain trusting and intimate relationships (Black et al., 1986). No matter what the children do, it is not good enough. There is always somebody to find fault in them. The children do not believe they are capable of doing anything right, no matter how hard they try. In short, they feel incapable, unworthy and low. Children of alcoholics as a group, have lots of school problems - difficulty in concentration, conduct problems and truancy. They experience all sorts of adjustment problems. Children from alcoholic homes have higher school absenteeism (Kammeier, 1971), more frequent changes in schools (Schulsinger et al., 1986), lower

academic achievement (Tarter et al., 1984; Marcus, 1986), poor concentration (Tarter et al., 1984) and more grade failure (Schulsinger et al., 1986).

The study was intended to assess the self-concept and academic performance of adolescent children of alcoholics and non-alcoholics. The results are expected to help in counselling of adolescents and guiding them accordingly. If children score less on scholastic level and have low self-concept, then this situation calls for the teacher to see whether there is a problem of drinking parent in their homes.

In view of the above framework, the objectives of the study were set forth,

1. To assess and compare self-concept of adolescent children of alcoholics and non-alcoholics.
2. To find out and compare the academic performance of adolescent children of alcoholics and non-alcoholics.
3. To find out the gender differences in the self-concept and academic performance of adolescent children of alcoholics and non - alcoholics.
4. To study the correlation between self-concept and academic performance of adolescent children of alcoholics and non - alcoholics.
5. To design and implement an intervention package to ameliorate the condition of the affected families.

MATERIALS AND METHODS

Locale

The urban study sample was collected from Ludhiana city and the rural study sample was collected from 14 villages surrounding Ludhiana district viz Bassian, Chak Kalan, Daad, Dakha, Halwara, Humbaran, Jaspalon, Kanganwal, Lopon, Machhiwara, Phullawal, Ramgarh, Rohira, Threeka.

Sample

One hundred twenty adolescent school children {COAs (father as a problem drinker) = 60, CONAs = 60} in the age range of 15 to 18 years were selected for the present study by selective sampling. Out of 60 children of each group (alcoholics and non-alcoholics), 30 were boys and 30 girls. Out of 30 boys, 15 were of rural background and 15 with urban background and the same was true in case of girls.

Tools of Data Collection

A. Self - Concept Questionnaire by Saraswat (1992, Revised) was used to assess the self-concept levels of sample children. It provides information regarding adolescent's perceptions and characteristics and can be used on children in the age group of 14-18 years. The self-concept inventory provides six separate dimensions of self-concept, viz., physical, social, temperamental, educational, moral and intellectual self-concept. It contains 48 items. Each dimension contains eight items. Each item is provided with five alternatives. Each item is responded by marking a tick (✓) on any one of the five responses given against the item.

B. Socio - Economic Status Scale by Pareek and Trivedi (Rural, 1964) was used to assess socio status of rural families.The scale consists of 9 main items - the caste of the family, the occupation, education and social participation of the head of the family, their land, house, farm power, material possession and the general nature of the family.

C. Socio - Economic Status Scale by Kuppuswamy (Urban, 1962) was used to asses the socio-economic status of urban families. The scale consists of 3 main items, viz, education, occupation and monthly income. Each item is further divided into 7 sub items which are graded from highest to lowest. As the scale was developed in 1962, the monthly income has been altered to make it relevant to 1990's.

D. Academic Performance

i) The aggregate percentage of marks achieved by the child in the last school examination was calculated by dividing the total number of marks obtained by the child in all the subjects by the total number of marks in all the subjects.

ii) Teacher's rating scale by Bhatt (1973) was modified according to the needs of the study. The main items are health, school studies, intellectual, social and personality aspects. It is a 30-item questionnaire and a teacher

takes 10-15 minutes to fill it. Responses to questions are supplied and teacher has to underline the appropriate response which she thinks is suited for the child being rated.

E. Parental Attitudes Questionnaire by Spence and Helmreich (1979) was used to know how children perceive their parent's attitudes and behaviour and their family atmosphere. It consists of 63 items in total which pertain to family harmony and atmosphere, mother's attitudes, father's attitudes and identification with father v/s mother. It measures the factors of mother positivity and democracy, father positivity and democracy, male/female achievement standards parental leniency and male/female family closeness. The factors of parental positivity and democracy were clubbed together and named acceptance. Scoring is done on a five point scale from very much characteristic (5) to not at all characteristic (1). For the items which are marked negative, the scoring is reversed i.e from very much characteristic (1) to not at all characteristic (5).

Analysis of Data

a) *Chi-square Test:* To examine whether there is significant difference between adolescent children of alcoholics and non-alcoholics with reference to self-concept and school performance (teacher rating and percentage marks). Also used to see whether there is significant gender differences and rural-urban differences between adolescent children of alcoholics and non-alcoholics with total self-concept and school performance (total teacher rating and percentage marks). 2 x 2 contingency tables were made in all the cases.

b) *Karl Pearson Coefficient of Correlation:* To measure the degree of linear relationship between total self-concept and school performance (total teacher rating and percentage marks), correlation coefficient was used.

RESULTS AND DISCUSSION

The present investigation was carried out to explore the differences in self-concept and academic performance of adolescent children of alcoholics and non-alcoholics. An attempt was also made to study the association of self-concept of adolescents with their academic performance. The information about the socio-personal characteristics of the respondents is presented in table 1.

Table 2 depicted the differences between adolescent girls and boys of alcoholics and non-

Table 1: Socio-personal characteristics of adolescent children of alcoholic and non-alcoholic samples by gender

Characteristics	*Respondents*			
	Adolescent children of alcoholics (N = 60)		*Adolescent children of non-alcoholics (N = 60)*	
	Males n =30(%)	*Females n = 30(%)*	*Males n =30(%)*	*Females n = 30(%)*
Residence				
Rural	15 (50.0)	15 (50.0)	15 (50.0)	15 (50.0)
Urban	15 (50.0)	15 (50.0)	15 (50.0)	15 (50.0)
Age (years)				
15+	13 (43.3)	10 (33.3)	13 (43.3)	12 (40.0)
16+	9 (30.0)	12 (40.0)	11 (36.7)	9 (30.0)
17+	8 (26.7)	8 (26.7)	6 (20.0)	9 (30.0)
Socio-economic Status				
Rural				
Upper middle	5 (16.7)	9 (30.0)	7 (23.3)	8 (26.7)
Middle	10 (33.3)	6 (20.0)	8 (26.7)	7 (23.3)
Urban				
Upper Middle	10 (33.3)	10 (33.3)	10 (33.3)	9 (30.0)
Middle	5 (16.7)	5 (16.7)	5 (16.7)	6 (20.0)
Caste				
Jat Sikhs	22 (73.3)	20 (66.7)	17 (56.7)	18 (60.0)
Brahmans	3 (10.0)	4 (13.3)	6 (20.0)	6 (20.0)
Baniyas	2 (6.7)	3 (10.0)	4 (13.3)	3 (10.0)
Others	3 (10.0)	3 (10.0)	3 (10.0)	3 (10.0)

Table 2: Differences between adolescent girls and boys of alcoholics and non-alcoholics with reference to self-concept

Dimensions of self-concept	*Category* Above average (Ab Av.) Average (Av.)	*Adolescent girls of* Alcoholics N = 30 n (%)	Non-alcoholics N = 30 n (%)	χ^2 value	*Adolescent boys of* Alcoholics N = 30 n (%)	Non-alcoholics N = 30 n (%)	χ^2 value
Physical	Ab Av.	15 (50.0)	27 (90.0)	9.60***	17 (56.7)	26 (86.7)	5.25*
	Av.	15 (50.0)	3 (10.0)		13 (43.3)	3 (13.3)	
Social	Ab Av.	3 (10.0)	27 (90.0)	35.26***	9 (30.0)	23 (76.7)	11.32***
	Av.	27 (90.0)	3 (10.0)		21 (70.0)	7 (23.3)	
Temperamental	Ab Av.	12 (40.0)	22 (73.3)	5.49*	11 (36.7)	20 (66.7)	4.27*
	Av.	18 (60.0)	8 (26.7)		19 (63.3)	10 (33.3)	
Educational	Ab Av.	14 (46.7)	25 (83.3)	7.32**	12 (40.0)	22 (73.3)	5.49*
	Av.	16 (53.3)	5 (16.7)		18 (60.0)	8 (26.7)	
Moral	Ab Av.	29 (96.7)	29 (96.7)	0.51(NS)	18 (60.0)	21 (70.0)	0.29(NS)
	Av.	1 (3.3)	1 (3.3)		12 (40.0)	9 (30.0)	
Intellectual	Ab Av.	8 (26.7)	23 (76.7)	13.08***	11 (36.7)	24 (80.0)	9.87***
	Av.	22 (73.3)	7 (23.3)		19 (63.3)	6 (20.0)	
Total self-Concept	Ab Av.	14 (46.7)	29 (96.7)	16.08***	15 (50.0)	25 (83.3)	6.07*
	Av.	16 (53.3)	1 (3.3)		15 (50.0)	5 (16.7)	

***p<0.005 , **p<0.01 , *p<0.05
NS = Non-significant

alcoholics with reference to self-concept. The results indicated that in total self-concept χ^2 value was 16.08 ($p<0.005$) for girls and 6.07 ($p<0.05$)for boys. Out of the six dimensions of self-concept studied, all were found to be significant at 0.05 level except the moral dimension of self-concept which was non-significant. When significant χ^2 values were compared maximum value was found in case of social dimension and minimum value was in temperamental dimension.

The present results concerning differences in self-concept of children of alcoholics and non-alcoholics point out that alcoholism in a family causes the children to feel inferior, insecure and isolated. The mother gives the message that there is a terrible secret at home and teaches by example that survival entails suppressing personal feelings and not talking about the drinking. Arentzen (1978) maintained the children of alcoholics are ashamed to bring friends at home. They cannot discuss their problems with anyone and feel inferior and isolated at home as well as outside. Black (1979) argued that for many of these children the "need to be in control" leads to difficulty in having meaningful relationships. Moreover, children determine what they are by the inputs of significant people around them. This feedback is normally negative and they internalize the message. The results are also supported by Rydelius (1983). These children try to keep everybody happy because they tend to exhibit typical patterns like ignoring, withdrawing and avoiding conflicts. They do not want to do anything wrong lest they should be blamed/ labelled.

Table 3 presented the results related to the differences between adolescent girls and boys of alcoholics and non-alcoholics with reference to school performance (teacher rating and percentage marks). In regards to total teacher rating, value of χ^2 was 15.06 ($p<0.005$) for girls and 19.26 ($p<0.005$) for boys. Out of the various aspects of school performance, all were found to be significant at 0.05 level except health aspect which was non-significant. The possible reason is that there is lack of parental involvement among adolescent children of alcoholics at home. As alcoholism is a family disease, the children who are brought up in such families need extra attention at school. But often school teachers and authorities do not know about this because alcoholism is considered to be a stigma. Hence such children are neglected at home as well as school and thus could not cope up with their counterparts. Miller and Jang (1977) reported that children of alcoholic parents were more likely than children of non-alcoholic parents to suffer problems in school. They indicated that the main reason was lack of parental involvement: father

Table 3: Differences between adolescent girls and boys of alcoholics and non-alcoholics with reference to school performance (teacher rating and percentage marks)

Aspects of school performance	*Category* Above average (Ab Av.) Average (Av.)	*Adolescent girls of* Alcoholics N = 30 n (%)	Non-alcoholics N = 30 n (%)	χ^2 value	*Adolescent boys of* Alcoholics N = 30 n (%)	Non-alcoholics N = 30 n (%)	χ^2 value
Health	Ab Av.	8 (26.7)	16 (53.3)	3.40(NS)	9 (30.0)	16 (53.3)	2.46(NS)
	Av.	22 (73.3)	14 (46.7)		21 (70.0)	14 (46.7)	
School Studies	Ab Av.	7 (23.3)	23 (76.7)	15.67***	9 (30.0)	18 (60.0)	4.30*
	Av.	23 (76.7)	7 (23.3)		21 (70.0)	12 (40.0)	
Intellectual	Ab Av.	13 (43.3)	26 (86.7)	10.55***	11 (36.7)	21 (70.0)	5.42*
	Av.	17 (56.7)	4 (13.3)		19 (63.3)	9 (30.0)	
Social	Ab Av.	9 (30.0)	26 (86.7)	17.55***	10 (33.3)	19 (63.3)	4.27*
	Av.	21 (70.0)	4 (13.3)		20 (66.7)	11 (36.7)	
Personality	Ab Av.	9 (30.0)	18 (60.0)	4.30*	7 (23.3)	19 (63.3)	8.21***
	Av.	21 (70.0)	12 (40.0)		23 (76.7)	11 (36.7)	
Total teacher rating	Ab Av.	8 (26.7)	24 (80.0)	15.06***	8 (26.7)	24 (80.0)	19.26***
	Av.	22 (73.3)	6 (20.0)		22 (73.3)	6 (20.0)	
Percentage marks	Ab Av.	11 (36.7)	22 (73.3)	6.73**	10 (33.3)	21 (70.0)	6.67**
	Av.	19 (63.3)	8 (26.7)		20 (66.7)	9 (30.0)	

***p<0.005 , **p<0.01 , *p<0.05
NS = Non-significant

(drinker) and mother busy with her own problems. Marcus (1986) indicated that elementary school-aged children of alcoholic mothers perform less well on measures of academic achievement than children whose mothers are non-alcoholics. Hyphantis et al. (1991) also reported the same results.

Table 4 depicts the rural-urban differences among adolescent children of alcoholics and non-alcoholics with reference to school performance and total self concept. In case of COAs, χ^2 value for percentage marks was found to be non-significant. On the other hand, χ^2 values for total teacher rating and total self-concept was found to be 8.10 ($p<0.005$) and 6.67 ($p<0.01$) respectively. However, in case of CONAs, χ^2 values for total teacher rating, percentage marks and total self-concept were found to be non-significant. Rural/urban differences between adolescent children of alcoholics and non-alcoholics with reference to school performance pointed that urban children are at a better edge than rural children because in rural areas, each and every person knows about family problems. Even

Table 4: Rural/urban differences between adolescent children of alcoholics and non-alcoholics with reference to school performance (total teacher rating and percentage marks) and total self-concept

Variable	*Category* Above Average (Ab Av.) Average (Av.) Below Average (Bl Av.)	*Adolescent children of alcoholics* Rural N = 30 n (%)	Urban N = 30 n (%)	χ^2 value	*Adolescent children of non-alcoholics* Rural N = 30 n (%)	Urban N = 30 n (%)	χ^2 value
Total	Ab Av.	–	–	8.10***	12 (40.0)	14 (46.7)	0.06(NS)
Teacher	Av.	10 (33.3)	22 (73.3)		18 (60.0)	16 (53.3)	
Rating	Bl Av.	20 (66.7)	8 (26.7)		–	–	
	Ab Av.	–	–		14 (46.7)	20 (66.7)	1.69(NS)
Percentage	Av.	13 (43.3)	17 (56.7)	0.60(NS)	16 (53.3)	10 (33.3)	
Marks	Bl Av.	17 (56.7)	13 (43.3)		–	–	
	AbAv.	–	–		14 (46.7)	14 (46.7)	
Total	Av.	9 (30.0)	20 (66.7)	6.67**	16 (53.3)	16 (53.3)	0.06(NS)
Self-concept	Bl Av.	21 (70.0)	10 (33.3)		–	–	

***p<0.005 , **p<0.01
NS = Non-significant

teachers know them but do not do any efforts to support children of alcoholics (As alcoholism is considered to be a disgrace than a disease). Instead of helping the children, teachers and other members of society usually mock at them.

Table 5 revealed the relationship between total self-concept, total teacher rating and percentage marks among adolescent children of alcoholics and non-alcoholics. All the parameters studied were positively and significantly correlated.

Table 5: Relationship between total self-concept and school performance (total teacher rating and percentage marks) among adolescent children of alcoholics and non-alcoholics

Relationship between	*Value of correlation coefficient (r)*	*Value of correlation coefficient (r)*
Total self-concept and percentage marks	0.646	0.657
Total self-concept and total teacher rating	0.554	0.726
Total teacher rating and percentage marks	0.359	0.671

Critical value of r at 5% = 0.254

Garzarelli and Lester (1989) reported a positive relationship between self-concept and academic performance. Verma and Swain (1990) revealed that sense of deprivation in home and school was found to be significantly related with self-esteem. Maqsud and Rouhani (1991) concluded that self-concept was significantly positively correlated to measures of achievement in school subjects.

The results of the present study can help the teachers in counselling of adolescent and guiding them accordingly. If children have low self-concepts and score less on scholastic level, this situation calls for the teacher to see that whether there is a problem of drinking parent in their homes.Adolescent psychiatrists may signal a problem drinker at home if a child shows the following behaviour:

- Failure in school; truancy
- Lack of friends; withdrawl from classmates
- Frequent physical complaints like headaches and stomachaches
- Aggression towards other children.

Social welfare organisations should take into account the findings and try to incorporate measures to improve lives of children of alcoholics.

Prevention of alcohol consumption should be given first and clear priority. General masses should be made aware that alcoholism is a family disease and not a social stigma/disgrace. Special attention should be directed to the extent and seriousness of alcoholism as a disease and also to the public health and social problems associated with the use of alcohol. It should attract the attention it deserves. Professional help , the earlier the better, should be given to the children of alcoholics. A forum should be made where adolescent children of alcoholic meet to share their views, their emotions and their reactions to the alcoholic in their lives. The children of alcoholics should be taught to detach themselves emotionally from the drinker's problems while continuing to love the person. It should be put into their minds that they are not the cause of anyone else's drinking or behaviour. They can't change or control anyone but themselves. They should be taught autonomy through simple decision - making processes in the class room which can help to break their fear and dependency. Teachers can help children gain a sense of mastery over their environment by giving them choices to make and challenges that are developmentally sound and that ensure their ability to manage and control their lives. The mother should try to understand that adolescence is a critical period. Even though she has to struggle with alcoholic spouse and maintain the family economically, she must provide protection and support to the children.

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