

**A COMPARATIVE STUDY ON SELF ESTEEM AND ADJUSTMENT  
AMONG ADOLESCENT CHILDREN OF ALCOHOLIC AND NON  
ALCOHOLIC FATHER IN A SELECTED COMMUNITY IN  
COIMBATORE.**

**Reg. No. 301430402**

**A DISSERTATIONSUBMITTED TO THE TAMILNADU  
Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI, IN  
PARTIAL FULFILLMENT OF REQUIREMENT  
FOR THE DEGREE OF MASTER OF  
SCIENCE IN NURSING  
APRIL 2016**

## **CERTIFICATE**

This is to certify that the Dissertation entitled “**A COMPARATIVE STUDY ON SELF ESTEEM AND ADJUSTMENT AMONG ADOLESCENT CHILDREN OF ALCOHOLIC AND NON ALCOHOLIC FATHER IN A SELECTED COMMUNITY, IN COIMBATORE**” is submitted to the faculty of nursing, **THE TAMILNADU Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI** by **Reg. No. 301430402** in partial fulfillment of requirement for the degree of Master of Science in Nursing. It is the bonafide work done by her and the conclusions are her own. It is further certified that this dissertation or any part thereof has not formed the basis for award of any degree, diploma or similar titles.

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IN COIMBATORE**

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**APRIL 2016**

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*Therefore my heart exults, and with my song I shall thank Him.*

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# CHAPTER I

## INTRODUCTION

***“YOUTH IS LIKE A FRESH FLOWER IN MAY;***

***AGE IS LIKE A RAINBOW THAT FOLLOWS THE STORMS OF LIFE;***

***EACH HAS ITS OWN BEAUTY” – David polis***

World Health Organization defines health as a state of complete physical, mental and social well being, and not merely the absence of the disease (WHO2006). Following the definition, Mental health is described to be as important as physical health and playing a critical role for an individual’s overall well-being. Today, mental problems are considered as one of the major public health concerns. The reported lifetime prevalence for any mental disorder varies between 33% and 46%. Mental health problems and disorders and disordered not only affect an individual’s quality of life but also imply a heavy burden for the society through direct medical and non-medical costs. **(Smit et al., 2006)**

The term ‘adolescence’ is derived from the Latin word ‘Adolescence’ this means to grow to maturity. During this period of development great physical and mental changes occur. It is a critical stage of development which lies between later childhood and maturity, emerging from childhood and merging into adulthood. Adolescence is not a sudden spurt of growth the new traits and tendencies do not appear suddenly. Therefore the stages of development is a period of uncertainly when everything is in ferment. **Stanley Hall** defined adolescence as a period of great storm, strain, and stress and strife. No individual sleeps at night as a child to get up as an adolescent in the morning. Growth comes in continuity. There is a continuity of development from infancy to early childhood than early childhood to later childhood and from childhood to adolescence. In the normal growth and development there are no two stages of development occurs at same time. **(Crow and Crow 1956)**

Age group of adolescents is defined by many programmes. According to **WHO**, adolescence is defined as the period in human growth and development that occurs after childhood and before adulthood from the ages of 10 to 19. According to Erick Erikson's stages of human development, an adolescent's age group between 13-19 years, Draft Youth Policy defined as the age group between 13-19 years; ICDS programme considered the age group of adolescent is 11-18 years; Internationally, the age of adolescent is 10-19 years. **(Carol, Bf,2000)**

**UNICEF** categories adolescence period in three levels: early adolescents (10-13 years of age), middle adolescents (14-16), late adolescents (17-19). It is a hassle period packed with major variations in physical growth, sexuality, cognitions emotions and relate with others. It is a period of unearthing of self and relate to the world around the individual. **(Stanton,B.F 2007)**

Adolescent's psychological well being & self esteem can be interpreted as indicators of adaptive positive emotion is need for continuous developmental process in their life. Self Concept, Self Identity, Self Esteem & Assertiveness are important developmental tasks for adolescents & these are related to successful emotional regulation & absence of psychological distress. If these indicators are diminished among adolescents means it will end up with psychological problems like depression, suicide, alcohol & drug abuse. **(Zaff, et al., 2007)**

During adolescence, emotional and psychological development is characterized by the quest for independent and forms the identity. It is a time when young adolescents seek their own sense of individuality and uniqueness. They are searching for an adult identity as well as adult acceptance while striving to maintain peer acceptance. **(Kellough & Kellough 2008)**

Self esteem is the confidence in one's own worth or abilities and self confidence is a feeling of trust in their abilities. Appropriate level of self esteem insists the individual to feel honorable, enjoying their efforts and independently express their desires **(NASE, 2010)**. But self esteem changes can occur periodically. Self esteem embraces the person's beliefs and emotions such as triumph, pride & shame. It refers to the extent to which an individual value themselves and has long been identified as an important predictor of adjustment to stress. **(Lauren,2012)**

Self esteem as an individual's personal judgment of his own worth obtained by analyzing how well his behavior conforms to his self ideal. The frequency with which his goals are achieved will directly result in feeling of superiority (high self esteem) or inferiority (low self esteem). The origin of self esteem which can be traced to childhood is base on acceptance, praise and respect. Self esteem is believed to be the best single predictor of achievement; it is the integrated sum of the self confidence and self respect. **(Stuart and Sundeen 1995)**

Young adolescents have a tendency to be restless, may exhibit erratic inconsistent behavior including anxiety and fluctuation between superiority and inferiority. They are also often self – conscious, lack self esteem, and are highly sensitive to criticism of their perceived personal shortcomings. Emotionally- charged situations may trigger young adolescents to resort to childish behavior, exaggeration of simple occurrences, and vocalization of naïve opinions. Their emotional variability also makes young adolescents at risk for making decisions with negative consequences. **(Milgram,1992)**

Adjustment is a major concern in all developmental stages, but is great relevance during adolescent. The major developmental task of the adolescent stage is the adapting to the changes within themselves and to the changed expectations of the society. Their happiness, aspirations, motivation level, emotional wellbeing and subsequent achievements are linked to their adjustments with the ever changing internal and external environment. **(Golder et al., 1988)**

Alcoholism is a disease characterized by the habitual intake of alcohol. The definition of alcoholism is a chronic alcohol use to the degree that it interferes with physical or mental health, or with normal social or work behavior. Alcoholism is a disease that produces both physical and psychological addiction. Alcohol is a central nervous system depressant that reduces anxiety, inhibition, and feelings of guilt. It lower alertness and impairs perception, judgment, and motor coordination, in high doses, it can cause loss of consciousness and even death. Alcoholism is disease that damages the brain, liver, heart, and other organs.**(Tracy Natasha 2012)**



Alcohol is the fast becoming a degenerating force in Indian society particularly so when it is combined with violence. As a result alcohol related health problem cause severe strain on the life of the individual and the social fabric of the family and community at large. **(Balan 1993)**

Excessive drinking of alcohol is associated with marital violence and families of alcoholics are of greater risk for various psychological problems. They have described that due to high rate of marital violence among alcoholics, their children experience a greater amount of family conflict. **(Gondif and Poster 1991)**

The parental alcoholism has been associated with adjustment problems and psychopathology in their children. These children have a higher incidence of disorders such as hyperactivity, substance abuse, social inadequacy, somatic problems and anxiety. **(Bradley & Schneider 1990)**

## **NEED FOR THE STUDY**

Children and adolescents from a significant proportion of the general population accounting to 40 % in developing countries. There is ample evidence that child health and mental health are major public health and social concern in all countries. Approximately 1/3 of world population, in some 1300 million is under the age of 15 and between 5 % and 15 % of all children and adolescents are affected by persistent and socially handicapping mental disorders. Furthermore, the rapid social and economic changes taking place in developing countries. Were the 80 % of the world's children and adolescents live, have resulted in increased psycho – social stresses and exacerbating mental health problems. In these conditions, children and adolescents are a particularly high risk group. **(WHO 1997)**

The higher levels of family relationship quality were associated with high self esteem in the college participants. Certain characteristics of the family environment, such as spouse abuse, family relationship quality, and father's behavior while dinking, all predicted lower levels of self esteem. Examples such as abusive and offensive or embarrassing behavior by the drinking father were associated with lower quality of family relationships which in turn was associated with lower self esteem. A conclusion that comes from such studies is that an important factor is the level of dysfunction within the family, and not simply parental alcoholism perse. The level of

dysfunction is what directly affects the children's self esteem. Based on this finding, other homes with similar levels of dysfunction, but without alcohol within the family, may have similar problems with low self esteem in adult children. **(Kashubeck & Christensen 1995)**

Children of alcoholic families are at greater risk for poor psychosocial adjustment like guilt, embarrassment, school problems and health problems. The study was conducted in Mangalore. The aim of the study is to find out the problems faced by the children of alcoholic father attending selected addiction centers. It consists of 60 children of alcoholic father. The data collection tool included rating scale to assess the problem faced by children and observation checklist to assess the psychical health of children and baseline performa. Among 60 samples 16.6% had sever, 61.7% moderate and 21%of them experienced mild degree of problems due to their father's alcoholism. **(Thomas 2012)**

The global status report on alcohol and health, states that amount of alcohol consumption has raised in India between the periods of 2008 to 2012. The data was compiled taking into account individuals over the age of 15 and above, who consumed alcohol. According to the report, around 30% of the total population of India consumed in the form of spirits, followed by beer with 7% and less than 1% of the population consumed wine. The per capita consumption of alcohol in India increased from 1.6 liters from the period of 2003-2005, to 2.2 liters from the period of 2010-2012.kerala led the states in terms of alcohol consumption. An average individual over the age of 15 consumed over 8 liters of alcohol per annum in the south Indian state followed by Maharashtra and Punjab **(WHO 2014)**

An estimated 6.6 million children under the age of 18 years live in households with at least one alcoholic parent. Current research findings suggest that these children are at risk for a range of cognitive, emotional, and behavioral problems. In addition, genetic studies indicate that alcoholism tends to run in families and that a genetic vulnerability for alcoholism exists.**(Robinson, B.E 1989)**

Further review of literature reveals that the studies on mental health problems of adolescents are being studied only by psychiatrist, psychologist and psychiatric social worker, whereas there is paucity of studies on mental health problem of adolescents by nurses, even though as nurses are already working in child guidance

clinic and in schools as health nurses. To contribute effectively towards prevention of self esteem and maladjustment problems and thereby mental health problems among adolescents, nurses need to undertake studies of present nature, so that she can actively involve herself and also help the parents in identifying mental health problems of adolescents and also prevent the mental health problems.

As adolescence has been globally accepted to be a period of turbulence and a significant developmental milestone, the parental alcoholism creates, not so favourable environment for the adjustment and personality of the adolescent. Therefore, the researcher felt the need to assess the self esteem and adjustment among adolescents of alcoholic fathers and non alcoholic father who would help to identify the internal conflicts consequently affect in their personality development also. Using the concept that human development is the product of relationship between characteristics of the individual and of the environment the present study will mainly focus on low self esteem and adjustment among adolescent children under the environmental risk condition of having an alcoholic father.

There is a need for a present study from the nursing point of view as nurses especially psychiatric nurses have a significant role in providing community as well as hospital mental health services to children and family members of alcoholic individual.

### **STATEMENT OF THE PROBLEM:**

A Comparative study on self esteem and adjustment among adolescent children of alcoholic and non alcoholic father in a selected community in coimbatore.

### **OBJECTIVES:**

The objectives of the present study are

1. To assess the self esteem and adjustment among adolescent children of alcoholic father
2. To assess the self esteem and adjustment among adolescent children of non alcoholic father.

3. To compare the self esteem and adjustment among adolescents children of alcoholic and non alcoholic father.

### **OPERATIONAL DEFINITIONS:**

#### **SELF ESTEEM:**

In this study it means the quality of having belief in his/her own qualities or sense of his/her values.

#### **ADJUSTMENT:**

The problems reported by adolescent children in the area of health, emotions, home, and social.

#### **ADOLESCENTS CHILDREN:**

In this study it refers to children of age group 13-18 years.

#### **ALCOHOLIC FATHER:**

In this study it refers to adolescent children whose fathers are having the habit of consuming alcohol.

#### **NON ALCOHOLIC FATHER:**

In this study it refers to adolescent children whose fathers are not having the habit of consuming alcohol.

### **HYPOTHESIS:**

- There is a significant difference between self esteem and adjustment among adolescent children of alcoholic father and children of non alcoholic father.

### **ASSUMPTIONS:**

- ❖ There are many self esteem and adjustment problems among adolescent children.
- ❖ Undetected adjustment problems may lead to mental illness.

## CONCEPTUAL FRAMEWORK

Dorothy first proposed her model of nursing care in 1968 as fostering of the effective behavioral functioning in the person to prevent the illness

### ➤ **ATTACHMENT OR AFFILIATIVE:**

It includes the social inclusion, intimacy, the formation and maintenance of strong social bond. If the adolescence has the equilibrium in their self esteem and adjustment they can achieve the high affiliation in the society.

### ➤ **DEPENDENCY:**

It relates to the behaviors like approval, attention and recognition. Some adolescence wants to be independent and they can lead their life when they are maintaining the equilibrium; those who do not maintain equilibrium would be high dependent.

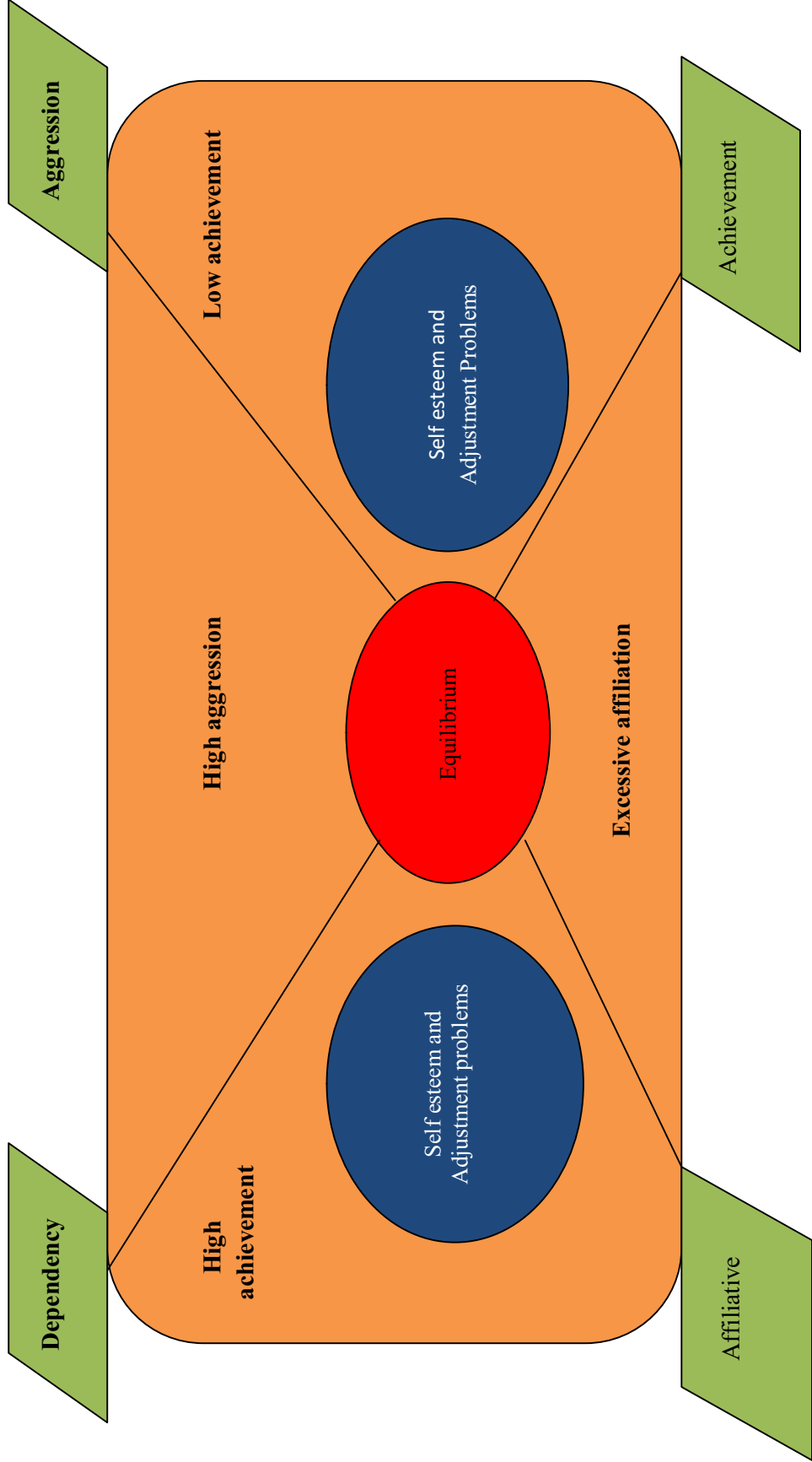
### ➤ **AGGRESSION:**

It includes self protection and self preservation. They should maintain the equilibrium when there is a threat or protection. If they are not maintaining the equilibrium they become high aggressive.

### ➤ **ACHIEVEMENT:**

It includes achievement in the areas like intellectual, physical, and social skills. They can achieve high when they are maintaining the equilibrium otherwise they would be the low achievers in the society.

The adolescence should maintain the equilibrium in all subsystem if they are not maintaining equilibrium in these system they may prone to develop the mental illness. Nurse should take appropriate actions to prevent the mental illness the area such as self esteem level, emotional, school, social and home adjustment. By such services they can be helped to overcome the adjustment difficulties. Subsequently they also could be benefited by preventive and promotive services extended by community based mental health nurses. Thus the adolescence could be helped to grow as mentally healthy personalities.



**Fig: 1 Conceptual Frame work based on Dorothy Johnson Johnson's behavior system model (1968)**

## CHAPTER II

### REVIEW OF LITERATURE

This chapter deals with the information collected in relation to the present study through published and unpublished materials for foundation to carry out the research work. Highly extensive review was made to strengthen the present study, and to lay down the foundation, which helps to reveal the prevailing situation of the similar studies in different areas.

The related literature is reviewed for the present study a comparative study on self esteem and adjustment among adolescent children of alcoholic and non alcoholic father in selected community at Coimbatore. Review of literature is presented under following headings:

SECTION I : Literature related to self esteem and adjustment among adolescent children of alcoholic and non alcoholic father.

SECTION II : Literature related to various psychological aspects of adolescent children of alcoholic parents.

#### **LITERATURE RELATED TO SELF ESTEEM AND ADJUSTMENT AMONG ADOLESCENTS CHILDREN OF ALCOHOLIC AND NON ALCOHOLIC FATHER:**

**Vanitha,c.(1998)** conducted a comparative study to investigate the manifestation of self esteem and adjustment among adolescents of alcoholic and nonalcoholic fathers in India. The sample consisted of 50 adolescent children of alcoholics and a matched reference group of adolescent children of non alcoholics. The result showed that self-esteem scores having a highly significant positive correlation with the overall adjustment score ( $r= 0.68$ ,  $p<0.01$ ) and also with all its component sub-dimensions namely, home adjustment ( $r= 0.65$ ,  $p<0.01$ ), education ( $r= 0.42$ ,  $p<0.01$ ) as well as emotional ( $r= 0.59$ ,  $p< 0.001$ ) and social adjustment ( $r= 0.52$ ,  $p<0.01$ ). The study concluded that the majority of children of alcoholics manifest lower levels of self-esteem and a lesser degree of adjustment than children of non alcoholics.

**Kelly,B.,& Hoecker,B.S.(1996)** A descriptive study was conducted to assess the depression and self esteem of children of alcoholics by sex and age in Brazil. The aim of the study was to determine the differences between adolescent children of alcoholics and children of non alcoholics. The sample consisted of two groups with 25 males and 31 females. The result showed that the alcoholic parents on self esteem ( $p<.05$ ), children of alcoholics averaged 2.57, children of non alcoholics averaged 1.12. The age on depression also had a significant effect ( $p<.05$ .) The category of older than 18 yrs was almost twice as likely to be depressed >18yrs averaged 5.20 where <18yrs equal to 2.73. The study concluded that children of alcoholics have lower self esteem and higher rates of depression than children of non alcoholics.

**Gondolff, E.W & Ackermann, A.J, (1993)** A cross sectional survey was conducted among adolescent children of alcoholics in Pennsylvania. The sample consists of 21 adolescent children of alcoholics in order to analyze the alcoholic index statistically, to develop a measure of identifying and assessing Adolescent Children Of Alcoholics (ACOAs) with low self esteem, depression etc .The ACOA index administered to a conference sample ( $n=328$ ) produced four factors suggesting rejection ,impulsiveness, inconsistency and deliberation. The study concluded that the ACOA index was most highly correlated with indexes for low self esteem and mild depression.

**Zanoti, Jerony,M.O, &Caratho (1995)** A quasi experimental study was conducted to assess the self concept, academic performance, self esteem and behavioral evaluation of children of alcoholic parents in University of Brazil. The sample consists of two groups of 20 children between 10-15 yrs old male and female children. One group comprised of children of alcoholic parents and other comprised of children of non alcoholic parents. The result showed that the children of alcoholic parents tended to have low self esteem and presented lower academic performance than children of nonalcoholic parents. The study concluded that the alcoholic parents of adolescents should aware regarding the potential problems of their children and try to avoid such problems.



**Chassin.L, Rogosc. F (2007)** A study was done to assess the academic achievement in adolescent children of alcoholics. Study tested whether adolescent children of alcoholics (COAs) showed poorer academic performance than did demographically matched controls, and whether such parent alcoholism effects varied as a function of heterogeneity within the COA sample. A sample of 221 adolescent COAs and 196 demographically matched controls (53% boys, mean [ $\pm$ SD] age = 12.7  $\pm$  1.46 years), and their parents, were included. Results showed that COAs received lower school grades than did their non-COA peers (mean = 2.19  $\pm$  1.08 vs 2.54  $\pm$  1.01, respectively). COAs with two alcoholic parents (mean = 1.80  $\pm$  1.17) and COAs with at least one parent diagnosed alcohol dependent (mean = 2.01  $\pm$  1.01) showed particularly low grades. Parental alcohol dependence was also associated with lower math achievement scores (mean = 48.52  $\pm$  24.68 vs 62.47  $\pm$  26.71).

**Milier, D., & Jang, M. (1977)** conducted a study on school-aged children of alcoholic parents often have academic problems. Academic performance may be a better measure than IQ of the effect of living with an alcoholic parent. School records indicate that COAs experience such academic difficulties as repeating grades, failing to graduate from high school, and requiring referrals to school psychologists. Although cognitive deficits in COAs may account, in part, for their poor academic performance, motivational difficulties or the stress of the home environment also may contribute to their problems in school. COAs tend to score lower on tests that measure cognitive and verbal skills. Their ability to express themselves may be impaired, which can impede their school performance, peer relationships, ability to develop and sustain intimate relationships, and hamper performance on job interviews.

## **LITERATURE RELATED TO VARIOUS PSYCHOLOGICAL ASPECTS OF ADOLESCENTS CHILDREN OF ALCOHOLIC PARENTS:**

**Lee HH, Cranford J.A. (2008)** examine the main and interactive effects of parental problem drinking and resilience on problem (externalizing and internalizing) behaviors among Korean adolescents. Data were collected from 482 adolescent (mean age=14.4 years, 57% girls) from middle schools in two urban areas in Korea by using

Kim's measures & Hyun's problem behaviors profiles. Results showed that parental problem drinking was directly associated with externalizing and internalizing behaviors. Further, the effects of parental problem drinking on both outcomes were moderated by resilience, Simple slope analyses showed that the effects of parental problem drinking on internalizing behaviors were significant at low and average levels of resilience. Resilience may confer some protection against the adverse effects of parental problem drinking among Korean adolescents & Results highlight the importance of further research on culture-specific dimensions of resilience among Children of Alcoholics (COAs).

**Balsa AI, Homer JF, French MT (2009)** study was conducted to assess the magnitude and specificity of parental alcoholism as a risk factor for internalizing symptomatology, externalizing symptomatology, and alcohol and drug use in adolescence. Researcher evaluated parents' and children's reports of symptomatology and children's reports of alcohol and drug use in a community sample of 454 adolescents. The results showed that parental alcoholism was a moderate to strong risk factor, with stronger risk associated with recent (rather than remitted) parental alcoholism. Multivariate analyses showed that the specificity of risk varied with the outcome measure. In predicting externalizing symptomatology, the risk associated with parental alcoholism was mediated by co-occurring parental psychopathology and environmental stress. However, in predicting alcohol use, the father's alcoholism was a specific risk factor above and beyond the more generalized effects of stress and family disruption.

**Stanley S. Vanitha C. (2008)** to assess the long-term impacts of parental problem drinking on adult children's mental and self-perceived overall health. The analysis used data from the NLSY79, a nationally representative sample of 12,686 men and women. The survey was re-administered each year through 1994 and on a biennial basis since then. The dataset provides information on parental drinking and identifies problematic drinking behaviors both among mothers and fathers. Beginning with the 1998 survey, an extensive health module was administered to respondents over 40 years of age to provide a baseline health profile of the respondents before retirement. The results indicate that parental problem drinking is associated with significant mental health consequences for children that persist far into adulthood. Adult respondents with a problem-drinking father were more likely to have been

diagnosed with mental health problems relative to other respondents, while those with a problem-drinking mother had poorer self-perceived health and mental health (SF-12) scores. Respondents with a problem-drinking mother were also more likely to have ever been diagnosed with a mental health problem. Outcomes were worse for daughters of problem drinkers than for sons.

**Reich W, Earls F, Frankel o, Shyka (1993)** conducted a descriptive study was conducted to determine the 'Psychopathology in Children of Alcoholics' in Washington University. The sample consists of 125 and 158 children who are offspring of alcoholic and control parents. The results showed that the differences detected with respect of self esteem and achievement tests among the group. The adolescent children of alcoholic parents showed the significant rates in low self esteem level. The study concluded that the children of alcoholics exhibit high rates of psychopathology and there are differences between adolescent children of alcoholics and controls with respect to self esteem and achievement tests.

**Churchill JC, Brojda JP, Nicholson NL (1990)** A descriptive study was conducted among 30 adolescents in Brazil to assess the effects and behaviour changes of adolescents of alcoholic fathers revealed that; high levels of depression, anxiety and low self esteem are identified in adolescents of alcoholic parents. The main characteristics determined are the parental abuse of alcohol and the deleterious effects of the family.

**Rolf et al., (1988)** studies ninety eight children, aged 6-18 years, out of which 50 children were of alcoholic parents and 48 children of non alcoholic parents. Children were assessed by using children's behaviour checklist, youth self-rating scale for depression and children's depression inventories. More depressive symptoms were found in offspring of alcoholic parents.

**Hyphantis, Liakos and Marselos (1991)** studied 1018 high school studies out of which 260 had parental alcoholism and rest had alcoholism problem in close relatives. The results indicate that parental alcoholism is a strong predictor variable for children's alcohol and drug use. School performance was found worse in children of alcoholics with disturbed family dynamics in comparison with children from non alcoholic families.

**Jarmas and kazak (1992)** studied 84 college students with alcoholic parents and 123 children of non alcoholic parents with regards to perception of their families, depressive experience and coping styles. Multivariate analysis of variance showed that children of alcoholic parents differed in family perception, exhibit greater introjective depression and more aggressive defences.

## **CHAPTER III**

### **METHODOLOGY**

This chapter deals with research approach, research design, setting of the study, population of the study, sample size, sampling techniques, criteria for selection of the sample, description of the tool, reliability, procedure for data collection, description of data, and data analysis.

#### **RESEARCH DESIGN:**

The research design applied for this study was non experimental survey.

#### **SETTING OF THE STUDY:**

The study was conducted among adolescent boys and girls in a selected community kalapatti at Coimbatore. The village is adopted by primary health centre, Sarkarsamakulam. This area is situated nearly 3kms away from Kovai Medical Center and Hospital.

#### **POPULATION OF THE STUDY:**

The study population included adolescent children of 13-18 years of alcoholic and non alcoholic father who are residing in kalapatti at Coimbatore.

#### **SAMPLE SIZE:**

The sample size of the study was 100 adolescent children. It included 50 adolescent children whose father are alcoholic and 50 adolescent children whose father are non alcoholic.

#### **SAMLING TECHNIQUE:**

Purposive sampling technique was used in this study.

## **CRITERIA FOR SELECTION OF SAMPLES:**

### **Inclusion criteria:**

- ✓ Adolescent children of both sex.
- ✓ Adolescent children who fall under the age group of 13-18 years.
- ✓ Adolescent children whose father is addicted to alcohol for the compare group.

### **Exclusion criteria:**

- ✓ Adolescent children who are having a known history of psychiatric illness.

## **DESCRIPTION OF THE TOOL:**

The tool consists of 4 sections:

Part I: Demographic profile

Part II: Rosenberg self esteem scale

Part III: Bell's adjustment inventory

### **PART I –DEMOGRAPHIC PROFILE**

The socio demographic variables were prepared by the researcher. The socio demographic variables selected for this study is age, sex, religion, education, type of family, education of father, income, habit of father, age of the father, duration of consuming alcohol.

### **PART III – ROSENBERG SELF-ESTEEM SCALE**

Rosenberg Self Esteem was used to assess the self esteem of adolescents. It is a standardized tool. This tool measures the total self esteem of the individual. It consists of 10 questions of five point Likert scale designed to assess the self esteem of the adolescents. This section consists of 10 statements. In that 5 statements are positive (question no: 3,5,8,9,10) and other 5 statements are negative (question no:1,2,4,6,7).

Positive and negative statement score:

Positive statement	Score	Negative statement	Score
Strongly agree	3	Strongly agree	0
Agree	2	Agree	1
Disagree	1	Disagree	2
Strongly disagree	0	Strongly disagree	3

### **PART III – BELL’S ADJUSTMENT INVENTORY**

Bell’s adjustment Inventory (Bell Huger, 1934) was used to assess the adjustment problems of adolescents children. It is a semi structured standardized tool. This measures total adjustment and adjustment in four specific areas namely emotional, school, social, and home. This inventory consists of 40 questions with 10 questions relating to each area of adjustment which requires answer as ‘Yes’ or ‘No’. Scoring was done with the help of scoring key. For ‘Yes’ response a score ‘1’ and for ‘No’ score of ‘0’. Some questions are in the schedule had reverse scoring. The higher the score indicates higher adjustment problem.

### **SCORING AND INTERPRETATION**

#### **Part II: Rosenberg self esteem scale**

The scale ranges from 0-30. Scores between 15 and 25 are within normal range. Scores below 15 suggest as low self esteem. Higher score indicate higher self esteem

#### **Part III: Bell’s adjustment inventory**

This measures total adjustment and adjustment in four specific areas namely emotional, school, social, and home. This inventory consists of 40 questions with 10 questions relating to each area of adjustment which requires answer as ‘Yes’ or ‘No’. Scoring was done with the help of scoring key. For ‘Yes’ response a score ‘1’ and for ‘No’ score of ‘0’. Some questions are in the schedule had reverse scoring. The higher the score indicates higher adjustment problem.

## **TESTING OF THE TOOL**

### **VALIDITY:**

The content validity of the tool was obtained from medical experts in the field of psychiatric nursing. All the valuable comments and suggestions from the experts are considered and corrections were made.

### **PILOTSTUDY:**

Pilot study was conducted among 10 adolescent children in kalapatti area for a period of one week. The study of the pilot study reveals that the study was feasible.

### **DATA COLLECTION PROCEDURE:**

Before the data collection prior permission was obtained from the chairman, KMCH and the ethical committee. The study was conducted in kalapatti area at Coimbatore. And the researcher also got formal permission from the Medical Officer, PHC, Sarkarsamakulam. The data collection was done for six weeks. The investigator selected the adolescent children who fulfilled the inclusion criteria. The investigator introduced self and maintained good rapport. The purpose and benefits of the study was explained to the adolescent children to ensure their co operation. Assurance was given to the subjects regarding confidentiality of the data collected from them.

First, demographic details were collected by survey method. Then they are assessed for the self esteem levels by using Rosenberg self esteem scale and adjustment problems using Bell's adjustment inventory through structured questionnaire method. It took average time of 30 to 35 minutes to complete the questionnaire for each adolescent children. Each day 3 to 4 adolescent children from them the questionnaire have been collected both children of alcoholic and children of non alcoholic.



## **DATA ANALYSIS:**

The collected data was tabulated and analyzed by using descriptive and inferential statistical methods. Percentage analysis was used to find out the distribution of respondents according to self esteem scale and adjustment inventory. Inferential statistics the independent 't' test was used to find out the comparison of self esteem and adjustment problems between adolescent children of alcoholic and non alcoholic father.

## **CHAPTER IV**

### **DATA ANALYSIS AND INTERPRETATION**

This chapter deals with the analysis of data collected comparative study on self esteem and adjustment among adolescent children of alcoholic and nonalcoholic father in a selected community at Coimbatore.

Descriptive and inferential statistics were used for analysis of data. The collected data were organized as follows:

- Section A: Description of demographic characteristics of the respondents.
- Section B: Description of respondents according to mean score of self esteem and adjustment among adolescent children of alcoholic father.
- Section C: Description of respondents according to mean score of self esteem and adjustment among adolescent children of non alcoholic father.
- Section D: Comparison of self esteem and adjustment among adolescent children of alcoholic and non alcoholic father.

## SECTION – A

**Table No.1: description of demographic characteristics of the respondents**

(N = 100)

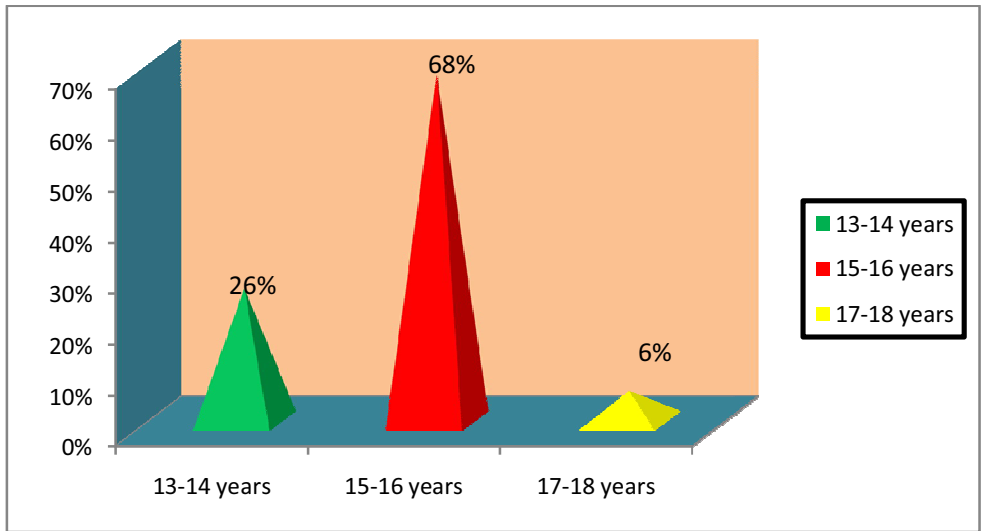
S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY ( f )	PERCENTAGE (%)
1.	Age ( years ) a) 13 - 14 b) 15 - 16 c) 16 and above	26 68 6	26 68 6
2.	Sex a) Male b) Female	62 38	62 38
3.	Religion a) Hindu b) Christian c) Muslim	92 6 2	92 6 2
4.	Education a) 8 <sup>th</sup> – 10 <sup>th</sup> b) 10 <sup>th</sup> – 12 <sup>th</sup> c) 12 <sup>th</sup> and above	66 32 2	66 32 2
5.	Types of family a) Nuclear family b) Joint family	83 17	83 17
6.	Education of the father a) Illiterate b) Primary c) Higher secondary d) Graduate	26 55 19 -	26 55 19 -

8.	Habit of the father a) Alcoholic father b) Non alcoholic father	50 50	50 50
9.	Age of the father a) Below 40 years b) 40 – 50 years c) 50 years and above	32 40 28	32 40 28
10.	Duration of consuming alcohol a) Below 5 years b) 5 – 10 years c) 10 years and above	13 66 21	13 66 21

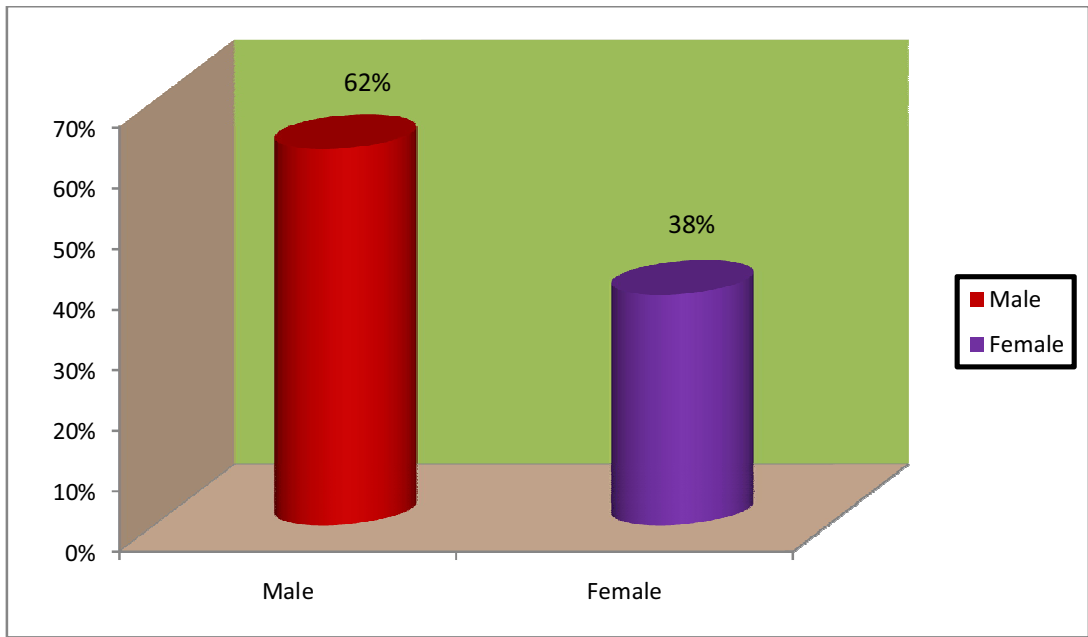
The table 1 shows the distribution of subjects according to their demographic characteristics. Out of 100 subjects 26 (26%) were in the age group of 13 – 14 years. 68 (68 %) were in the age group of 15 – 16 years. 6 (6 %) were in the age group of 16 and above years.

- Regarding their sex out of 100 subjects 62 (62 %) were Male. 38 (38 %) were Female.
- On the basis of religion out of 100 subjects majority were Hindu.
- According to their Education out of 100 subjects 66 (66 %) were studying in senior secondary classes. 32 (32 %) were presuming higher secondary classes.
- Regarding type of family out of 100 subjects 83 (83%) belongs to nuclear family.
- With regard to education of father out of 100 subjects 26 (26%) belong to illiterate, 55 (55%) belong to primary, 19 (19%) belong to higher secondary and none of them were graduate.

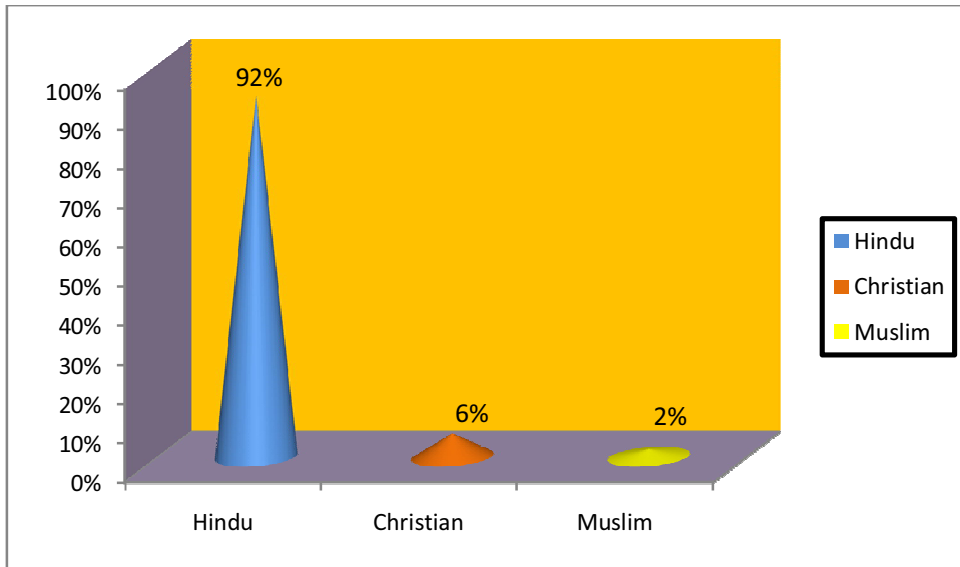
- With regards to income out of 100 subjects 84 (84%) had income up to 8000 16 (16%) had income between 10,000 - 20,000 and there was no one had income above 20,000.
- With regards to habit of the fathers 50 (50 %) of them were alcoholic fathers and 50 (50%) were non alcoholic fathers.
- With regards to age of the fathers 32 (32%) were in the age group of below 40 years, 40 (40%) were in the age group of 40 – 50 years and 28 (28%) were in the age group of 50 years.
- With regards to duration of consuming alcohol 13 (13%) were below 5 years, 66 (66%) were between 5 – 10 years and 21 (21%) were 10 and above years.



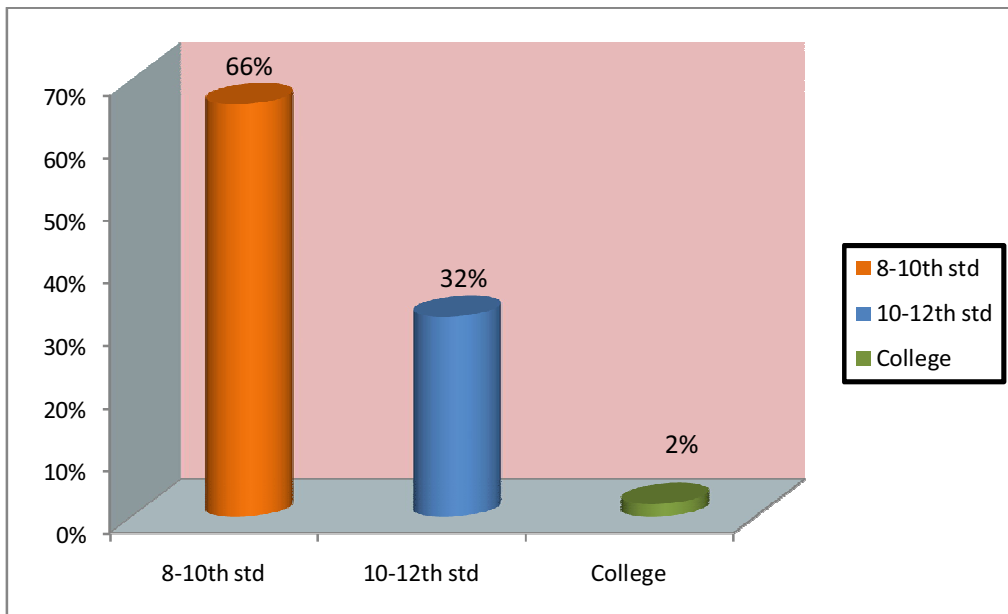
**Fig 2: Distribution of subjects according to age**



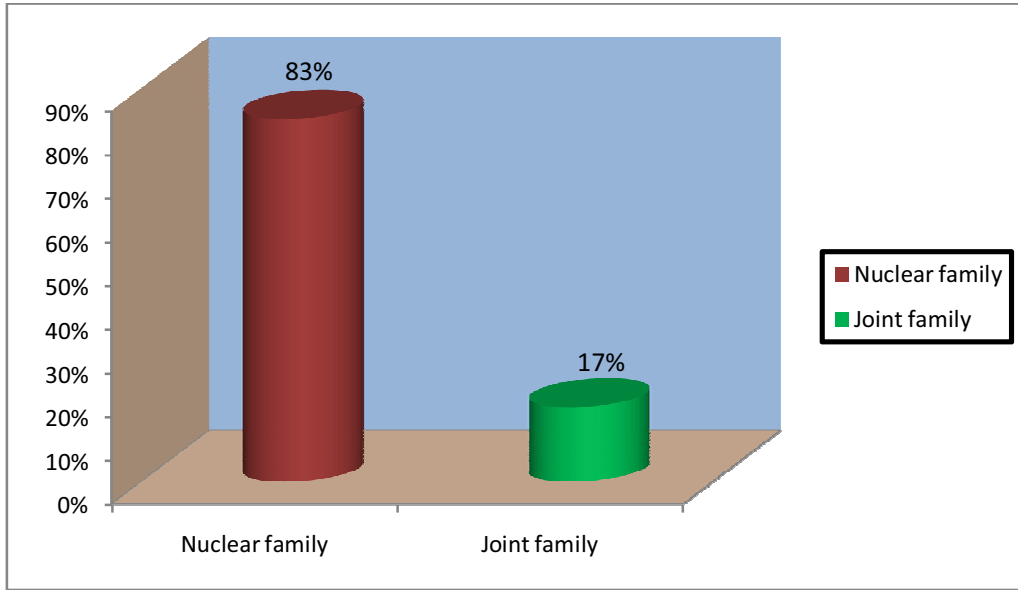
**Fig 3: Distribution of subjects according to sex**



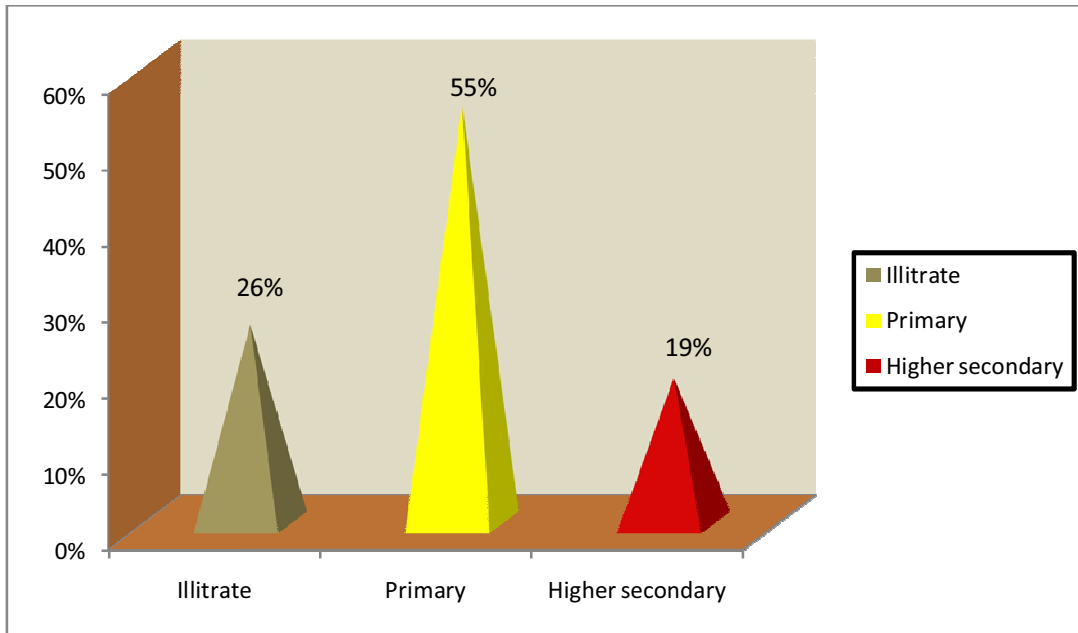
**Fig 4: Distribution of subjects according to religion**



**Fig 5: Distribution of subjects according to education**

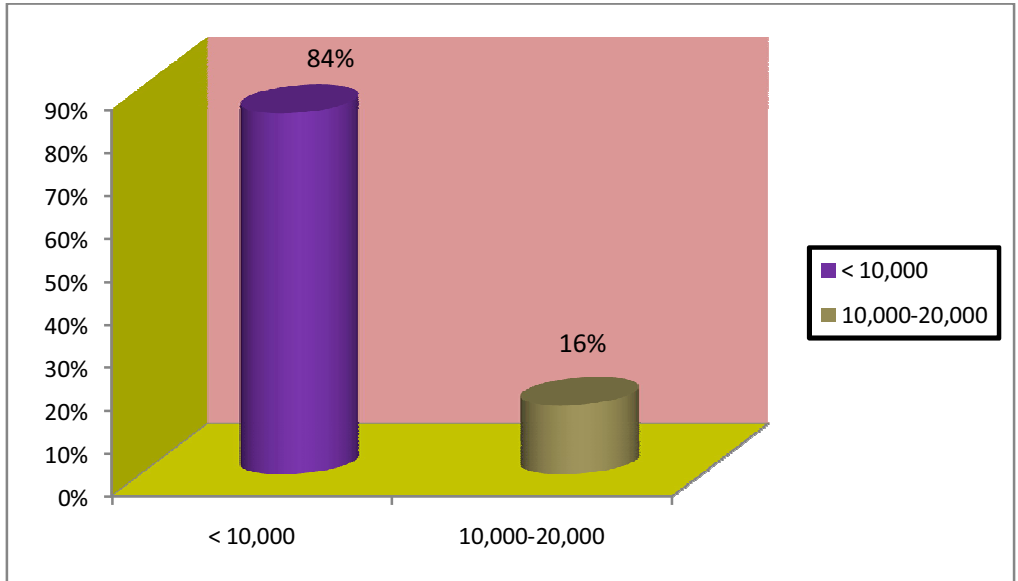


**Fig 6: Distribution of subjects according to types of family**

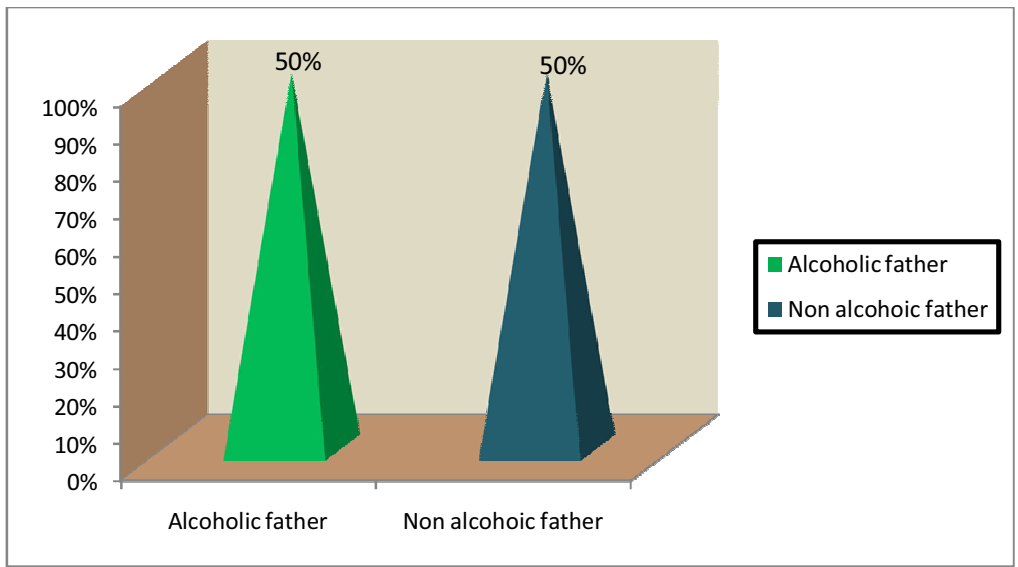


**7: Distribution of subjects according to education of the father**

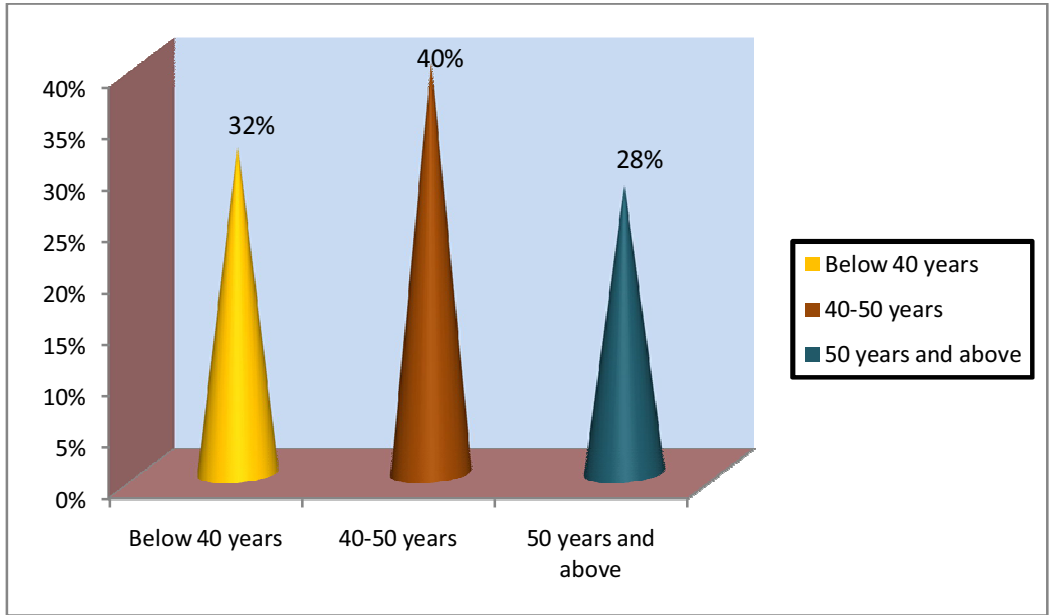




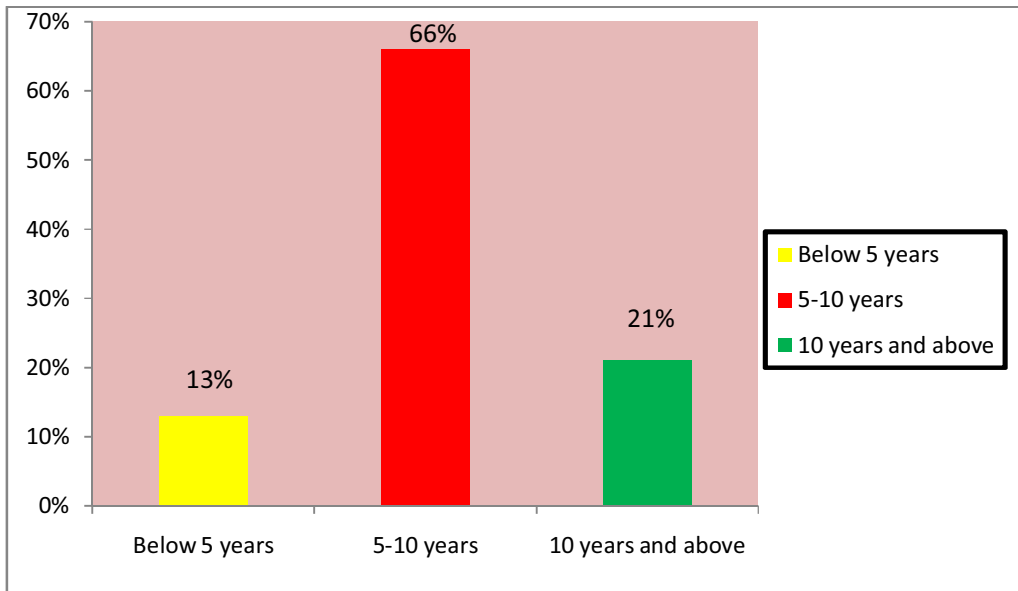
**Fig 8: Distribution of subjects according to income**



**Fig 9: distribution of subjects according to types of father**



**Fig 10: distribution of subjects according to age of the father**



**Fig 11: Distribution of subjects according to duration of alcohol consumption**

## SECTION B

**Table No: 2 Description of respondents according to mean score self esteem of adolescent children of alcoholic father**

**(N=100)**

<b>self esteem score of adolescent children of alcoholic</b>	<b>Number of respondent</b>	<b>Percentage (%)</b>
Up to 14	26	26%
15 & above	74	74%

- ❖ The above table shows that, 26 respondent (26%) self esteem mean score was up to 14, 74 respondents (74%) self esteem mean score was 15 and above.

**Table No: 3 Description of respondents according to mean score emotional adjustment of adolescent children of alcoholic father**

**(N=100)**

<b>emotional adjustment score of adolescent children of alcoholic</b>	<b>Number of respondent</b>	<b>Percentage (%)</b>
Up to 14	38	38%
15 & above	62	62%

- ❖ The above table shows that, 38 respondent (38%) emotion adjustments mean score was up to 14, 62 respondent (62%) emotional adjustment mean score was 15 and above.

**Table No: 4 Description of respondents according to mean score school adjustment of adolescent children of alcoholic father**

**(N=100)**

<b>School adjustment score of adolescent children of alcoholic</b>	<b>Number of respondent</b>	<b>Percentage (%)</b>
Up to 14	43	43%
15 & above	57	57%

- ❖ The above table shows that, 43 respondent (43%) school adjustment mean score was up to 14, 57 respondents (57%) school adjustment mean score was 15 and above.

**Table No: 5 Description of respondents according to mean score social adjustment of adolescent children of alcoholic father**

**(N=100)**

<b>Social adjustment score of adolescent children of alcoholic</b>	<b>Number of respondent</b>	<b>Percentage (%)</b>
Up to 14	48	48%
15 & above	52	52%

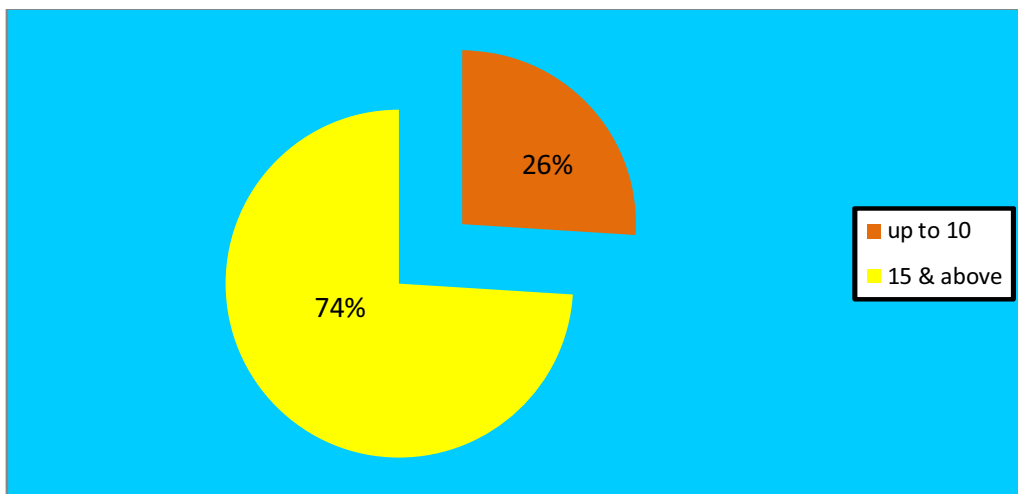
- ❖ The above table shows that, 48 respondent (48%) social adjustments mean score was up to 14, 52 respondent (52%) social adjustment mean score was 15 and above.

**Table No: 6 Description of respondents according to mean score home adjustment of adolescent children of alcoholic father**

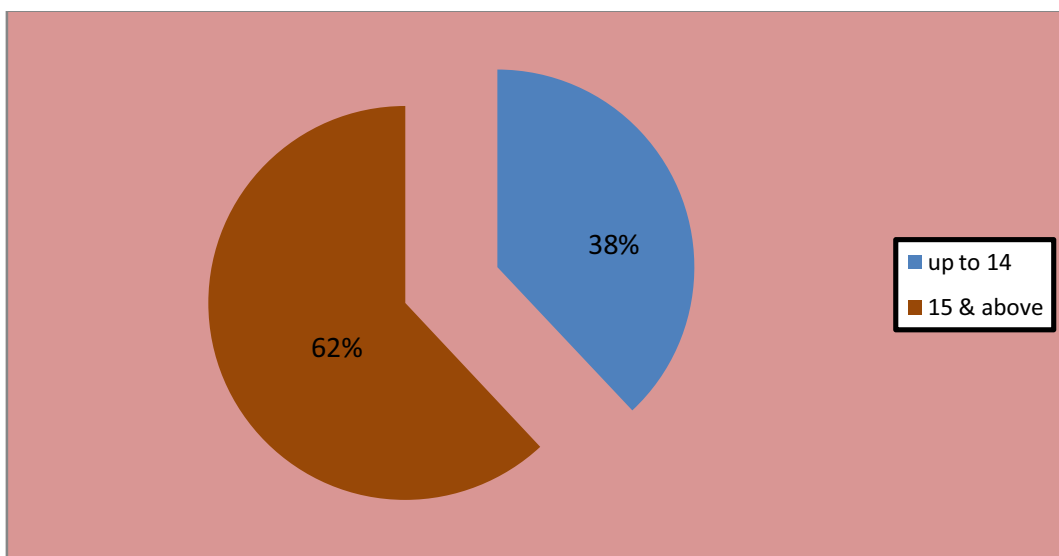
**(N=100)**

<b>Home adjustment of adolescent children of alcoholic</b>	<b>Number of respondent</b>	<b>Percentage (%)</b>
Up to 14	42	42%
15 & above	58	58%

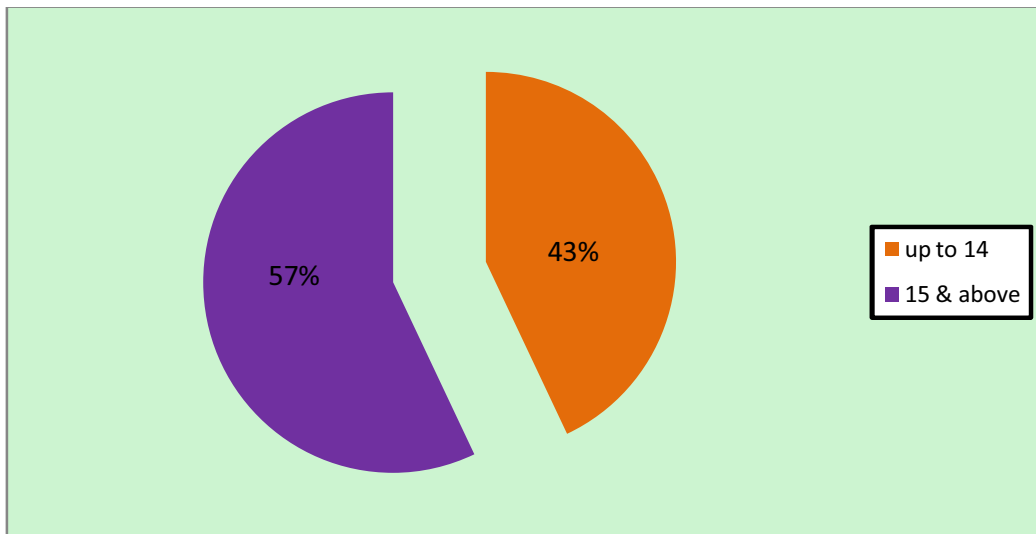
- ❖ The above table shows that, 42 respondent (42%) school adjustment mean score was up to 14, 58 respondents (58%) school adjustment mean score was 15 and above.



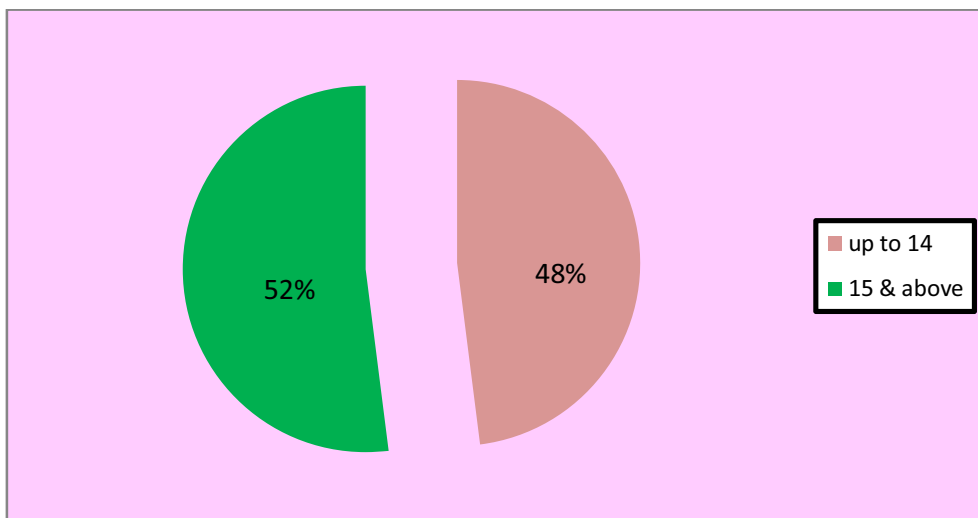
**Fig 12: Distribution of respondent mean score self esteem of adolescent children of alcoholic father**



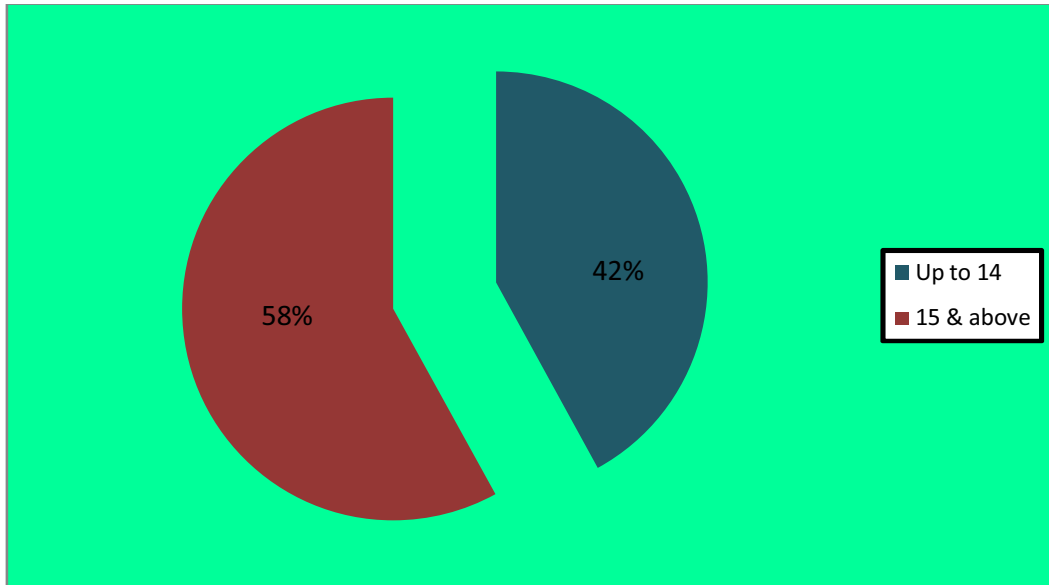
**Fig 13: Distribution of respondent mean score adjustment of adolescent children of alcoholic father in emotional**



**Fig 14: Distribution of respondent mean score adjustment of adolescent children of alcoholic fathers in school**



**Fig 15: Distribution of mean adjustment of adolescent children of alcoholic fathers in social**



**Fig 16: Distribution of respondent mean score adjustment of adolescent children of alcoholic fathers in home**



## SECTION C

**Table No: 7 Description of respondents according to mean score self esteem of adolescent children of non alcoholic father**

(N=100)

self esteem score of adolescent children of non alcoholic	Number of respondent	Percentage (%)
Up to 14	38	38%
15 & above	62	62%

- ❖ The above table shows that, 38 respondent (38%) self esteem mean score was up to 14, 62 respondents (62%) self esteem mean score was 15 and above.

**Table No: 8 Description of respondents according to mean score emotional adjustment of adolescent children of non alcoholic father**

(N=100)

Emotional adjustment score of adolescent children of non alcoholic	Number of respondent	Percentage (%)
Up to 14	44	44%
15 & above	56	56%

- ❖ The above table shows that, 44 respondent (44 %) emotional adjustments mean score was up to 14, 56 respondent (56%) emotional adjustment mean score was 15 and above.

**Table No: 9 Description of respondents according to mean score school adjustment of adolescent children of non alcoholic father**

**(N=100)**

<b>School adjustment score of adolescent children of non alcoholic</b>	<b>Number of respondent</b>	<b>Percentage (%)</b>
Up to 14	62	62%
15 & above	38	38%

- ❖ The above table shows that, 62 respondent (62%) school adjustment mean score was up to 14, 38 respondents (38%) school adjustment mean score was 15 and above

**Table No: 10 Description of respondents according to mean score social adjustment of adolescent children of non alcoholic father**

**(N=100)**

<b>Social adjustment score of adolescent children of non alcoholic</b>	<b>Number of respondent</b>	<b>Percentage (%)</b>
Up to 14	56	56%
15 & above	44	44%

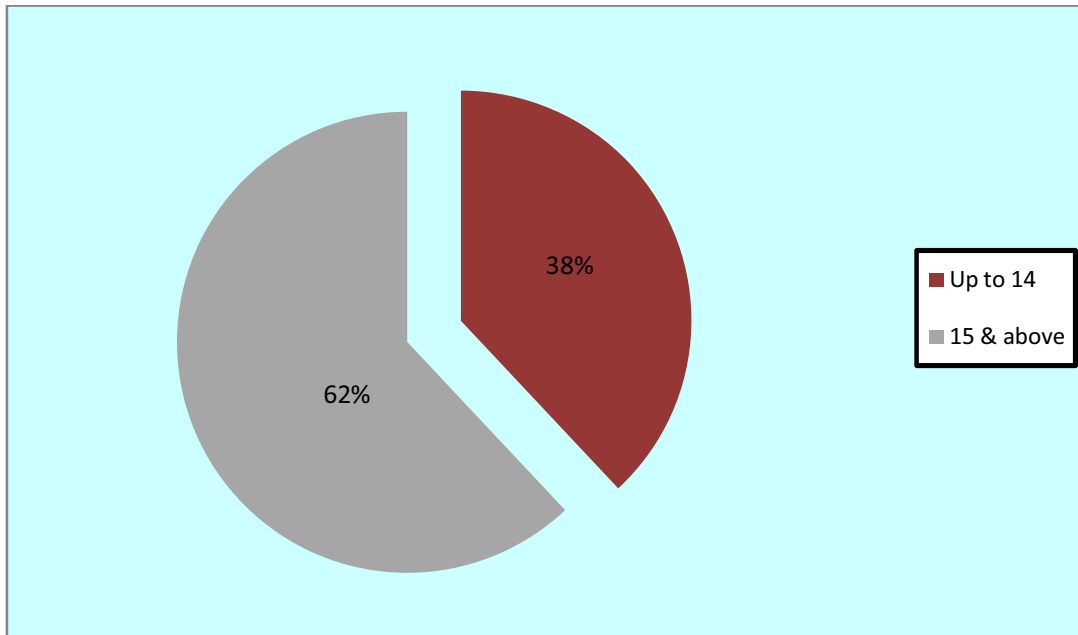
- ❖ The above table shows that, 56 respondent (56%) social adjustments mean score was up to 14, 44 respondent (44%) social adjustment mean score was 15 and above

**Table No: 11 Description of respondents according to mean score home adjustment of adolescent children of non alcoholic father**

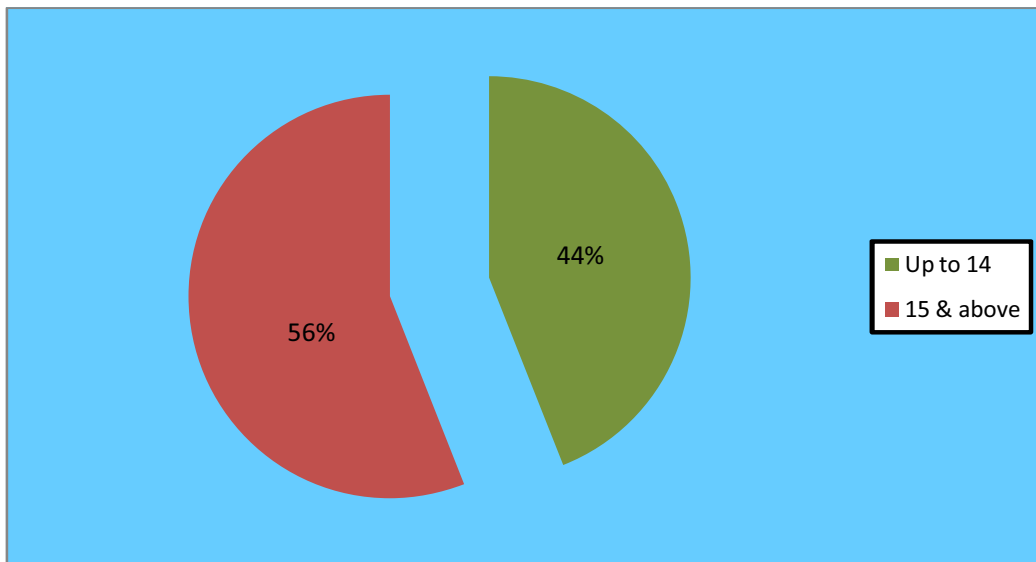
**(N=100)**

<b>Home adjustment score of adolescent children of non alcoholic</b>	<b>Number of respondent</b>	<b>Percentage (%)</b>
Up to 14	59	59%
15 & above	41	41%

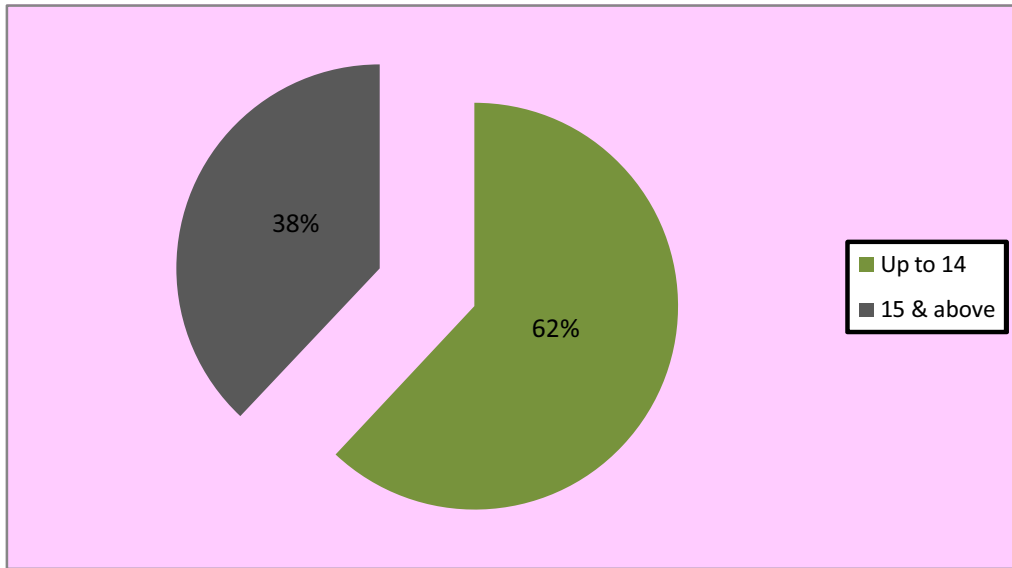
- ❖ The above table shows that, 59 respondent (59%) school adjustment mean score was up to 14, 41 respondents (41%) school adjustment mean score was 15 and above.



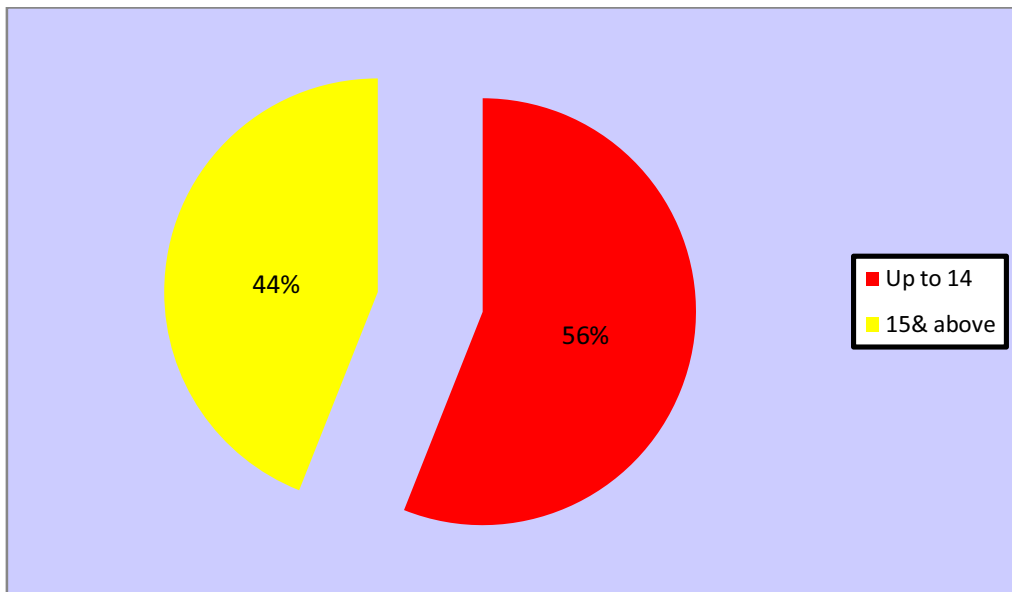
**Fig 17: Distribution of mean self esteem of adolescent children of non alcoholic father**



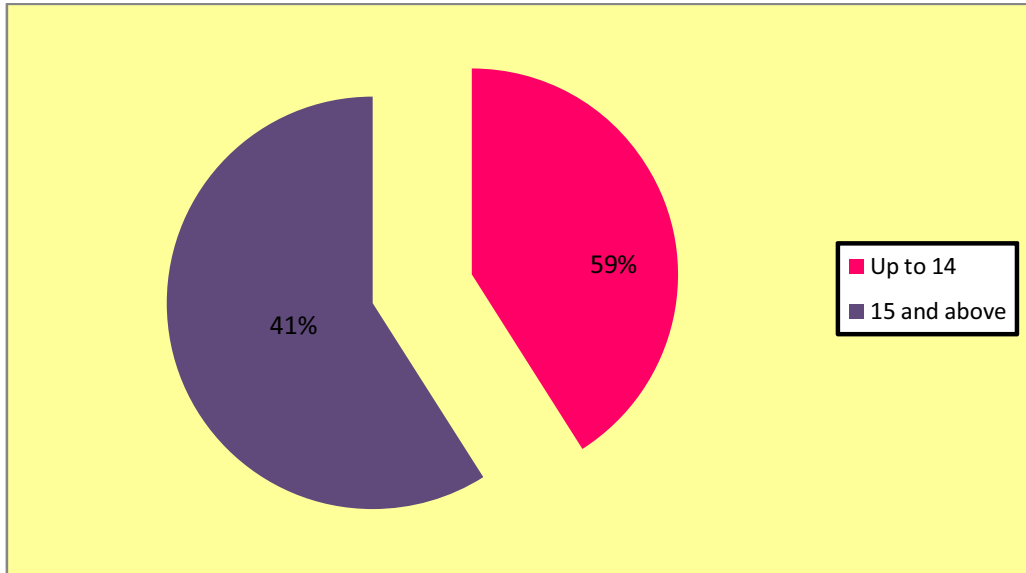
**Fig No: 18 Distribution of mean adjustment of adolescent children of non alcoholic father in emotional**



**Fig No: 19 Distribution of mean adjustment of adolescent children of non alcoholic father in school**



**Fig No: 20 Distribution of mean adjustment of adolescent children of non alcoholic father in social**



**Fig No: 21 Distribution of mean adjustment of adolescent children of non alcoholic father in home**

## SECTION – D

**Table No: 12 Comparison of self esteem among adolescent children of alcoholic and non alcoholic father**

**(N=100)**

S.No	Subject	No: of respondents	Mean	SD	DF	t' value
1	Self esteem of adolescent children of alcoholic father	50	4.42	1.20	98	.792*
2	Self esteem of adolescent children of non alcoholic father	50	7.66	1.44		

\*p < 0.05

- The mean self esteem among adolescent children of alcoholic father was 4.42 for alcoholic father and 7.66 for non alcoholic father. The t' value for the comparison of adolescent children among alcoholic father and non alcoholic father was .792 and it is significant (p<0.05). It shows that the respondent with adolescent children of alcoholic father have low self esteem compare to adolescent children of non alcoholic father.

**Table No: 13 Comparison of emotional adjustment among adolescent children of alcoholic and non alcoholic father**

**(N=100)**

S.No	Subject	No: of respondents	Mean	SD	DF	t' value
1	Adjustment of adolescent children of alcoholic father	50	7.66	1.23	98	12.58*
2	Adjustment of adolescent children of non alcoholic father	50	4.62	1.17		

\*p < 0.05

- The mean emotional adjustment among adolescent children of alcoholic father was 7.66 for alcoholic father and 4.62 for non alcoholic father. The t' value for the comparison of adolescent children among alcoholic father and non alcoholic father was 12.58 and it is significant (p<0.05). It shows that the respondent with adolescent children of alcoholic father have high emotional adjustment problem compare to adolescent children of non alcoholic father.



**Table No: 14 Comparison of school adjustment among adolescent children of alcoholic and non alcoholic father**

**(N=100)**

S.No	Subject	No: of respondents	Mean	SD	DF	t' value
1	Adjustment of adolescent children of alcoholic father	50	7.76	1.07	98	16.47*
2	Adjustment of adolescent children of non alcoholic father	50	4.44	0.92		

\*p < 0.05

- The mean school adjustment among adolescent children of alcoholic father was 7.76 for alcoholic father and 4.44 for non alcoholic father. The t' value for the comparison of adolescent children among alcoholic father and non alcoholic father was 16.47 and it is significant (p<0.05). It shows that the respondent with adolescent children of alcoholic father have high school adjustment problem compare to adolescent children of non alcoholic father.

**Table No: 15 Comparison of social adjustment among adolescent children of alcoholic and non alcoholic father**

**(N=100)**

<b>S.No</b>	<b>Subject</b>	<b>No: of respondents</b>	<b>Mean</b>	<b>SD</b>	<b>DF</b>	<b>t' value</b>
1	Adjustment of adolescent children of alcoholic father	50	6.84	1.54	98	12.06*
2	Adjustment of adolescent children of non alcoholic father	50	3.60	1.10		

\*p < 0.05

- The mean social adjustment among adolescent children of alcoholic father was 6.84 for alcoholic father and 3.60 for non alcoholic father. The t' value for the comparison of adolescent children among alcoholic father and non alcoholic father was 12.06 and it is significant (p<0.05). It shows that the respondent with adolescent children of alcoholic father have high social adjustment problem compare to adolescent children of non alcoholic father.

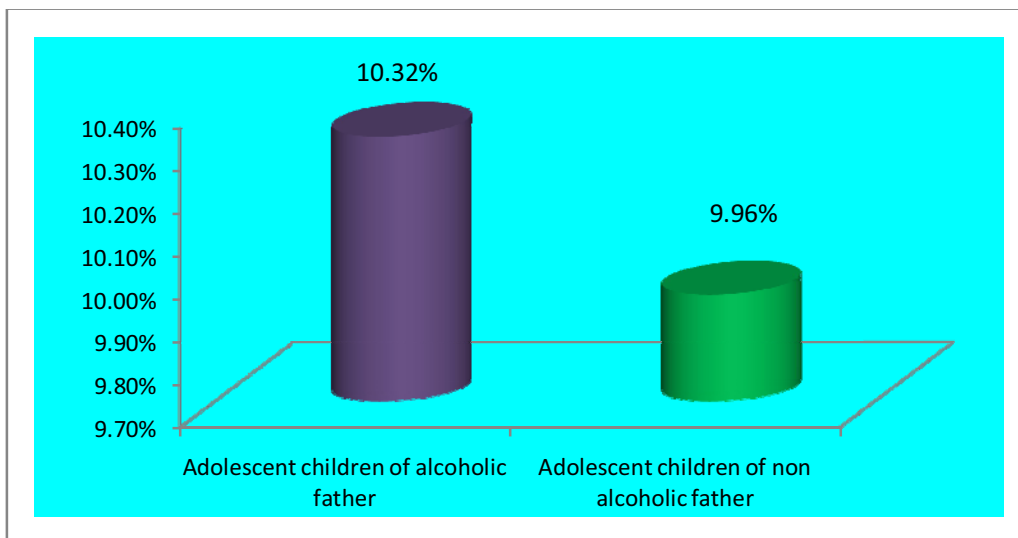
**Table No: 16 Comparison of home adjustment among adolescent children of alcoholic and non alcoholic father**

**(N=100)**

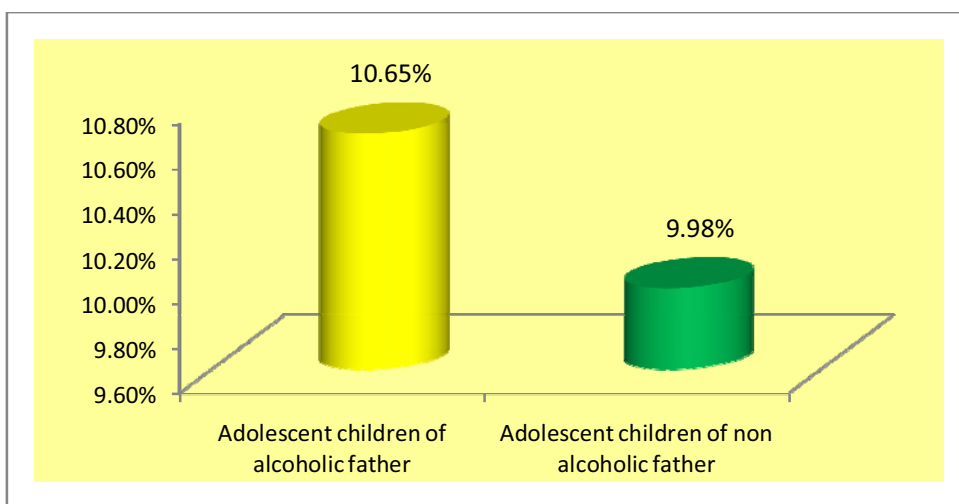
<b>S.No</b>	<b>Subject</b>	<b>No: of respondents</b>	<b>Mean</b>	<b>SD</b>	<b>DF</b>	<b>t' value</b>
1	Adjustment of adolescent children of alcoholic father	50	7.32	1.42	98	12.11*
2	Adjustment of adolescent children of non alcoholic father	50	4.14	1.19		

\*p < 0.05

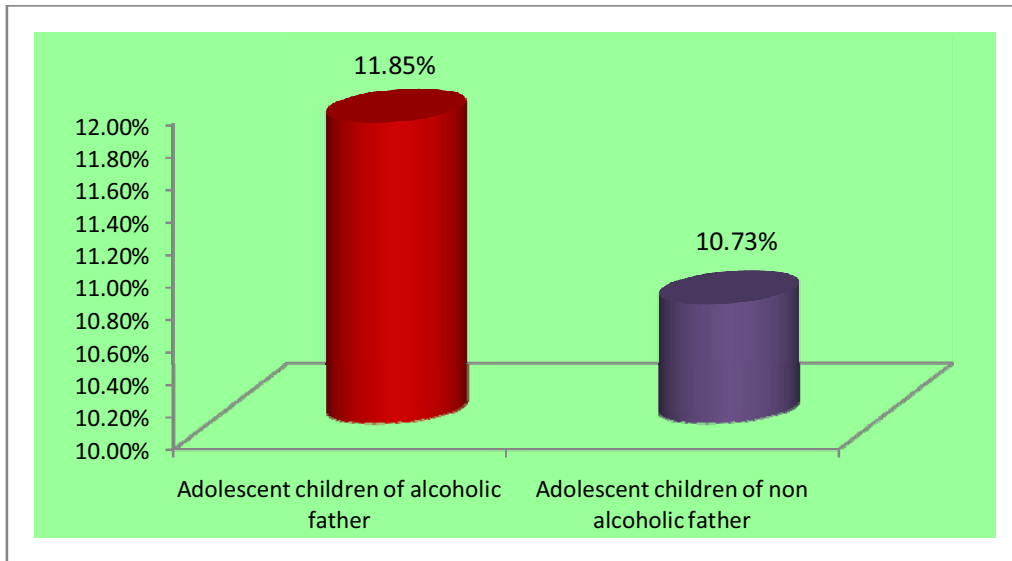
- The mean home adjustment among adolescent children of alcoholic father was 7.32 for alcoholic father and 4.14 for non alcoholic father. The t' value for the comparison of adolescent children among alcoholic father and non alcoholic father was 12.11 and it is significant (p<0.05). It shows that the respondent with adolescent children of alcoholic father have high home adjustment problem compare to adolescent children of non alcoholic father.



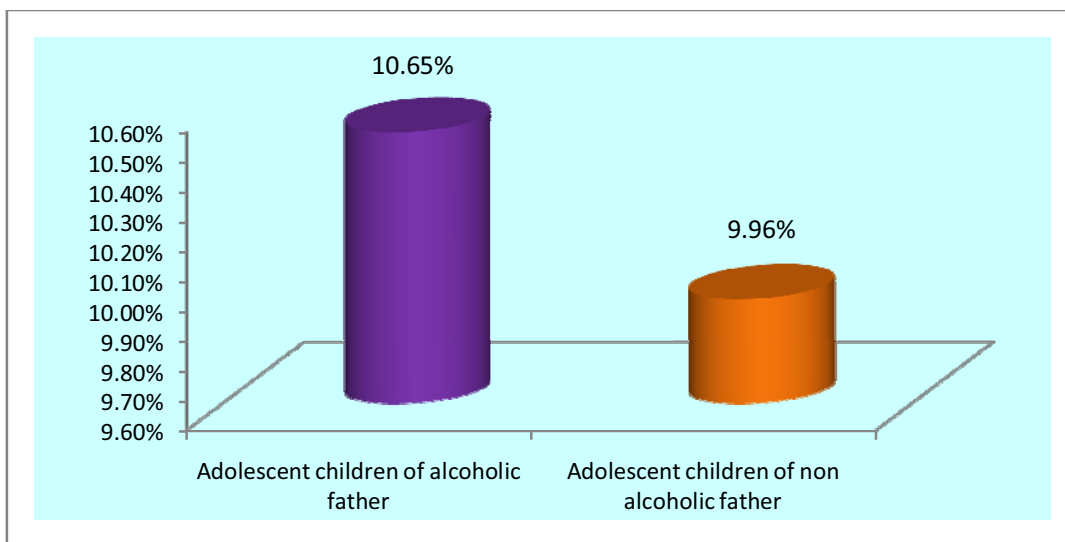
**Fig 22: Comparison of self esteem among adolescent children of alcoholic and non alcoholic father**



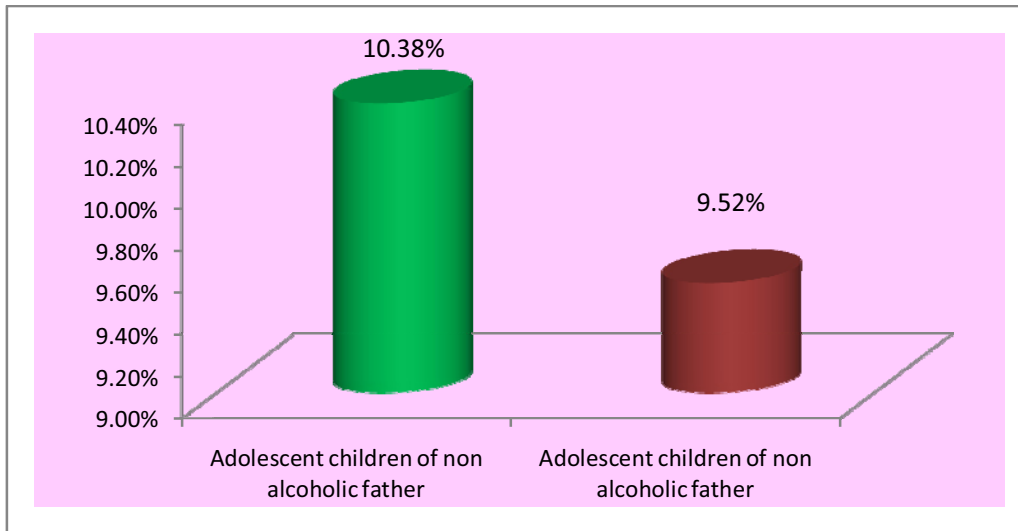
**Fig 23: Comparison of emotional adjustment among adolescent children of alcoholic and non alcoholic father**



**Fig24: Comparison of school adjustment among adolescent children of alcoholic and non alcoholic father**



**Fig 25: Comparison of social adjustment among adolescent of alcoholic and non alcoholic father**



**Fig 26: Comparison of home adjustment among adolescent of alcoholic and non alcoholic father**

## CHAPTER V

### **DISCUSSION, SUMMARY, CONCLUSIONS, IMPLICATIONS, LIMITATIONS, AND RECOMMENDATIONS**

This chapter deals with discussion, summary, and conclusion drawn. It also clarifies the implication, limitation of the study and recommendation given for different areas of nursing practice, nursing administration, nursing research, and nursing education.

#### **DISCUSSION:**

The present study aimed to compare the self esteem and adjustment between adolescent children of alcoholic and non alcoholic fathers in a selected community at Coimbatore. The sample size was 100 adolescent children in selected community.

Non experimental survey design was adopted for this study.

The major findings of the study are discussed along with the formulated objectives, which as follows.

#### **Socio demographic variables of the respondents:**

According to the distribution of subjects their demographic characteristics out of 100 subjects 26 (%) were in the age group of 13 – 14 years. 68 (%) were in the age group of 15 – 16 years and 6 (6%) were in the age group of 17 – 18 years. Regarding their sex out of 100 subjects 62 (62%) were Male.38 (38%) were Female. On the basis of religion out of 100 subjects 92 (92%) were Hindu, 6 (6%) was Christian and 2 (2%) was Muslim. According to their education out of 100 subjects 66 (66%) were 8<sup>th</sup> – 10<sup>th</sup>std, 32 (32 per cent) were 10<sup>th</sup> – 12<sup>th</sup> std and 2 (2%) were college. Regarding type of family out of 100 subjects 83 (83%) belongs to nuclear family and 17 (17%) belongs to joint family. With regards to education of the father out of 100 subjects 26 (%) belong to illiterate, 55 (55%) belong to primary 19 (19%) belong to higher secondary and there was no graduate.

With regards to income out of 100 subjects 84 (84%) had income up to 8,000, 16 (16 per cent) had income between 10,000 – 20,000 and there were no one had income more than 20,000. According to the type of the father out of 100 subjects 50 (50%) were alcoholic father and 50 (50%) were non alcoholic fathers. With regards to age of the father out of 100 subjects 32(32%) were below 40 years. 40 (40%) were between 40 – 50 years. 28(28%) were 50 and above. With regards to duration of consuming alcohol out of 100 13(13%) were below 5 years. 66 (66%) were between 5- 10 years. 21 (21%) were above 10 years.

The collected data for the present study, was analyzed statistically, the results based on the objectives are discussed below:

**1.The first objective of the study was to assess the self esteem and adjustment among adolescent of alcoholic father:**

According to the self esteem of adolescent children of alcoholic father the result revealed that 26 respondents (26%) self esteem mean score was up to 14, 74 respondents (76%) self esteem mean score was 15 and above. According to the adjustment of adolescent children of alcoholic father in emotional results revealed that 38 respondents (38%) adjustment mean score was up to 14, 62 respondents (62%) adjustment mean score was 15 and above. According to the adjustment of adolescent children of alcoholic father in school revealed that 43 respondents (43%) adjustment mean score was up to 14, 57 respondents (57%) adjustment mean score was 15 and above. According to the adjustment of adolescent children of alcoholic father in social revealed that 48 respondents (48%) adjustment mean score was 14, 52 respondents (52%) adjustment mean score was 15 and above. According to the adjustment of adolescent children of alcoholic father in home revealed that 42 respondents (42%) adjustment mean score was 14, 58 respondents (58%) adjustment mean score was 15 and above.

From the above results the researcher came to a conclusion that adolescent children of alcoholic father have more self esteem and adjustment problems. The majority of the score was 15 and above. Children of alcoholic fathers had problems of parental rejection, persistent tension at home, and inability to identify with or relate to one or both parents.



A supportive study was done on self esteem and adjustment among adolescent children of alcoholic fathers. The study sample was 30 adolescent children of alcoholic fathers. Results indicate that the children of alcoholics have more self esteem and adjustment problems than their counterparts in the areas of home, health, social and emotional. **(Kondandaram 1995)**

**1. The second objective of the study was to assess the self esteem and adjustment among adolescent children of non alcoholic father:**

According to the self esteem of adolescent children of non alcoholic father the result revealed that 38 respondents (38%) adjustment self esteem mean score was up to 14, 62 respondents (62%) adjustment self esteem mean score was up to 15 and above. According to the adjustment of adolescent children of non alcoholic father in emotional result revealed that 44 respondent (44%) adjustment mean score was 14, 56 respondents (56%) adjustment mean score was 15 and above. According to the adjustment of adolescent children of non alcoholic father in school result revealed that 62 (62%) adjustment mean score was 14, 38 respondents (38%) adjustment mean score was 15 and above. According to the adjustment of adolescent children of non alcoholic father in social results revealed that 56 respondent (56%) adjustment mean sore was 14, 44 respondents (44%) adjustment mean score was 15 and above According to the adjustment of adolescent children of non alcoholic father in home results revealed that 59 respondents (59%) adjustment mean score was 14, 41 respondents (44%) adjustment mean score was 15 and above

From the above results the researcher came to a conclusion that adolescent children of non alcoholic father have less self esteem and adjustment problems compare to alcoholic father. The majority of the score was less than 15. Children of non alcoholic fathers are not facing more problems than children of alcoholic father

### **3. The third objective of the study was to compare the self esteem and adjustment among adolescent children of alcoholic and non alcoholic father:**

According to the comparison of self esteem among adolescent children of alcoholic and non alcoholic father the computed t value is 0 is more than table value .792 which was statistically significant at 0.05 level. This establishes that there is a significant difference in self esteem between adolescent children of alcoholic and non alcoholic father.

A supportive study was done on self esteem and adjustment among adolescent children of non alcoholic fathers in India. In which 50 adolescent children of alcoholic children were matched with 50 adolescent children of non alcoholic father. The study results shows ( $r=0.68$ ,  $p<0.01$ ).The study results shows that children of alcoholic father had more adjustment problems compare to children of non alcoholic father. **(vanitha C. 1998)**

On the basis of comparison of adjustment among adolescent children of alcoholic and non alcoholic father in emotional the computed t value 12.58 is more than the table which was statistically significant at 0.05 level. In school adjustment the computed t value (16.47) is more than the table value which was statistically significant at 0.05 levels. In social adjustment the computed t value (12.06) is more than the table value which was statistically significant at 0.05 levels. In school adjustment the computed t value (12.11) is more than the table value which was statistically significant at 0.05 levels. This establishes that there is a significant difference in adjustment among adolescent children of alcoholic and non alcoholic father.

A supportive study was done on self esteem and adjustment among adolescent children of non alcoholic fathers in India. In which 50 adolescent children of alcoholic children were matched with 50 adolescent children of non alcoholic father. The study results shows for emotional adjustment ( $r=0.59$ ,  $p<0.01$ ), school ( $r=0.42$ ,  $p<0.01$ ) as well as social ( $r=0.52$ ,  $p<0.01$ ) and home adjustment ( $r=0.65$ ,  $p<0.01$ ). The study result shows that children of alcoholic father had more adjustment problems compare to children of non alcoholic father. **(vanitha C. 1998)**

## **SUMMARY**

The aim of this study was to compare the self esteem and adjustment problems of adolescent children of alcoholic and non alcoholic father in a selected community in Coimbatore. For this following objectives were formulated.

- To assess the self esteem and adjustment among adolescent children of alcoholic and non alcoholic father.
- To assess the self esteem and adjustment among adolescent among adolescent children of non alcoholic father.
- To compare the self esteem and adjustment among adolescent children of alcoholic and non alcoholic father.

This study was based in Dorothy Johnson's Behavior System Model. The research design applied for this study was non experimental survey. From the selected community 100 adolescent children were selected by purposive sampling technique. The tool used for the data collection consists of selected demographic variables, self esteem questionnaire by Rosenberg and adjustment inventory by Bell Hugh. The data was collected for the period of 6 weeks. Descriptive and inferential statistics was used in statistical analysis. To compare the self esteem and adjustment among adolescent children of alcoholic and non alcoholic father.

This study had tested and accepted that there is a significant difference between adolescent children of alcoholic and non alcoholic father.

### **Major finding of the study:**

In this study, out of 100 subjects 26 (26 %) were in the age group of 13-14 years. Regarding their sex out of 100 subjects 52 (62 %) were male 38 (38%) were female. On the basis of religion out of 100 subjects majority were Hindu. According to their education out of 100 subjects 66(66%) of them were studying in senior secondary classes. Regarding type of family out of 100 subjects 83(83%) belong to nuclear family. With regards to education of father out of 100 subjects 55(55%) belong to primary. with regards to habit of the father 50 subjects 50(50%) were alcoholic father and 50(50%) were non alcoholic father. According to the age of the father out of 100 subjects 40 (40%) were in the age group 40 years. With regards to duration of consuming alcohol out of 100 subjects 66(66%) were between 5- 10 years.

➤ According to the self esteem of adolescent children of alcoholic father in emotional results revealed that 74 respondents (74%) adjustment mean score was up to 15 and above and in emotional results revealed that, 62 respondents(62%) adjustment mean score was 15 and above and adjustment problem mean score was up to 15 and above and in the school results revealed that 57 respondents 57 (57 %) adjustment problem mean score was up to 15 and above and in the social results revealed that 52 respondents 52(52%) adjustment problem mean score was 15 and above. And in the home results revealed that 58 respondents 58(58%) adjustment problem mean score was 15 and above

➤ According to the self esteem of adolescent children of non alcoholic the results revealed that 62 respondents 62(62%) were 15 and above emotional results revealed that 56 respondents (56%) adjustment mean score was up to 15 and above and in school adjustment problem mean score was up to 15 and above and in the school results revealed that 57 respondents 57 (57 %) adjustment problem mean score was up to 15 and above and in the social results revealed that 52 respondents 52(52%) adjustment problem mean score was 15 and above. And in the home results revealed that 58 respondents 58(58%) adjustment problem mean score was 15 and above

➤ Findings showed that the self esteem and adjustment problems were more common among adolescent children of alcoholic father compare to non alcoholic father. According to the comparison of of self esteem and adjustment problems there is a significant difference between adolescent children of alcoholic and non alcoholic father.

More over the findings showed that the self esteem and adjustment problems were more common among adolescent children of alcoholic father.

### **CONCLUSION:**

The following conclusions are drawn from this study.

- ❖ The study revealed that, the self esteem was common among adolescent children of alcoholic father.
- ❖ The study revealed that, the adjustment problems were more common among the adolescent children of alcoholic father in emotional.
- ❖ The study revealed that, the adjustment problems were more common among the adolescent children of alcoholic father in school.
- ❖ The study revealed that, the adjustment problems were more common among the adolescent children of alcoholic father in social.
- ❖ The study revealed that, the adjustment problems were more common among the adolescent children of alcoholic father in home.

### **IMPLICATION:**

#### **Nursing practice:**

- ❖ The adolescent physical health is related with the mental health.
- ❖ Create awareness and motivation regarding the effortful control and maternal support act as important protective factors against the development of conduct problems and emotional problems but it should not be a over control.
- ❖ Co-operation among family, school, and mental health professionals may help reduce the attempted suicide rate, especially among female adolescents.

#### **Nursing Education:**

- ❖ Nurse educator can encourage the students to conduct education on efforts on self esteem and adjustment problems of adolescents.
- ❖ Provide counseling services for adolescents and their parents to solve the problems through educational visits.

**Nursing Administration:**

- ❖ The nurse administrator should plan to organize in- service education programme for nursing personnel regarding adolescent children self esteem and adjustment problems and important to prevent the problems.
- ❖ Nurse administrator should motivate nursing personnel to conduct counseling program, and conduct school camp for early detection and treatment of self esteem and adjustment disorder.

**Nursing Research:**

- ❖ Nursing research need to be focused on educational intervention for the teachers, parents and children.
- ❖ Researchers should focus on behavior modification of adolescents in all aspect.

**LIMITATIONS:**

- ❖ The researcher was not able to identify the self esteem and associated with the level adjustment of problems among adolescent children.
- ❖ The study samples were taken from selected community only.
- ❖ The study was limited to adolescents between the age group of 13 – 18 years.

**RECOMMENDATIONS:**

- ❖ This study can be done on large samples in different settings.
- ❖ A study can be conducted to find out the effectiveness of counseling programme to modify the self esteem and adjustment problems.
- ❖ A comparative study can be conducted between rural and urban adolescent children of alcoholic and non alcoholic father.
- ❖ A similar study can be performed among the adolescent children.
- ❖ An extensive descriptive study to assess the knowledge and attitude of self esteem and adjustment problems among adolescent children.
- ❖ It can be conducted in long term basis with intervention.

## ABSTRACT

The present study entitled “ **A COMPARATIVE STUDY ON SELF ESTEEM AND ADJUSTMENT AMONG ADOLESCENT CHILDREN OF ALCOHOIC AND NON ALCOHOLIC FATHER IN A SELECTED COMMUNITY IN COIBATORE** ” was undertaken by Register number : 301430402 during the year 2015 – 2016 in partial fulfillment of the requirement for the degree of Master of science in Nursing at KMCH college of Nursing, Coimbatore which is affiliated to DR.M.G.R. University, Chennai.

**OBJECTIVES:** 1. To assess the self esteem and adjustment among adolescent children of alcoholic father, 2. To assess the self esteem and adjustment among adolescent children of non alcoholic father, 3. To compare the self esteem and adjustment among adolescent children of alcoholic and non alcoholic father.

**DESIGN:** Non experimental survey was used for the study. **SETTING:** selected community in Kalapatti in Coimbatore. **SAMPLE:** Sample size was 100 adolescent children. It includes 50 adolescent children whose father are alcoholic and 50 adolescent children whose father are non alcoholic.

**SAMPLING TECHNIQUE:** Purposive sampling technique was used in this study. **CONCEPTUAL FRAMEWORK:** Dorothy Johnson’s behavioral system model.

**DATA COLLECTION:** The demographic profile, self esteem level and adjustment inventory was collected by semi structured questionnaire method.

**RESULTS:** In self esteem, the mean is 4.42 for adolescent children of alcoholic and for of non alcoholic the mean is 7.66 it revealed that adolescent children of alcoholic had less self esteem. In emotional, the mean is 7.66 for adolescent children of alcoholic and for of non alcoholic the mean is 4.62 it revealed that adolescent children of alcoholic had more emotional adjustment problems. In school, the mean is 7.76 for adolescent children of alcoholic and for of non alcoholic the mean is 4.44 it revealed that adolescent children of alcoholic had more school adjustment problems. In social, the mean is 6.84 for adolescent children of alcoholic and for of non alcoholic the mean is 3.60 it revealed that adolescent children of alcoholic had more social adjustment problems. In home, the mean is 7.32 for adolescent children of alcoholic and for of non alcoholic father the mean is 4.14 it revealed that adolescent children of alcoholic had more home

problems. **CONCLUSION:** The result supported that there is significant difference between the self esteem and adjustment among adolescent children of alcoholic and non alcoholic father.



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## **SOCIO DEMOGRAPHIC DATA**

### **1. AGE :**

- a) 3 – 14 years
- b) 15 – 16 years
- c) 17 – 18 years

### **2. SEX :**

- a) Male
- b) Female

### **3. RELIGION:**

- a) Hindu
- b) Christian
- c) Muslim

### **4. EDUCATION:**

- a) 8<sup>th</sup> – 10<sup>th</sup> std
- b) 10<sup>th</sup> – 12<sup>th</sup> std
- c) College

### **5. TYPES OF FAMILY:**

- a) Nuclear family
- b) Joint family

### **6. EDUCATION OF THE FATHER:**

- a) Illiterate
- b) Primary
- c) Higher secondary
- d) Graduate

**7. INCOME OF THE FATHER:**

- a) Below – 5000
- b) 5000 – 10000
- c) 10000 and above

**8. HABIT OF THE FATHER:**

- a) Alcoholic father
- b) Non alcoholic father

**9. AGE OF THE FATHER:**

- a) Below – 40 years
- b) 40 – 50 years
- c) 50 and above

**10. DURATION OF DRINKING ALCOHOL HABIT:**

- a) Below 5 years
- b) 5 – 10 years
- c) 10 and above

## ROSENBERG SELF-ESTEEM SCALE

S.NO	STATEMENT	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY AGREE
1.	I feel that I am a person of worth, at least on an equal plane with others.				
2.	I feel that I have a number of good qualities.				
3.	All in all, I am inclined to feel that I am a failure.				
4.	I am able to do things as well as most other people.				
5.	I feel I do not have much to be proud of.				
6.	I take a positive attitude toward myself.				
7.	On the whole, I am satisfied with myself.				
8.	I wish I could have more respect for myself.				
9.	I certainly feel useless at times.				
10.	At times I think I am no good at all.				

Scores are calculated as follows:

- *For items 3, 5, 8, 9, and 10 (which are reversed in valence): For items 1, 2, 4, 6, and 7:*

Strongly agree = 3

Agree = 2

Disagree = 1

Strongly disagree = 0

Strongly agree = 0

Agree = 1

Disagree = 2

Strongly disagree = 3

The scale ranges from 0-30. Scores between 15 and 25 are within normal range; scores below 15 suggest low self-esteem.



## MODIFIED BELLS ADJUSTMENT INVENTORY

### INSTRUCTIONS:

This part consists of some statements related to your behavior. If you answer honestly and thoughtfully all the statements on the pages that follow, it will be possible for to obtain a better understanding of yourself. There are no right or wrong answers. If you agree with the content of the statement then make a right (✓) mark in the column of 'YES'. If you feel that do not agree with the content of the column then put a cross (X) mark in the column of 'NO'. Please answer all the question. Please remember that there is no right or wrong answer.

S.NO	STATEMENT	YES	NO
<b>I</b>			
<b>EMOTIONAL ADJUSTMENT</b>			
1.	Often I feel sad		
2.	I am often feel excited while talking with my father		
3.	I often feel loneliness		
4.	Do you get discouraged easily.		
5.	I feel nervous even over my minor responsibilities		
6.	Have the actions of your father aroused a feeling of great fear in you at times		
7.	Sometimes I think that I should died immediately after birth		
8.	Do you occasionally have conflicting moods of love and hate for your father		
9.	Are you troubled with feelings of inferiority		
10.	Do you worry over possible misfortunes		
<b>II</b>			
<b>SCHOOL ADJUSTMENT</b>			
11.	I find it difficult to concentrate my mind in studies		
12.	I respond rightly to the questions asked in the classroom		
13.	After studying in school, I concentrate my mind in studies at home as well		
14.	I get irritate sitting in the class		
15.	I have very few friends among classmates		
16.	I feel nervousness during exam days		

17.	I feel pleasure in while participating in the cultural programmes		
18.	Do you make friend readily.		
19.	I feel that my teachers are partial in their behavior		
20.	Often my classmates tease me		
<b>III SOCIAL ADJUSTMENT</b>			
21.	I get nervous in front of any problem		
22.	My friend also do not like to mix up with me		
23.	I like it very much to participate in the social programmes		
23.	Often those who know me , take my suggestion		
24.	I like very much participating in any activity		
25.	I speak without hesitation in front of others		
26.	In any programme, my friends surely invite me		
27.	Often I feel that my friends neglecting me		
28.	I like talking with unknown people		
29.	I get nervous at the sight of numerous people in a function		
30.	I like very much to talk freely with people		
<b>IV HOME ADJUSTMENT</b>			
31.	I like very much to spend my much time outside rather in home		
32.	I am happy with my family members		
33.	There is lack of familial love in my home		
34.	I have affectionate relation with my father and mother		
35.	The members of my house do not love me very much		
36.	Have your relationships with your father usually been pleasant		
37.	Did your father frequently punish you when you were between 10-15 years of age		
38.	Did your father frequently punish you when you were between 10-15 years of age		
39.	Was your home always supplied with the common necessities of life		
40.	I find it difficult to start a conversation with my father		

