

Differences in Self-Esteem Scores of Students Whose Parents Abuse Alcohol and Those Who Do Not in Kosirai Division, Nandi North District, Kenya

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Abstract

The purpose of this study was to investigate the influence of parental alcohol abuse on the self-esteem of secondary school students in Kosirai Division, Nandi North District, Kenya. The results of the study showed that students who reported parental alcohol abuse had significantly lower self-esteem than those who did not. The study therefore concluded that parental alcohol abuse negatively influenced the self-esteem of students. When comparisons were made on the basis of gender, the girls were found to be more negatively influenced more than the boys. It was recommended that effective guidance and counselling should be offered to assist the affected students in learning institutions. The study is useful in widening the knowledge base on parenting and the influence of parental alcohol and drug abuse on the psychosocial development and personality adjustment of their children. It provides schoolteachers, counsellors and other educators with information to help in motivating, guiding and counselling students from homes where there is parental drug abuse.

Keywords: Differences, Self-esteem Scores, Students, Parents Abuse Alcohol, Kosirai Division, Nandi North District, Kenya

1. Introduction

When a child is born, he is without any concept of himself, any attitudes or value system. He learns and acquires the notion of who he is and what he is as he interacts with significant others (Gergen, 1972; Mead, 1934). In Mead's symbolic interactionist theory, self-concept is a conditioned response learnt from the reaction of other individuals. Once it has been learned it influences subsequent behaviour. Thus, self-concept is not an innate or biologically inborn structure but it develops gradually from the behaviour of significant others towards the child. It is therefore important how parents and significant others behave towards children.

The importance of a nurturant home environment has also been stressed. Berk (1997) asserts that proper parenting provides children with firm but reasonable expectations for behaviour. This can hardly be said of a home where parents abuse alcohol and drugs. The social environment of the family is the context in which personality development of a child is attained. The foundations of self-esteem are laid early in life when infants develop attachments with the adults who are responsible for them.

Katz (2000) asserts that it is when adults readily respond to babies' cries and smiles that they (babies) feel loved and valued. Katz also notes that self-esteem is most likely to be fostered when children are esteemed by adults who are important to them. According to Katz (ibid.), to esteem children means to treat them respectfully, ask their views and opinions, take their views and opinions seriously, and give them meaningful and realistic feedback. Granted, development of a positive self-esteem is very important. There is no gift that one can bestow a child more than the opportunity to develop a high self-esteem (Schrader, 2002). According to Schrader (ibid.), genuine self-acceptance and self-respect are key in developing a high self-esteem and children with relatively high self-regard have been reported to be better students with better physical health and better social relationships. It is also noted that such children are bothered less by anxiety and are often less depressed. When they grow up, they tend to be more adjusted and competent.

Equally, other scholars have also recognized the importance of self-esteem. Wright (1960) says:

The kind of person you think you are becomes endowed with remarkable powers. It often influences, often decisively, the way one perceives the intention of others, the choice of associates, the goals set for oneself and much more.

Many investigators all over the world have reported self-esteem to have an influence on academic achievement. Burns (1982) further asserts that low performance in schoolwork, poor motivation, misbehaviour and academic disengagement are due, in part, to negative self-attitudes and perceptions. Brookover and Gotlieb (1964), Sears and Sherman (1964) and Black (1974) have all found consistent evidence to support the view that self-esteem influences academic performance. Some studies on self-esteem of students have reported gender differences. Bledsoe (1967) found that boys score highest on self-concept than girls in relations to academic performance. Fink (1962) also found similar results.

Maritim (1979), in a study on self-esteem and academic achievement, has found that pupils who think highly of their abilities significantly out-achieve those who have a low perception of their abilities. In all achievement variables investigated, boys performed better than girls. However, Wylie (1979) and Marcoby and Jacklin (1974), as cited in Honess and Yardley (1987), in their reviews in the USA of pre-colleges age adolescents report no global self image differences by gender.

Gordon (1972) posits that the child's self concept develops in a social setting and reflects the responses and expectations of the significant others. He argues that through social interactions, a child learns to compare himself with those he interacts with. He learns to see himself as competent or capable of some tasks and not others from having been treated as successful or unsuccessful. Gordon (ibid.) sees the family as the first social context where the child comes in contact with those persons he values most. Through the family socialization and practices, he acquires attitudes and value system. It is here that he develops first, image of himself. The social interaction within the family enables him to observe the way his behaviour as seen by the parents and other siblings and through this interaction, he is able to accept and internalize the conceptions other persons have of him.

Unfortunately, relatively few studies on self-esteem and academic achievement have been undertaken in Kenya. Misigo (1998) and Wandabwa (1996) both concur that self-esteem has an influence on the academic achievement of students. Maritim (1979) posits that the pupils who thought highly of their abilities performed better than those who had low perception of their abilities. He reports that on all achievement variables investigated, self-esteem is a very important variable in influencing academic achievement of an individual. It is therefore important to take note of the fact that during their early years, young children's self-esteem is based largely on their perceptions of how important adults in their lives judge them. Children with a healthy self-esteem feel that the important adults in their lives accept them, and would go out of their way to ensure that they are safe. It is therefore important that an individual is given an opportunity to develop a high self-esteem.

1.1 Parental Alcohol Abuse (PAA)

The phenomenon of substance abuse and in particular alcohol abuse is widespread in Kenya. The problem of substance abuse in the country is associated with the introduction of foreign cultures that have been undermining hitherto conservative indigenous ones in the society. Generally, the African cultures restricted the use of some substances such as alcohol to the senior groups and to special occasions such as ceremonies. However, this is no longer the case today. The consumption of alcohol is no longer restricted to the senior age groups or to special occasions. Instead alcohol is readily available to adults of various ages and oftentimes to youths of between 10-24 years (NACADA Report, 2004).

The family or the home environment is a very important social context of personality development (Erikson 1963; Berk, 1997; Steinglass, Bennet & Wollin, 1987). Parental alcohol and/or drug abuse has been reported to have negative impact on the children and the family in general. Shea and Bauer (1994) report that two things happen to children from such families: first, the interactions that usually occur between parents and the young children may not occur because the parents are pre-occupied with obtaining and using alcohol and other drugs and secondly, parents involved in substance abuse frequently do not have the same priorities as other parents. Their primary concern is to acquire and use substance of their choice, and not to care for their children. As a result of this, children's needs are neglected. Children of alcohol and other substance abusers therefore, live in unstable and often dangerous environment. Similarly, living with an alcoholic stepfather is associated with a significantly higher risk of behaviour problems in girls than boys, according to a new study by researchers at a Virginia Commonwealth University (Ketchum, 2006).

Besides, many alcoholics behave unpredictably, and kids growing up with them may spend a lot of energy trying to feel out or predict a parent's mood or guess what he or she wants. The pressure to manage this situation in addition to one's own tender life – and maybe take care of younger siblings, too - can leave one exhausted and drained.

According to the National Council on Alcoholism and Drug Dependence (NCADD, 2006), there are nearly 14 million Americans who are considered problem drinkers (including 8 million who are alcoholics) and 76 million people who are exposed to alcoholism in family settings. Although these numbers show a huge number of problem drinkers, they also show that people who live with alcoholic family members are not alone. Shea and Bauer (1994) posit that most parents who are alcohol and/or drug abusers are unable to provide consistent practical or emotional care. They also associate alcohol and drug abuse with anxiety and social stigma as well as violence and parental absence. It is also common knowledge that violence in the home has far reaching negative consequences in that a battered woman is not in a position to offer her children the necessary love, warmth and tender care that children need in a home environment in order to develop well cognitively, socially and emotionally.

The very foundation of a strong family is undermined when one or both parents are alcoholics. This lack of definition, as well as a sense of stability and safety, is what often instigate the onset of the alcoholism and teen drug addiction in Children of Alcoholics (COAs). Studies that correlate with this theory, have established the fact that the inability to solve family problems along with the inability to reach a compromise and negotiation between parent and child, are instrumental in the influence of alcoholism (Ellis *et al.*, 1997). High-risk families display a distinct sense of disconnectedness when it comes to the familial bond; during times of sobriety, the parent performs as a normal parent does, but the onset of drunkenness transforms her into an illogical, combative and belligerent enemy.

Cruse-Wegscheider (1989) discusses the predictability of behaviour patterns, describing how the disease ultimately dictates how the teen feels, acts and perceives his world. Moreover, the manifestation of these distinguishable behaviours sets in motion a series of events some slow pass, others more readily noticeable that mark the "accelerating disintegration of the whole person that is the mark of alcoholism" (Cruse-Wegscheider, 1989, p. 28). Ketchum (2006) notes that for many, alcoholism is a family tradition; not only does at least one parent drink but so did their grandparents and often even further back in the generational construct. According to Ketchum (2006, p.279), "If someone in your family is an alcoholic a parent, grandparent, uncle, aunt, brother, or sister you have a much greater risk of getting the disease if you drink". The author further point out how it is usually an early experience with liquor that hooks teenagers for life, all too often casting them into society to function in a constant stupor of drunkenness. A great number of COAs are lonely teens unable to overcome their shyness with other peers and do not have a healthy relationship with their alcoholic parents. The unpredictability and instability of drunken parents intimidate what would otherwise be a strong child, forcing him to seek refuge in his world controlled by alcohol and teen drug addiction.

1.2 Statement of the Problem

Alcohol and drug abuse is on the increase in the Kenyan society today and its effects are devastating (NACADA, 2004). It has been reported to directly have injurious physiological, behavioural and psychological effects on the individual abusers. These effects include body organ dysfunctions, dizziness, unusual happiness, nausea, tiredness, withdrawal or social autism and abdominal cramps (Carew, 1997). Research further indicates that alcoholism and drug abuse not only affects the individual abuser, but also other members of the society, especially Children of the Abusers (COAs), who are largely classified as 'at risk' (Donellan, 1999). They are at risk of physical and emotional neglect or abuse, or unhappy, stressful childhoods, which consequently affect their normal personality development and the development of positive self-concept.

Although research on parents' alcohol and drug abuse and its effect on their children's behaviour and personality development are replete, most of these studies have been conducted in developed societies. Limited research exists to ascertain the nature of these relationships using samples drawn from the Kenyan context despite high prevalence levels of alcohol and drug abuse that have been reported in this society (NACADA, 2004). Hardly any studies exist in Kenya to establish the effect and the relationship between parental alcohol abuse and their children's self-esteem, as a predictor of their school performance and academic achievement. Yet, data from such studies are important in policy formulations relating to family-school interfaces in student performance.

There was therefore a need to explore, through an empirical investigation, the influence of parental alcohol abuse on the children's self-esteem.

1.3 Nurturing High Self Esteem amidst Alcoholism

As much as low self-esteem exists among COAs, it is fair to seek ways of reversing this phenomenon. It is incumbent upon the affected and the perpetrators to seek ways of building high self esteem among these teenagers (Nunn, 2006). The first step towards healing is being aware of how the parent's drinking affects the teenager. For example, teens who live with alcoholic adults become afraid to speak out or show any normal anger or emotion because they worry it may trigger a parent's drinking binge. This can erode self-esteem. Acknowledging feelings of anger or resentment even if it's just to one's self or a close friend can help protect against this. Recognizing the emotions that go with the problem can also help you from suppressing your feelings and pretending that everything is okay (Nunn, 2006).

One of the best reasons to get help for teens while they are still teenagers is that the consequences of inaction can have impact upon future generations. Statistics have shown that instances of teen drug addiction run in long chains from parents to children. No amount of hard work, money and sacrifice is worth more than breaking a chain of substance abuse or preventing one from forming (Nunn, 2006).

For some, the vicious cycle of teen drug abuse begins at home when they are influenced by the addictive behaviours their parents exhibit. For example, children of alcoholics (COAs) are a group of individuals who suffer the plight of their parent' alcoholism. As many as 6.6 million children live with at least one alcoholic parent according to 1998 statistics (Trebilcock, 1998). Many researchers attest to the fact that familial influence is the primary reason COAs seek solace in the comforting effect of alcohol. Growing up as the child of an alcoholic parent creates a great deal of pressure to handle home front issues at a very young age. The various roles forced upon children often make them assume responsibilities meant for adults; as a result, they take on personality traits that reflect mascots, enablers, scapegoats, heroes and lost children. These behaviours tend to lead to self-destructive activities, such as the perpetuation of alcoholism and teen drug addiction, as a means by which to escape the pain of a miserable home life (Rodney, 1996). This indeed manifests low self esteem among the children. An alcoholic parent is never the child's fault. Many children of alcoholics try to hide the problem or find themselves telling lies to cover up for a parent's drinking. Admitting that your parent has a problem - even if he or she won't - is the first step in taking control.

After acknowledging that one's parent has a drinking problem, one has to find help. Sharing feelings with friends through associations such as DARE (Drug and Alcohol abstinence Education), Al-Anon's Alateen; an organization designed to help families and friends of alcoholics and Alcoholics Anonymous (AA). These institutions help restore dampened self-esteems of teenagers. In situations that exhibit extreme physical and psychological abuses, teens are advised to find a safe environment. They can relocate and live with a trusted relative away from the abuser. They will facilitate a conducive environment that can effectively raise and nurture high self esteem (Trebilcock, 1998).

Based on the above, it is clear that a child's self esteem is dependent on the parental care. And that a low self esteem will return poor academic, social, physical and emotional results.

1.4 Limitations of the Study

This study was limited in its scope to secondary school students of Kosirai division and to the samples study participants. Consequently, the results of this study may not be generalizable to all schools in Kenya. However, the results can be generalized to all students in the division. Secondly, only form three students were selected for this study thereby hindering the generalization of these results to others classes.

2. Materials and Methods

The study was carried out in secondary schools within Kosirai Division in Nandi North District, Rift Valley Province, Kenya. Kosirai is one of the six divisions in Nandi North District.

The study was conducted through ex-post facto research design. This is a design that examines naturally existing treatments. It is useful when a researcher seeks to establish cause-effect relationships that have already occurred or that cannot be manipulated directly. The study investigated the influence of Parental Alcohol Abuse (PAA) on students' self-esteem.

It specifically investigated the influence of PAA and gender on students' Self-esteem, the influence of gender on students' rating of Direct Effects of PAA and the relationship between students' rating of Direct Effects of PAA and their Self-esteem ratings. In the study, the independent variables could not be directly manipulated because of their inherent nature. The ex-post-facto design thus allowed the researcher to investigate relationships between PAA and student's self-esteem.

All secondary school students in Kosirai Division schools registered for the 2005 academic year comprised the target population in this study. The Division has a total number of eleven (11) secondary schools with a total student population of 3650 students as at January 2005. Of these students, 2151 are boys and 1499 are girls (District Education Statistics, 2004). A sample size of 407 students was selected to participate in the study. Multistage sampling technique which involved two stages was employed to select the sample for this study. First, six schools were randomly sampled through the use of lottery from the total of eleven secondary schools in the Division. Numbers representing the eleven secondary schools were written in small papers and put in a closed bag. Six numbers were then picked in randomly. Secondly, from these six sampled schools, all form three students were included in the sample. Form three was chosen using simple random sampling technique, in which numbers representing the four classes were written in small papers, put in a closed bag, and one number picked. Students from one class were preferred for the whole study to enhance homogeneity of the sample and limit extraneous variables, for example those emerging from age differences. From each school, the actual number of form three students was obtained. All of these students were requested to respond to the questionnaires.

A survey questionnaire was used as the main data collection instrument. The questionnaire comprised of three sections. The first section collected demographic data of the respondents: basically of gender and whether the parents abused alcohol or not. The second section of the questionnaire contained eight (8) items on the students' perceptions of direct effects of parental alcohol abuse on them. Responses to this section were confined only to students who reported that their parents abused alcohol. Students were required to respond whether parental alcohol abuse has affected them in different specified ways on a three-point Likert scale ranging from So do I/Same for me (3 points), Sometimes for me (2 points), and Never for me (1 point). The highest possible score was 24 and the lowest was 8.

The third section of the questionnaire set the students' self-esteem scale. The scale consisted of 20 items that were intended to tap the student's global self-esteem. Data generated by the questionnaires, which was quantitative in nature, was coded and entered into the Statistical Package for Social Sciences (SPSS) computer program for further analysis and interpretation. It was analyzed using both descriptive and inferential statistics. Descriptive statistics included percentages and means. The inferential statistics employed were Pearson's product moment correlation coefficient and t-tests for independent samples.

The correlation may be positive where an increase in one variable means an increase on the other variable; or negative, where an increase on one variable means a decrease on the other; or may be zero, meaning that the two variables are independent of each other. The relationship ranges from perfect positive (+1.00) to perfect negative (-1.00). In this study, 0.1-0.29 was considered a weak relationship, 0.3-0.49 moderate, 0.5-0.79 strong and 0.8-0.99 very strong relationship. The same description also applied where there was negative correlation.

The t-test (t) for independent samples was used to determine just how great the, difference between two means must be in order to be judged significant or not. It was required in this study to test the extent to which the null hypothesis of significant difference is acceptable. The level of significance was set at .05.

3. Results and Discussion

3.1 Parental Alcohol Abuse and Students' Self-Esteem

The paper sought to examine the difference in self-esteem scores between students who report parental alcohol abuse and those who do not report parental alcohol abuse. To achieve this objective, the following null hypothesis was advanced: 'There IS no significant difference in self-esteem scores between students who report parental alcohol abuse and those who do not'. Its alternative was stated as: 'There is a significant difference in self-esteem scores between students who report parental alcohol abuse and those who do not.'

To test this hypothesis, t-test for independent samples was used to compare mean scores of these two sub-groups of students. The results are presented in Table 1.

The t-test results presented in table 1 indicate that there was a significant influence of Parental Alcohol Abuse on students' Self-esteem ($t(398) = -33.3, p \leq 0.05$).

The null hypothesis was thus rejected and the alternative hypothesis adopted. It was concluded that students who reported that their parents abused alcohol had significantly lower self-esteem than those who reported that their parents did not abuse alcohol.

It was of interest to explore within subject differences on self-esteem based on gender. The study also sought to examine the difference in self-esteem scores between boys who report parental alcohol abuse and those boys who do not report parental alcohol abuse. To achieve this objective, the following null hypothesis was advanced: 'There is no significant difference in self-esteem scores between boys who report parental alcohol abuse and those who do not'. Its alternative was stated as: 'There is a significant difference in self-esteem scores between boys who report parental alcohol abuse and those who do not.'

To test this hypothesis, t-test for independent samples was used to compare mean scores of boys who report parental alcohol abuse and those who do not. The results are presented in Table 2.

The t-test results presented in Table 2 indicate that boys who report parental alcohol abuse had significantly lower self-esteem than those boys who do not report parental alcohol abuse, ($t(206) = -22.7, p < .05$). The third null hypothesis was thus rejected and the alternative hypothesis adopted. This means that there is a significant difference in self-esteem scores between boys who report parental alcohol abuse and those who did not.

In exploring this further, the study examined the relationship between students' ratings of direct effects of parental alcoholism and self-esteem. To achieve this objective, the following null hypothesis was advanced: 'There is no significant relationship between students' ratings of direct'. Its alternative was stated as: 'There is a significant relationship between students' ratings of direct effects of parental alcoholism and self-esteem'.

To test this hypothesis, Person's Product Moment Correlation statistic was used in assessing the nature and strength of relationship between these variables. The results are presented in Table 3.

Table 3 indicates that there was a significant strong and negative correlation between the scores of students' ratings of Direct Effects of Parental Alcohol Abuse and scores of Self-Esteem ($r = -0.69, 0.05$). The sixth null hypothesis was thus rejected and the alternative one accepted. This means that as student's ratings of direct effects of parental alcohol abuse increased, their self-esteem scores reduced, and vice versa.

4. Conclusion and Recommendations

There was a significant strong and negative correlation between parental alcohol abuse and students' self-esteem. These results indicate that students who rate themselves higher on what is perceived as the direct effects of alcohol abuse had lower scores on self-esteem and vice-versa. It was therefore concluded that parental alcohol abuse negatively influenced the self esteem of students.

Every school needs to assist its students to develop a high self-esteem. This can be done by setting up an effective guidance and counselling department which will make it possible to identify those students who need assistance and offer them the assistance they need. Moreover, parents and teachers' meetings should be made regular in the schools.

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*List of Tables***Table 1: T-test results comparing Self-esteem Mean Scores for Students whose Parents Abuse Alcohol and those whose Parents do not Abuse Alcohol**

Parental Abuse	Alcohol	n	M	SD	t	d.f.	Sig. P.
Parental abusing		280	30.9	9.6			
Parent not abusing		140	63.3	8.6			
Total		400	-	-			

Table 2: T-test results Comparing Boys who Report Parental Alcohol Abuse and Boys who don't Report Parental Alcohol Abuse

Parental Alcohol Abuse	n	M	SD	t	d.f.	Sig. P.
Boys who Report Parental Alcohol Abuse	126	34.0	10.1			
Boys who don't Report Parental Alcohol Abuse	82	64.2	8.0			
Total	208	-	-			

Table 3: Pearson's Product Moment Correlation Results for Relationship between Students' Ratings of Direct Effects of Parental Alcohol Abuse and Self-Esteem

	N	M	SD	R	Sig. p. (2-tailed)
Students ratings of Direct Effects of PAA	260	20.0	2.5		
Student's self-Esteem	260	40.0	17.2		

** Correlation IS significant at the 0.01 level (2-tailed).