

Effects of Having a Child with Developmental or Mental Health Problems on Parental Health: Moderating Effects of Excessive Alcohol Consumption

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PURPOSE

1. To examine the effect of having a child with developmental or mental health problems on parents' alcohol-related health behaviors in the 50s (midlife)
2. To examine the effect of having a child with developmental or mental health problems on parental physical health in the 60s (later life)
3. To examine the moderating effect of binge drinking and problematic drinking at mid-life on the relationship between having a child with a disability and parental physical health.

BACKGROUND

Parenting a child with developmental or mental health problems negatively affects parents' physical health across the lifespan.

- *More physical symptoms, greater functional limitations, and poorer self-rated health among parents of children with mental illness*
- *Lower levels of health-related quality of life among parents of children with developmental disabilities*

Engaging in maladaptive coping behavior such as problematic drinking may exacerbate the negative consequences of parenting a child with a disability.

Research Questions

1. How does having a child with developmental or mental health problems [non-normative parenting] affect parents' alcohol-related health behaviors in mid-life (in the 50s)?
2. How does non-normative parenting affect parental physical health in later life (in the 60s)?
3. How do alcohol-related health behaviors *moderate* the relationship between non-normative parenting and parental physical health?

DATA

Wisconsin Longitudinal Study (WLS)- a prospective study of a random sample of 10, 317 men and women who graduated from Wisconsin high schools in 1957 and their randomly selected siblings (Hauser et al., 1992). Initial data collected in 1957, and the same respondents were interviewed in 1964, 1975, 1992 and 2004. In 1975 and in 1994, a random sub-sample of siblings of the graduates was added to the study, and was administered the same interview and questionnaire as the graduates. We used data from two time points: 1992/94, when the respondents were in their mid-fifties, (midlife), and 2004/06, when the respondents were in their mid-sixties (early retirement years).

Analytical Sample

- Parents aged 60 and above with a child with a disability and a control group of parents who do not have a child with a disability
- Targeted disability conditions: Developmental disability: Mental retardation, Down syndrome, Fragile- X, Fetal alcohol syndrome, cerebral palsy, brain trauma prior to age 22: Mental illness: schizophrenia, bipolar disorder, depression, alcoholism and drugs, anxiety disorder and other emotional problems
- Questions on alcohol consumption and problem drinking were administered to 80% of the WLS sample. The final analytic sample included only those who were part of the alcohol module.
- **Number of respondents with a child with a disability** = 458 (203 had a child with developmental disabilities and 255 had a child with mental illness).
Number of respondents in the comparison sample = 2941

Measures

Health measures:

Health Utility Index (HUI) is a reliable and valid measure of health status and health related quality of life (Horsman, Furlong, Feeny, et al, 2003)

Functional limitations assessed by asking respondents if they experienced any difficulty in each of the seven domains: pushing and pulling large objects, standing etc.

Drinking behaviors:

Binge Drinking episode was defined as having consumed five or more drinks on the same occasion (National Institute of Alcohol Abuse and Alcoholism, 2004)

Problem drinking behavior is assessed with: (a) whether the respondent ever felt bad or guilty about drinking, (b) whether people ever annoyed the respondent by criticizing his/her drinking, (c) whether drinking ever caused problems at work or (d) problems between the respondent and their spouse, children, parents, or other immediate relatives; (e) whether the respondent had ever gone to anyone for help about drinking

SAMPLE CHARACTERISTICS

	Comparison Mean (SD) N= 2941	MI Mean (SD) N=254	DD Mean (SD) N=203
<i>Sample characteristics in 2004</i>			
Age	64.88	64.87	65.31
Years of education	13.22	13.54	13.04
Gender (1= male & 0= female), % males	53.20%	38%	46%
Number of children	3.2	3.69	4.06
Number of children living at home	8%	17%	31%
Work status (% working)	42%	45%	41%
Marital status (% married)	84%	78%	82%
% grew up with a problem drinker	19.10%	28%	20%
<i>1992-94 drinking behaviors</i>			
Total number of drinks in the past one month	19.73	17.33	16.06
Total number of problem drinking behaviors	0.46	0.63	0.4
Binge drinking	24%	19.40%	17.50%

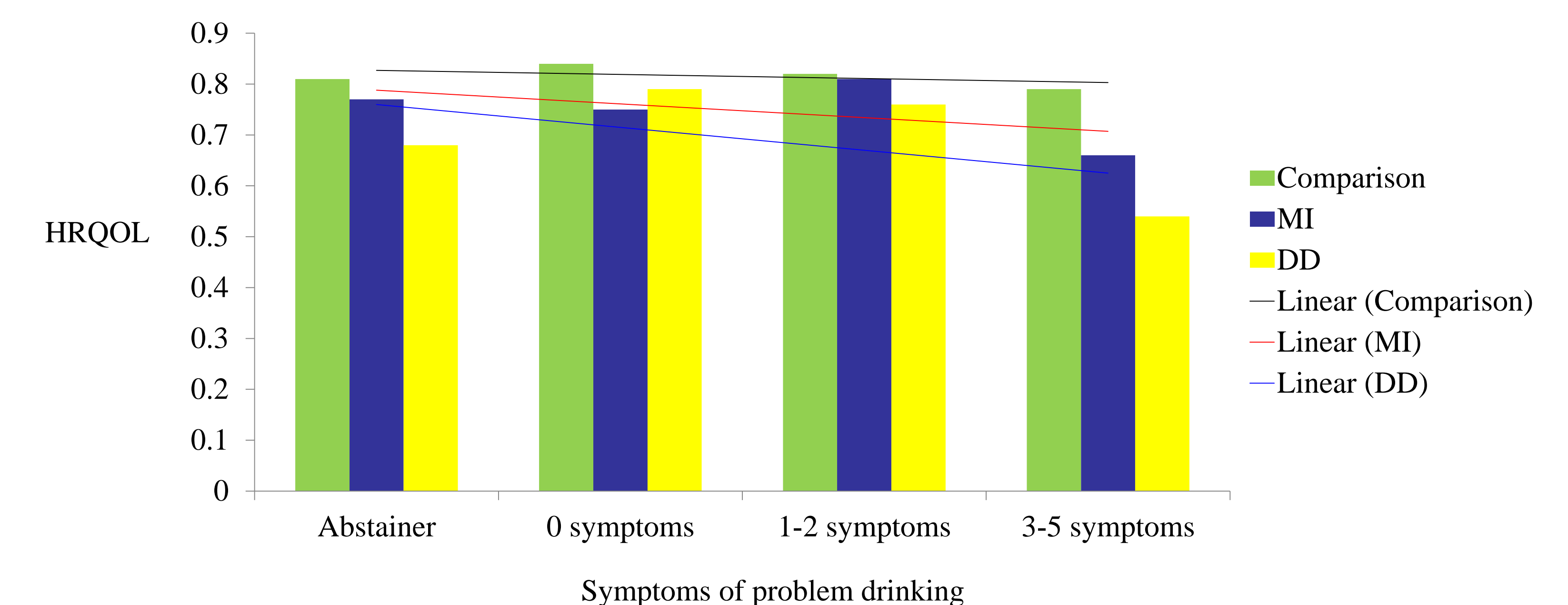
RESULTS

Effect of having a child with disability on alcohol-related behaviors at mid-life

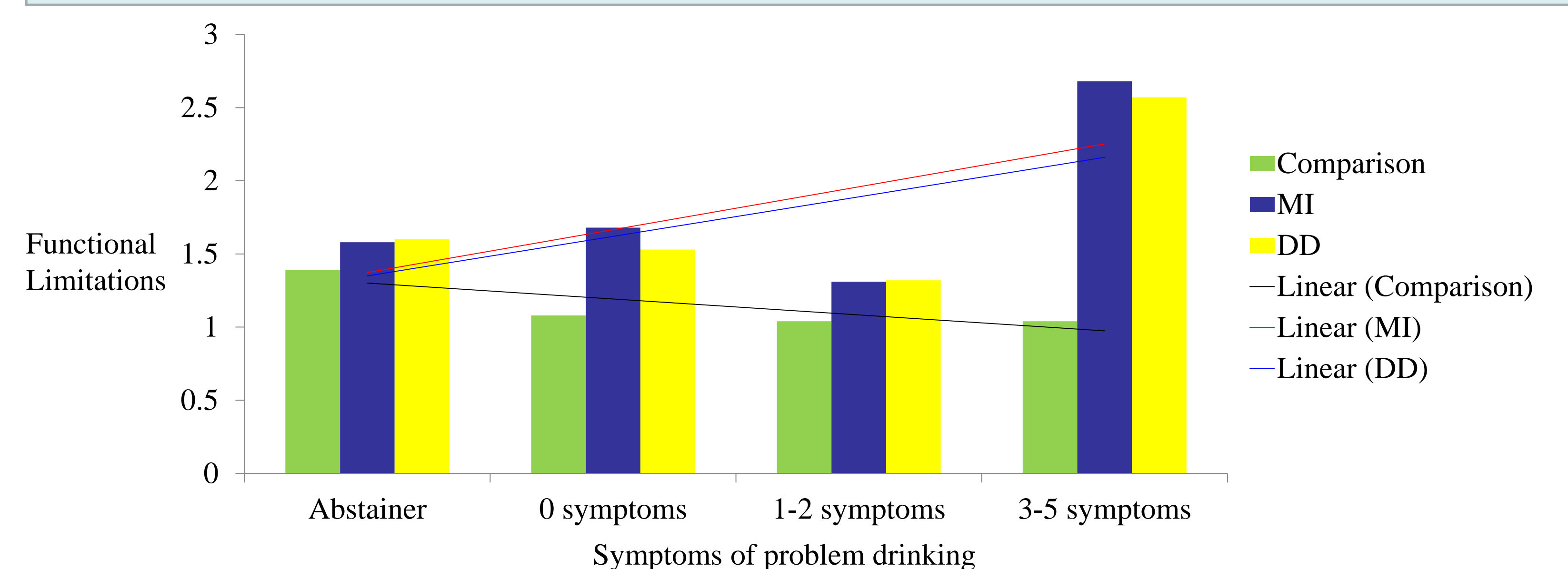
	Number of drinks consumed in the last one month				Problem drinking behaviors			
	Step 1		Step 2		Step 1		Step 2	
	B	β	B	β	B	β	B	β
Gender of the respondent	12.04	.25***	11.99	.25***	.35	.18***	.35	.19***
Grown up with an alcoholic	2.3	.04 [†]	2.3	.04 [†]	.44	.19***	.43	.19***
Parents of children with DD (1=yes, 0=no)			-3.07	-.03			-.03	-.01
Parents of children with MI (1=yes, 0=no)			-.88	-.01			.19	.05***
R ²	.06		.06		.06		.07	

***p<.001, **p < .01; *p < .05; [†]p<.10

Moderating effects of mid-life problem drinking behavior on the impact of having a child with disability on health-related quality of life (HRQOL)



Moderating effects of mid-life problem drinking behavior on the impact of having a child with disability on functional limitations



SUMMARY OF FINDINGS

- Parents of children with a disability showed **greater symptoms of problematic drinking behaviors** than the comparison group when they were in their 50s.
- Having a child with a disability was associated with parents' **poorer HRQOL and greater functional limitations** in later life.
- Symptoms of problem drinking behaviors in mid-life **significantly moderated** the relationship between parenting a child with a disability and physical health in later life.

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