Alcohol Dependence among Late Adolescents in Southern Andhra Pradesh

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Adolescence, a pivotal phase between childhood and adulthood, witnesses profound physical and psychological transformations. India, home to the world's largest adolescent population, confronts a pressing challenge—alcoholism among its youth. Present study focuses on late adolescents (16-21 years) from the Southern Andhra Pradesh, aiming to assess the severity of alcohol dependence using the Severity of Alcohol Dependence Questionnaire (SADQ-C) developed by T Stockwell et al., (1994). A sample size of 330 (297 males and 33 females), data collection employed a combination of offline and online modes. The study reveals noteworthy insights into the intricate web of factors influencing alcohol dependency. Gender-based differences appear inconsequential, but education, urban residence, family history, and parental income emerge as significant determinants. Illiterate adolescents exhibit a higher susceptibility to alcohol dependency, while rural areas report elevated rates compared to their urban counterparts. The presence of a family history of alcohol dependence significantly amplifies the likelihood of dependency. Economic factors, particularly lower income, are implicated in higher dependency rates, emphasizing the intricate interplay of socio-economic forces. The findings urge a holistic approach, recognizing the interconnectedness of diverse factors, to formulate effective preventive and intervention strategies tailored to the unique socio-cultural context of southern Andhra Pradesh.

Keywords: Adolescence, Alcohol dependence, withdrawal symptoms, physical and psychological.

Adolescence is a phase of life where a person goes through a lot of physical and psychological changes. According to World Health Organization (2015), adolescence is defined as young people in the age range 10–19 years. It is a very important phase for any human being as the growth of both physical and psychological will help to shape the adulthood. The future of adolescents can be affected by the changes or choices made in the adolescence. According to UNICEF, India has the largest adolescent population in the world, 253 million, and every fifth person is between 10 to 19 years. This clearly shows the development or growth of India is in the hands of Adolescents.

But many adolescents are becoming victims of substance use and are becoming addicts which leads to dependency in the future. From very young age Indian adolescents starts drinking. According to Nadkarni A et. al., (2022), Alcohol users in India, the mean age of adolescents to started drinking ranged from 14.4 to 18.3 years. A study done on among school students in kerala revealed that the mean age of alcohol use is 13.6 years (T.S. Jaisoorya et. al., 2015). Adolescents who are hospitalized, self-reported using substances like alcohol, marijuana and electronic cigarettes (Masonbrink AR et al., 2021). Adolescents who started drinking before the age of 14 are prone to alcohol dependence in the future (Ralph W. Hingson et. al., 2006).

The easy availability of alcohol in the nearby stores, bars, restaurants and desensitization of negative view of alcohol consumption through advertisements, social media and celebrities who are seen as role models can lead to alcohol use in adolescence.

A huge portion of adolescents have a positive attitude towards consumption of alcohol

which indicates risk of alcohol abuse in the future (Shahnawaz Ahmad, 2022). Family members also play a major role in the lives of adolescents as many looks at father or anyone of the family member as role models. Research done in an Industrial area in assam showed that there's a positive correlation between parent's drinking habit and alcohol use in their adolescent off springs (Beauty Mahanta et al., 2016).

Some of the students will start alcohol consumption from a very young age due to many pressures. A study done on Undergraduate Medical Students in a Private Medical College showed that use of alcohol is highly prevalent (Haorongbam M et. Al., 2018). Alcohol users are high in urban, kerala (T.S. Jaisoorya et. al., 2015).

The purpose of the study was to investigate the association between independent variable such as age, gender, education, area of residency, family history, parental income with alcohol dependency in late adolescents of southern coastal areas of Andhra Pradesh.

Method

Sample-

The sample size was 330 (297 male and 33 female), age group 16-21 years. Adolescents from southern coastal, Andhra Pradesh.

Procedure-

Data was collected through two modes i.e., offline and online. Confidentiality and anonymity were maintained throughout the data collection. Necessary permissions were taken from the concerned authorities of the respective colleges, institutions and hospitals. Purposive sampling technique was used.

Tools

Biographical Variables: Age, Gender, Education, Family background, Area of Residency, Parental Monthly Income, Family History of Alcohol Dependent, and Health Problems.

Dependent Variable: Severity Of Alcohol Dependence Questionnaire (SADQ-C) by Tim Stockwell, Thiagarajan Sitharthan, David Mcgrath, Ernie Lang (1994).

Objectives:

- To find out the impact of Education on Alcohol Dependence of Late Adolescents.
- To show the importance of environmental factors by relating Area of Residency with Alcohol Dependence of Late Adolescents.
- To assess the impact of different levels of parental incomes with Alcohol Dependence of Late Adolescents.
- To find out the relation between family history and alcohol dependency in late adolescence.

Result and Discussion

Table 1. Age

Age	N	mean	SD	t value	p value
16-18	79	40.37	9.66	0.386	0.350
19-21	251	39.92	8.87		

Table 1, the Group Statistics was analysed based on the Age variable which can be categorized into two levels i.e., 16-18 years and 19-21 years. 79 adolescents belong to 16-18 years (M=40.37) and 251 adolescents belong to 19-21 years (M=39.92). There is no significant difference in mean, std. Deviation and t-value.

Table 2. Gender

Gender	N	mean	SD	t value	p value
Male	297	40.00	9.05	0.198	0.421
Female	33	40.33	9.24		

Table 2 represents alcohol dependency between male and female genders. There was no significant difference between the two genders, 297 Males (M=40.00) and 33 Females (M=40.33) with relation to alcohol dependency in late adolescents in mean, std deviation and t-value.

Table 3. Family Type

Family type	N	mean	SD	t value	p value
Joint	135	40.20	7.66	0.273	0.393
nuclear	195	39.92	9.92		

Table 3 results shows that 135 adolescents are from joint family (M = 40.20) and 195 adolescents are from nuclear family (M = 39.92). There is no significant difference in mean, std. Deviation and t-value.

Table 4. Education

Education	N	mean	SD	t value	p value
Literate	264	39.30	9.11	2.962	0.002**
Illiterate	66	42.95	8.25		

Significant value: **P<0.01, *P<0.05

Table 4, adolescents are considered with Education as a variable which considers two criteria i.e., Literate and Illiterates. 264 adolescents are literates (M = 39.30) and 66 adolescents are illiterates (M = 42.95). There was a significant difference between the two categories in terms of the constraints considered (t = 2.962**) and (p = 0.002**). The data indicates more alcohol dependents are illiterate. Due to limited access to information, educational resources, and employment opportunities, leading to higher stress levels and a lack of coping mechanisms. According to Ramanan VV et al.,(2016), the prevalence of alcohol dependency is highest among individuals with limited education, specifically illiterates.

Table 5. Area of Residency

Area of Residence	N	mean	SD	t value	p value
Rural	123	43.06	6.87	4.839	0.001**
Urban	207	38.23	9.71		

Significant value: **P<0.01, *P<0.05

Table 5, Adolescents are considered with area of residence as a variable which considers two criteria i.e., rural and urban. 123 adolescents are in rural areas(M=43.06) and 207 adolescents are in urban areas (M = 38.23). There is a significant difference between the two categories in terms of the constraints considered (t = 4.839**) and (p = 0.001**). This result indicates more alcohol dependents are from Rural areas. Due to limited economic opportunities, cultural factors, social isolation, and lack of access to mental health resources and a perceived lack of recreational options in rural settings contribute to a higher prevalence of alcohol use as a coping mechanism. According to Kumar S G et al.,2013, alcohol dependency is higher in rural Tamil Nadu.

Table 6. Family History

Family history	N	mean	SD	t value	p value
Yes	173	41.01	8.64	2.076	0.019**
No	157	38.95	9.40		

Significant value: **P<0.01, *P<0.05

Table 6 shows that family history of alcohol dependents. 173 adolescents with a family history of alcohol dependents (M=41.01) and 157 adolescents are without family history of alcohol dependents (M=38.95). There is a significant difference between adolescents with family history and no history of alcohol dependents (t = 2.076*) and (p = 0.019**). The table indicates, adolescents with family history of alcoholics are prone to dependency. Genetic factors and exposure to family drinking behaviors can make them more vulnerable, especially if there's a lack of positive role models and coping skills at home. According to a study done by Johnson PR et al., 2010, revealed a positive correlation between the severity of alcoholism and a familial history of alcohol dependence.

Table 7, a greater number of individuals with alcohol dependence fall within the parental monthly income range of 25,001-50,000

Table 7. Parental Income

Parental income	N	Mean	SD	f value	p value
Below 25,000	84	40.32	7.16	2.227	0.05*
25,001-50,000	140	41.05	7.21		
50,001-75,000	68	39.27	11.37		
Above 75,000	38	37.00	13.02		

Significant value: **P<0.01, *P<0.05

Table 8. Subscales

Subscales	Physical Withdrawal	Affective Withdrawal	Withdrawal Relief Drinking	Alcohol Consumption	Rapidity of Reinstatement
Physical Withdrawal	1	0.57**	0.45**	0.51**	0.48**
Affective Withdrawal		1	0.47**	0.58**	0.46**
Withdrawal Relief Drinking			1	0.49**	0.32**
Alcohol Consumption				1	0.49**
Rapidity of Reinstatement					1

Significant value: **$P<0.01$, *$P<0.05$

(Mean=41.05), while fewer belong to the above 75,000 income category (Mean=37.00). A significant difference is observed (F=2.227, p=0.05*). In India, adolescents from financially struggling families turn to alcohol due stress from poverty. Limited money and coping options, along with easy access to cheaper alcohol, play a vital role. Not enough awareness about the risks also contributes to higher dependency rates in this group.

Table-8 shows that all the subscales i.e., Physical withdrawal, Affective Withdrawal, Withdrawal Relief Drinking, Alcohol Consumption and Rapidity of Reinstatement are inter related with each other. All the subscales have a correlation significance of 0.01. Affective Withdrawal showed high correlation with alcohol consumption (n=0.58**) implies that individuals who had consumed alcohol regularly or excessively had developed affective withdrawal tendencies and those who had experienced affective withdrawal, had challenges in dealing with emotions or social interactions and turned to alcohol consumption as a coping mechanism. Physical withdrawal depicted high correlation with Affective Withdrawal (n=0.57**), this correlation implies that individuals experience physical withdrawal symptoms, such as tremors or nausea, experience challenges in emotional well-being, such as increased anxiety or mood disturbances.

Conclusion

The analysis of various factors influencing alcohol dependency among late adolescents reveals several significant findings. The study indicates no substantial gender-based differences in alcohol dependency, but education, area of residence, family history, and parental income show significant associations. Notably, illiterate adolescents are more prone to alcohol dependency, and rural residents exhibit higher rates compared to urban counterparts. Additionally, a family history of alcohol dependence increases the likelihood of dependency. Economic factors, such as lower income, may contribute to higher dependency rates. The study underscores the interconnectedness of different withdrawal aspects, highlighting that affective withdrawal and physical withdrawal are strongly correlated. This suggests that individuals experiencing emotional challenges, as indicated by affective withdrawal, are more likely to have also encountered physical withdrawal symptoms. The findings emphasize the multifaceted nature of alcohol dependency, influenced by socio-economic, familial, and psychological factors.

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