



Role of Familial Stress and Socio-Economic Burden in Rising Levels of Alcoholism Among Indian Teenagers from Lower-Income Families

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Abstract:

This research seeks to explore the interaction between family and socio-economic stressors and adolescent alcoholism in India's lower-income families, probing into the complex interaction between economic instability, family stress, and substance use behaviors. It has been observed that there is a significant link between higher socio-economic status and increased alcohol use in adolescence. Poorer socio-economic conditions have often been a predictor of alcohol-related issues. Economic strain aggravates the conflict within parents according to family stress models, resulting in unfavourable behavioral outcomes in the child such as substance use. Adverse childhood experiences in relation to alcohol or neglect of parents can further lead to alcohol misuse by the adolescents. This study aims to assess the degree of familial and socio-economic burdens, the increase of alcoholism due to these causes, the attitudes of the adolescents toward alcohol use, and the role of personal/social support systems in reducing the problem. The data analysis is done through the SPSS tool. In the results, it is noted that financial instability, family conflict, and mental stress are the major reasons which make adolescents go for alcohol, usually as a coping mechanism. These behaviors lead to very grave psychological, behavioral, and social consequences. The findings have pointed out that personal and social support to such adolescents is inadequate and needs to be supplemented by the initiation of intervention programs as well as strengthened community-based efforts. The study gives scope for further research into the long-term effects of familial and socio-economic factors on adolescent alcohol use and the effectiveness of interventions undertaken. Future studies can be conducted on educational programs, awareness campaigns, and community support structures that reduce alcohol consumption and its adverse effects on adolescent health.

Keywords: familial stress, socioeconomic standards, lower-middle class adolescents, social support, adolescent alcoholism, familial neglect, financial stresses lower-income adolescents

1. Introduction

Evidence indicates that childhood poverty is a significant predictor of adverse health outcomes in adolescence and adulthood, albeit this relationship is intricate. The dynamics of poverty, namely chronic poverty in infancy or transitions into or out of poverty, may influence health outcomes in several manners. Socioeconomic status (SES) is a significant factor affecting substance use throughout an individual's life (Manhica et al., 2020). A multitude of studies has examined the correlation between various socioeconomic status indicators and the consumption of alcohol and other substances during adolescence and young adulthood.

This association is intricate, with its correlation reliant on the measurement and operationalization of SES, the substance involved, the usage type, and the age of the participating adolescents. Many researchers discovered it earlier that elevated socioeconomic position, as measured by family income, parental education, and occupational status, are associated with heightened alcohol use in early adolescence and increased heavy episodic drinking in late adolescence. Conversely, poorer socioeconomic status forecasted alcohol-related behavioral issues and increased alcohol usage in larger quantities (Skogen et al., 2019).

Added to this, Family Stress Models have been crucial in elucidating processes associated with children's externalizing behavioral issues. Economic strain heightens the risks of externalizing difficulties indirectly by exacerbating financial conflicts between parents and adolescents and intensifying parental anger towards teenagers. Additional research indicates that perceptions of economic strain correlate with parental psychological distress, which indirectly influences children's behavioral issues through impairments in parental disciplinary effectiveness (Hardaway & Cornelius, 2013). Making it more serious, Adverse childhood experiences (ACEs), such as parental or caregiver substance addiction, mental illness, conflict, neglect, or abuse, are significantly linked to detrimental neurodevelopmental and behavioral outcomes in adolescents. Alcohol misuse by parents, caregivers, or other household members can destabilize familial connections, subject adolescents to persistent stress, and result in injury, abuse, and neglect (Jokinen et al., 2020).

Adverse effects on adolescent health may encompass suicidality, mental disorders, substance abuse, teenage pregnancy, and various problematic behaviors, including school absenteeism and internet addiction. While certain studies investigating family stress models have concentrated on teenage externalizing issues, there has been comparatively little emphasis on adolescent alcohol use consequences. Anticipating on the sensitivity and socio-moral responsibility to prevent such damages, this research is an evidence-based analysis to explore, identify, assess and analyse the pattern

and extent to which families of low-income groups and their conducts to the teenage child lead to alcohol consumption.. The study, considering its limitations and scope is conducted based on India's context. The objectives that the study aims to fulfill are:

1. To locate, assess and analyse the severity of familial and socio-economic burden in India's lower middle class families
2. To relate and assess the rise of alcoholism amongst the teenagers as a result of familial and socio-economic burden in India's lower middle class families
3. To locate, assess and analyse the attitude of the teenagers who indulge in alcohol in India's lower middle class family
4. To locate the level of personal/social support present in India's society to minimize/eradicate the problems of teenager alcoholism

2. Related Works

In this section, we present the existing researches from which the current research has gathered significant insights, motivations and conceptualization on developing the study approach and analysis design. Various studies have established that the results of the research on stressful childhood experiences, parental mistreatment, and socioeconomic crises all have significantly contributed to mental stress and alcoholism.

Richter et al. (2006) found that socioeconomic class disparities in health risk behaviors affect youth health today and in the future. In this study, the socioeconomic disparities are examined in details, particularly those family having respondents of 11–15-year-old drinking across Europe and North America. Results revealed that the socio-economic status of parents has a small effect on early adolescent intoxication, more so in girls than boys and more so for parental occupation than family wealth.

Systematic analysis of existing researches done by **Bryden et al. (2013)** locates community-level social factors and alcohol usage. The study aims to describe the features of identified studies, critically assess the methodological quality of those studies, and evaluate evidence concerning social factors at the community level and their influence on alcohol consumption in adults and adolescents. From the review, social capital may be protective of alcohol use, but other social factors are uncertain.

Skogen et al. (2019) stressed that childhood poverty is crucial in determining adolescent substance use patterns, where chronically poor adolescents were less likely to use alcohol and drugs but smoked at a higher rate. **Tian et al. (2021)** further established a very strong association between substance use, psychological distress, and suicidal ideation, primarily among adolescents, with varying prevalence across global regions. **Tucciarone (2021)** explored the influence of economic insecurity on the parental alcohol misuse, which came out to be such that though poverty was a poor predictor of alcohol misuse, this relationship was nuanced and necessitated more granular measures.

WHO, in its statement for 2024, elaborated how child maltreatment negatively impacts the early brain development along with associated life-long mental health problems as well as behavior like substance abuse (World Health Organization, 2024). Likewise, **Sujatha (2019)** elaborated how excessive alcohol consumption among Scheduled Tribe fathers in Kerala was related to behavioral health problems among their children, such as withdrawal and internalizing behaviors. **Malik et al. (2017)** established childhood abuse as a critical factor that influences AUDs in women, relating early trauma to severe addiction and mental health problems. **Kumar et al. (2022)** further established this, showing a robust link between ACEs and substance abuse, and emphasized early interventions to prevent long-term effects.

Allen et al. (2024) argued early childhood clustering of parental domestic violence, mental illhealth, and substance misuse triggers longterm mental health problems for children; thereby, suggests early syndemic approaches aimed at averting deteriorations. Putting them together suggests that research work needs a focus on adversities for children with such early exposure to various adverse conditions through environmental influences resulting in mental and substance misuse problems- a time for more early interventions coupled with bespoke psychosocial support systems to help in breaking up these intergenerational trends.

Research Gap:

A significant research gap is found here on reviewing the current studies. Studies, although they connect socioeconomic insecurity, alcoholism to adolescent substance addiction and then, parental mistreatment that results in child mental stress where alcohol consumption is a noted outcome, no significant studies have examined and analysed the connectivity of the two separate factors. Therefore, it becomes crucial to have clarity in understanding how the interrelatedness of socioeconomic problems and child mistreatment could become factors causing psychological issues and alcohol addiction, particularly among the lower-middle-class families in India.

Again, there is no research that looks at the combined effects within the socio-cultural and economic landscape of India. The subtleties of economic insecurity, family stress, and their eventual impact on children's mental health and behavioral outcomes remain relatively unexplored. Further, the focus has been relatively underemphasized on how adverse childhood experiences, which are actually based on socioeconomic struggles, create long-term vulnerabilities to substance abuse. This gap calls for region-specific studies, in which these interactions may eventually be taken into account to finally bring out insights in devising tailored interventions and policies that may help break intergenerational adversities.

3. Problem Statement

As outlined in the research gap, there is lack of researches in India, in fact overall global researches on examining and determining the association between socioeconomic insecurity, parental mistreatment as interconnected factors that result in child's mental stress and tendency towards alcohol addiction. India, being a developing country has a large portion of population consisting of middle- and lower-middle income families – specifically, as the researches find are composed of tribal and rural communities. In rural or tribal India, where alcoholism is rampant, a moral Gandhian based prohibition—which lacks legal stringency due to cultural constraints— seems like a good idea (Jolad & Ravi, 2022). However, this presents a policy dilemma in and of itself, since it is difficult to know how much exposure children have to socioeconomic and behavioral problems in their families, which can lead to alcoholism (Esser et al., 2016).

Poverty, parental maltreatment, and the ongoing mental stress that results from financial instability and parental neglect or abuse affect a large percentage of children and youth, but no studies have shown how these factors lead to the development of mental illness or first alcohol use in at-risk youth, such as those who are not in school or who are girls (Dhawan et al., 2017). Regional variations in alcohol availability, poverty, and social norms exacerbate this gap since risks to children in rural and urban areas are defined by regional differences. This study was inspired by the desire to understand these interlinkages within the socio-cultural context of India, particularly amongst the lower-income families and hence support for more equitable and child- friendly policies and interventions.

4. Research Hypothesis

The study that is conceptualized and developed aims to justify the following hypotheses:

H01: Socio-economic conditions and child mistreatment are factors to develop mental stress amongst adolescent child

H11: Socio-economic conditions and child mistreatment are negligible/ non-factors to develop mental stress amongst adolescent child

H02: Mental stress amongst adolescent child caused from familial mistreatment and its socio- economic insecurity is a factor leading to adolescent alcoholism

H22: Mental stress amongst adolescent child caused from familial mistreatment and its socio- economic insecurity is a not a factor leading to adolescent alcoholism

H03: Adolescent alcoholism is an inconsiderable attitude with no serious or long term adverse effects on adolescent child psychology, behavior, social engagements

H33: Adolescent alcoholism is a significant attitude with serious or long term adverse effects on adolescent child psychology, behavior, social engagements

5. Methods and Tools

The present study is based on the mixed-method approach, where evidence-based analytical examination would be used to investigate associations between socioeconomic insecurity, parental mistreatment, child mental health, and their integrated outcome in the form of alcohol consumption. The primary data is gathered through a structured, pre-tested questionnaire developed on a Likert scale, ensuring precision and reliability in responses. The questionnaire is divided into three focused sections: (1) Familial relationships and dynamics, (2) Levels and types of mental stress experienced by respondents, and (3) Alcohol consumption patterns with root causes, consequences, seriousness, and possible rectification measures.

Stratified sampling is used and the respondents selected are males and females from middle and low-middle-class families of Indian society. The underdeveloped slums and the suburban areas would be targeted because of which a varied sample would be obtained of 150 participants. SPSS is applied in descriptive and inferential statistical analysis for data analysis. The study will use regression analysis in its investigation of the relationship of the key variables, including: (1) familial socioeconomic conditions, child mental stress, and alcohol consumption; (2) parental mistreatment, child mental stress, and alcohol consumption; and (3) the interactions between socioeconomic conditions, parental mistreatment, and child outcomes. Calculations of the mean and variance determine the degree of these factors; therefore, there is good justification for the conclusions that emerge from the study.

6. Study Findings and Discussion

This chapter presents and analyzes the statistical results of the study on factors of familial stress and the socioeconomic environment that lead adolescents to alcoholism in low-middle-class families in India. The quantitative data were entered first in Excel and analyzed further in SPSS

24.0. It had a sample size of $n = 250$. Summary statistics were presented with descriptive statistics for data on variables presented as mean \pm standard deviation (mean \pm SD). Regression analysis revealed relationships between independent and dependent variables. It indicated key contributory factors in detail.

Using a pre-tested quantitative questionnaire, this study made a quantitative survey ($n=250$) of population sample selected by purposive selection, primarily focusing on lower-income groups of India dwelling in urban and semi-urban areas. A Likert scale is utilized to quantify the relevance of the responses in connection to this analysis. The primary responses are collected in terms of distribution in three sections. Responses as obtained for the three said sections are given below:

Table 1: Distribution of personal information of the respondents

		Frequency (n)	Percentage (%)
Age in years	8 – 14 years	75	30.0
	15 – 18 years	80	32.0
	19 – 22 years	95	38.0
Gender	Male	238	95.2
	Female	12	4.8
Educational qualification	Under 10th class	55	22.0
	10th class pass	62	24.8
	12th class pass	72	28.8
	Taking informal education	47	18.8
	Taking professional/skill	14	5.6
Family size	3 members	110	44.0
	4 – 6 members	109	43.6
	More than 6 members	31	12.4
Participate in family income	Yes	121	48.4
	No	129	51.6
Family's monthly earning	Less than Rs. 5000	52	20.8
	Rs. 5000 – Rs. 8000	54	21.6
	Rs. 8001 – Rs. 10000	51	20.4
	Rs. 10001 – Rs. 15000	50	20.0
	Above Rs. 15000	43	17.2
Receive pocket money for your personal expenses	Yes Always	24	9.6
	Sometimes	155	62.0
	Rarely	43	17.2
	No	28	11.2
	Total	250	100.0

Table 1 gives way to the demographical spread of the respondents, revealing familial structures, roles, and socioeconomic conditions. Male adolescent respondents represented 95.2% and females 4.8%. The spread was such that 32% fell between 19-22 years, while 30% fell within the age group of 8-14 years. Educationally, 28.8% had passed their 12th grade, while 5.6% were undergoing professional or skill-based training. The number of family members was diversified, with 44% belonging to a three-member family and 12.4% from households that had more than six members. Significantly, 51.6% were earners of family income, 21.6% reported earning ₹5,000–₹8,000, and 62% received pocket money occasionally for personal spends.

Table 2: Distribution of respondent's familial stress/financial crises and its impacts

		Frequency (n)	Percentage (%)
Family to run into financial crises	Yes frequently	21	8.4
	Sometimes	84	33.6
	Rarely	51	20.4
	No	94	37.6
Financial condition of your family impact on your daily need and expectations	Yes frequently	56	22.4
	Sometimes	22	8.8
	Rarely	80	32.0
	No	92	36.8
Tryout any personal options of earning to meet	Yes Always	86	34.4
	Sometimes	58	23.2

your daily needs and expectations	Rarely	13	5.2
	No	93	37.2
Contribute to your family financially when it runs into financial crises	Yes Always	20	8.0
	Sometimes	124	49.6
	Rarely	20	8.0
	No	86	34.4
Feel a sense of responsibility at the time when your family runs into financial crises	Yes Always	49	19.6
	Sometimes	95	38.0
	Rarely	20	8.0
	No	86	34.4
Feel stressed/scared / insecure/ worried/ angry when your family runs into financial crises	Yes Always	36	14.4
	Sometimes	132	52.8
	Rarely	51	20.4
	No	31	12.4
Financial crises of your family impacted on your studies/career growth	Yes Always	29	11.6
	Sometimes	128	51.2
	Rarely	31	12.4
	No	62	24.8
	Total	250	100.0

Table 2 reveals familial stress and socioeconomic problems that impact on the respondents. 37.6% suffered from financial crises of family 32.8% found that the crises had its effects on their daily need and expectations. It's surprising to know that still 37.2% of respondents never pursued to find personal earning alternatives of fulfilling those needs. However, almost half (49.6%) used personal earnings to cope up when crises occur and 38% felt a responsibility did exist in such a condition. Emotional impacts of financial instability included pressure, fear, insecurity, or anger (52.8%), while 51.2% stated that education and career advancement were somehow adversely affected by financial uncertainty.

Table 3: Distribution of tendency of alcoholism in the respondent and its impacts

Drink alcohol	Yes Always	51	20.4
	Sometimes	101	40.4
	Rarely	80	32.0
	No	18	7.2
Started drinking alcohol	Less than 6 months ago	60	24.0
	6 months – 1 year	94	37.6
	1 year – 3 years	73	29.2
	More than 3 years	23	9.2
Family member drink alcohol	Yes Always	48	19.2
	Sometimes	57	22.8
	Rarely	105	42.0
	No	40	16.0
Enjoy/ relieved/ feel eager/ excited drinking alcohol	Yes Always	77	30.8
	Sometimes	84	33.6
	Rarely	45	18.0
	No	44	17.6
Feel aggressive/ rude/ short-tempered/ rebellious/carefree after drinking alcohol	Yes Always	54	21.6
	Sometimes	80	32.0
	Rarely	76	30.4
	No	40	16.0
Drink alcohol at the time you feel frustrated/ scared/ angry/ humiliated/ helpless/worried of your family/personal problems	Yes Always	31	12.4
	Sometimes	122	48.8
	Rarely	97	38.8
Drink alcohol in insistence of anyone from your family/ known /friends/society contacts	Yes Always	39	15.6
	Sometimes	120	48.0
	Rarely	20	8.0
	No	71	28.4
	Total	250	100.0

Table 3 is concerned with the drinking propensity of the respondents and its association with family stress and socio-economic situation. Among the respondents, 40.4% reported drinking alcohol, 37.6% reported that they started drinking alcohol, and 42% reported that a member of their family also drinks alcohol. Emotional response: 33.6% enjoyed or relieved themselves, 32% of them acted aggressively or revolted, and 48.8% drank as a result of frustration or fear or powerlessness from family or personal situations. Moreover, 48% reported drinking under the influence of family members, friends, or societal pressures.

Afterwards, we use regression and a chi-square test to look for the effects of the relationships between the variables to see how adolescent alcoholism, family stress, and socioeconomic status relate to one another.

Table 4: Association between severe familial problems other than socio-economic issues, such as, family disputes, property problems, Financial/familial condition impact on your daily need and expectations and Contribute to their family financially when it runs into financial crises

		Faced severe familial problems other than socio-economic issues, such as, family disputes, property problems, etc.,				Total	Chi Square (p value)
		Yes frequently	Sometimes	Rarely	No		
Financial/familial condition impact on their daily need and expectations	Yes frequently	47	9	0	0	56	225.206 (0.000)**
	Sometimes	20	1	1	0	22	
	Rarely	18	41	4	17	80	
	No	1	7	8	76	92	
Contribute to their family financially when it runs into financial crises	Yes	14	2	0	4	20	273.172 (0.000)**
	Sometimes	54	54	0	16	124	
	Rarely	0	0	13	7	20	
	No	18	2	0	66	86	
Total		86	58	13	93	250	

*p<0.05,

Table 4 shows the association between the respondents familial stressors and adolescent mental burdens and their impacts that occur besides socioeconomic Issues. Family disputes, property conflicts, and financial instability are some of the main stressors. Among the respondents, 93 stated that financial/familial conditions had no effect on their daily needs, whereas 124 occasionally contributed financially during crises. 86 respondents experienced familial troubles,, while 54 respondents stated that sometimes they experienced severe familial issues, such as disputes, in addition to financial contributions. Statistical analysis (chi-square test, (p < 0.05)) confirms the significant association of these familial stressors with the adolescents' mental well- being.

Table 5: Association between teenagers, Afford alcohol drinking habit and Correct/stop alcohol drinking habit

		Teenagers			Total	Chi Square (p value)
		8 – 14 years	15 – 18 years	19 – 22 years		
Afford alcohol drinking	Yes Always	12	24	24	60	18.272 (0.012)*
	Sometimes	17	15	19	51	
	Rarely	18	8	17	43	
	No	28	33	35	96	
Correct/stop alcohol drinking	Yes	35	43	53	131	13.513 (0.042)*
	Sometimes	15	15	16	46	
	Rarely	11	13	16	40	
	No	14	9	10	33	
Total		75	80	95	250	

*p<0.05

Table 5 provides the relationship between adolescent alcoholism and family and socioeconomic problems among lower-middle-class families in India. Among respondents, 131 often tried to modify or cease their drinking habits, and 96 often reported that they could not afford alcohol. Interestingly, 53 respondents aged 19–22 years often tried to stop drinking. This statistical analysis regarding this matter, the chi-square test, (p < 0.05) reveals that control or cessation of alcohol use among the teenagers is heavily reliant on the affordability of these substances by signifying family and

economic crises in such behaviors.

Table 6: Association between advised/ recommended to stop drinking alcohol from your family/friends/known person/societal contacts and personal/social support

Personal/social support	Advised / recommended to stop drinking alcohol from your family/friends/known person/societal contacts				Total	Chi Square (p value)
	Yes Frequently	Sometimes	Rarely	No		
Yes frequently	6	0	34	17	57	65.081

*p<0.05

Sometimes	16	0	20	11	47	(0.000)**
Rarely	8	6	16	22	52	
No	0	21	33	40	94	
Total	30	27	103	90	250	

Table 6 presents the result of the relationship between motivation in the respondents to quit alcohol and level of personal/social support. It is found that most, 94 participants, said they lacked personal/social support, and 40 claimed they also received no advice or recommendations to stop drinking from family, friends, or societal contacts. Statistical analysis (chi-square = 65.081, ($p < 0.01$) confirms that there is a significant association between receiving advice and personal/social support, which suggests the role of external motivation and social networks in the treatment of adolescent alcoholism.

Finally, to confirm the relationship between adolescent alcoholism stemming from familial stress and socioeconomic conditions in lower middle-income groups in India, a beta analysis is conducted to examine the patterns and context of the subject under investigation.

Table 7: Impact of severity of familial on socio-economic burden in India's lower middle class families

	Unstandardized Coefficients		R Square	T value	P value
	Beta	SE			
(Constant)	2.978	0.416	0.525	17.165	0.000**
Age	0.222	0.076		2.903	0.024*
Gender	0.163	0.294		3.555	0.032*
Income	0.016	0.053		2.303	0.000**
Family Condition	0.080	0.126		5.637	0.022*

*Dependent Variable: Severity of familial condition, *p<0.05, **p<0.01*

Table 7 reveals the impact of severity of familial on socio-economic burden in India's lower middle class families. The significance value (p-value<0.01) reveals that Age (p=0.024<0.05), Gender (p=0.032<0.05), Income (p=0.000<0.01) and Family condition (p=0.022<0.05) are depended on the severity of familial. In addition, socio-economic variables value might be able to clarify that 53% of the variance in AI anxiety (R^2 value =0.525). Hence, there is a positive significant impact of severity of familial on socio-economic burden in India's lower middle class families.

Using these findings as discussed above, the study hypotheses are justified. The interpretations are given below:

H01: Socio-economic conditions and child mistreatment are factors to develop mental stress amongst adolescent child

True: Results in both Tables 2 and 4 reveal that family-based stressors, such as financial crisis, family tussle, and socioeconomic instability, affect the minds of adolescents to a huge extent (Paxson & Waldfogel, 1999). Emotional responses were observed in the form of pressure, fear, and insecurity, thus validating that socio-economic conditions, family problems, and mental stress go hand-in-hand ($p < 0.05$).

H11: Socio-economic conditions and child mistreatment are negligible/ non-factors to develop mental stress amongst adolescent child

False: Statistical analysis directly connects familial stressors and socio-economic conditions to adolescent mental burdens, thus rejecting the null hypothesis. The justification aligns with the inferences presented in the study of Kumar et al., (2022).

H02: Mental stress amongst adolescent child caused from familial mistreatment and its socio- economic insecurity is a factor leading to adolescent alcoholism

True: Table 3 shows that considerable numbers of adolescents consume alcohol after frustration, fear, and helplessness resulting from family socio-economic problems. The chi-square test also supports the relationship that mental stress due to those problems is a cause for adolescent alcoholism ($p < 0.05$).

H22: Mental stress amongst adolescent child caused from familial mistreatment and its socio- economic insecurity is a not a factor leading to adolescent alcoholism

False: Evidence shows a direct link between mental stress caused by familial and socio- economic insecurity and adolescent alcoholism, invalidating the null hypothesis.

H03: Adolescent alcoholism is an inconsiderable attitude with no serious or long term adverse effects on adolescent child psychology, behavior, social engagements

False: There is a significant psychological and behavioral alteration in adolescents due to alcoholism, such as aggression, rebellion, and emotional disturbances. Statistical analysis shows that the socioeconomic factor aggravates these behaviors and indicates serious long-term consequences.

H33: Adolescent alcoholism is a significant attitude with serious or long term adverse effects on adolescent child psychology, behavior, social engagements

True: Data analysis confirms that the condition of adolescent alcoholism is indeed strongly influenced by both familial and socio-economic factors with significant implications on their mental health, behavior, and social interaction.

7. Conclusion and Future Scope

The study composed in this article validates the real scenario of family stress and socio- economic problems as prime reasons for adolescent alcoholism amongst low-middle-class families of India. From the quantitative analysis with the help of SPSS, it is evident that financial instability, family member's conflict, and mental pressure are major causes leading to alcohol consumption as a relieving factor with very serious psychological, behavioral, and social implications. The result is a greatedened problem, and due to personal and social shortcomings in terms of support, it would call for the establishment of intervention programs and reinforced family and community initiative approaches. Such research findings will thereby suffice as adequate proof of the set objectives to adapt specific strategies addressing adolescent alcoholism causes with possibilities toward recovery and continued resiliency. This would be a premise for more future studies which could involve extensive long-term researches on the impacts of familial and socio-economic factors among adolescents, particularly with alcoholism. This will pave a way for other research studies based on intervention in alcoholism, educational effects and awareness resulting in decreasing alcohol consumption and, by all means, possibilities for support structures at community level that may dilute the socio-economic factor impact in a teenager's life

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