

Level Of Depression Among Adolescents Of An Alcoholic Father At Selected Government Higher Secondary School, Ameenpur Village, Hyderabad

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ABSTRACT

Introduction: Adolescence is widely recognized as a period of heightened neurobiological sensitivity and psychological plasticity. During this stage, the brain undergoes significant remodeling, particularly in the prefrontal cortex and limbic system—regions responsible for emotional regulation, impulse control, and decision-making (Casey, Jones & Hare, 2008). These changes, while essential for maturation, also render adolescents more vulnerable to environmental stressors, including familial instability, emotional neglect, and trauma. Secure attachment to caregivers is foundational to emotional development. Bowlby's Attachment Theory (1969) posits that consistent, responsive care giving fosters emotional security and resilience. In households with an alcoholic father, attachment bonds are frequently compromised. Fathers may oscillate between affection and hostility, or be emotionally unavailable due to intoxication or withdrawal. This inconsistency breeds confusion, anxiety, and mistrust in adolescents, who may internalize the belief that love is conditional or unsafe. The main aim of the study was level of depression among adolescents of an alcoholic father. **Methodology:** A quantitative approach, descriptive survey design. Samples were about 100 both girls and boys who have an alcoholic father by using a purposive sampling technique. The alcoholic father's children are identified by using a question in the demographic variable as "Is your father an alcoholic?" For assessing the depression level among adolescent girls and boys, used Beck Depression Inventory (BDI) standardized scale.

Results: There is no significant difference between the demographic variables like age, gender, religion, class, father occupation, income, siblings with depression level of adolescent girls and boys ($p > 0.05$). There is a significant difference between demographic variables like type of family and alcoholic father with depression level of adolescent girls. significant ($p < 0.05$). No responses were recorded in the more severe categories.

Conclusion: The main study concluded that among selected areas at Ameenpur, Hyderabad about 44698 population the investigator found 100 adolescents both girls and boys who are studying at Government higher secondary school, the total students are 355 students studying from 6th class to 12th class and researcher selected 8th class to 12th class students were selected for assessing the depression level and found that 59(59%) were normal, 38 (38 %) were mild depressed, 3 (3%) were under borderline clinical depression. No responses were recorded in the more severe categories. There is a problem with alcoholic fathers in their family is associated with depression among adolescents.

Key Words:- Depression, Adolescents, Alcoholic Father, Government Higher Secondary School

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INTRODUCTION

Adolescence is a distinct transitional stage between childhood and adulthood, commonly characterized by rapid physical growth, pubertal changes, cognitive maturation, emotional sensitivity and increasing social role expectations. It is also a critical period for the development of personality, coping capacity, interpersonal adjustment and mental well-being. During this phase, adolescents become more vulnerable to psychological disturbances because biological changes interact with academic pressure, peer influence, family relationships, socio-economic conditions and exposure to stressful life events. Globally,

adolescent mental health has emerged as an important public health priority. The World Health Organization reports that one in seven adolescents aged 10–19 years experiences a mental disorder, contributing approximately 15% of the global burden of disease in this age group [1]. Depression, anxiety and behavioural disorders are among the leading causes of illness and disability among adolescents [1].

Depression in adolescence is a multifactorial emotional disorder manifested through persistent sadness, irritability, anhedonia, fatigue, sleep disturbance, poor concentration, low self-esteem, hopelessness and impaired academic or social

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functioning. When unrecognized, depressive symptoms may progress into chronic mental illness, substance use, poor educational achievement, risk-taking behaviour and suicidal ideation. WHO also highlights that failure to address adolescent mental health conditions can extend consequences into adulthood by impairing physical health, psychological health and life opportunities [1].

Family environment is one of the strongest determinants of adolescent mental health. Supportive parenting, emotional security and healthy communication act as protective factors, whereas family conflict, neglect, violence, poverty and parental substance use increase psychological vulnerability. Harmful alcohol use is associated with family problems, financial difficulties, intimate partner violence, injuries and suicide-related outcomes [3]. Children and adolescents exposed to parental or household alcohol misuse may experience chronic stress, emotional insecurity, stigma, disturbed parent-child attachment and maladaptive coping. Therefore, adolescent depression must be understood not only as an individual disorder but also as a family- and society-linked public health concern.

NEED OF THE STUDY

The need to assess depression among adolescents is supported by increasing epidemiological evidence at global and national levels. Adolescents constitute a large and developmentally vulnerable population, and mental disorders during this period frequently remain under-recognized and untreated. WHO estimates that 14.3% of 10–19-year-olds experience mental health conditions globally [1]. In India, the National Mental Health Survey reported mental morbidity among adolescents aged 13–17 years as 7.3%, indicating a measurable burden of psychiatric problems in this age group [4]. However, school-based Indian studies have reported substantially higher depressive symptom prevalence. A systematic review and meta-analysis among school-going adolescents in India found a pooled depression prevalence of 53% with a 95% confidence interval of 41%–65%; the prevalence was 50% among males and 57% among females [6]. These figures indicate the requirement for structured screening, early identification and preventive mental health services among school-going adolescents.

The need becomes more significant when adolescents are exposed to family-level risk factors such as parental alcohol misuse. Harmful alcohol consumption affects not only the drinker but also family members through emotional, social and economic consequences. WHO states that alcohol consumption can cause harm to others and is associated with family problems, financial problems, intimate partner violence, suicide and other intentional or unintentional injuries [3]. A

systematic review from low- and middle-income countries reported that household alcohol misuse was associated with adverse adolescent outcomes, including depression, anxiety, emotional dysfunction, behavioural problems, suicidality, self-harm and substance use [8]. Indian evidence also suggests that children of alcoholic parents have higher anxiety, higher depression and lower self-esteem than children of non-alcoholic parents [7].

Early assessment of depressive symptoms is therefore necessary for planning school-based mental health promotion, counselling, referral and low-cost psychosocial interventions. WHO recommends evidence-informed promotive and preventive interventions for adolescents to strengthen mental health, prevent mental disorders and reduce self-harm and risk behaviours [10]. Mindfulness and meditation-based practices may also support emotional regulation, stress reduction and psychological resilience among adolescents [11].

RESEARCH OBJECTIVES:

- To identify the adolescents, both boys and girls of alcoholic fathers in a selected government school.
- To assess the level of depression among adolescents of an alcoholic father in selected Government high schools.
- To find out the association between depression among adolescents of alcoholic fathers with selected socio-demographic variables.
- To formulate the protocol to practice meditation by adolescents of an alcoholic parent.

HYPOTHESES:-

- H_0 : There is no significant difference in levels of depression between adolescents with alcoholic fathers.
- H_{01} : there will be no significant association between level of depression with selected demographic variables.
- H_1 : There is a significant association between level of depression with adolescents with alcoholic fathers.
- H_2 : There will be significant association between level of depression with selected demographic variables

METHODOLOGY

In this study, quantitative approach was used to find level of depression among adolescents who have alcoholic fathers at home. In this study employed a descriptive survey design to systematically gather data on existing conditions, perceptions, or behaviors. The Depression and adolescents are considering as independent variables and Alcoholism are consider as dependent variables for this study. Demographic variables selected for this study are, Age, Gender, Religion,

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Education, type of family, mother's education, mother occupation, Father's occupation, Family income, number of siblings, father alcoholic. 100 adolescents both boys and girls who have alcoholic fathers was selected from government high school in Hyderabad through purposive sampling technique. Reliability of the tool was established by split half method by using Karl Pearson's co- relation coefficient. The r value is 1.0.

RESULTS

Table No. 1: Frequency and percentage distribution of depression among the adolescent girls with demographic variables

Sr.no	Demographic variables	Frequency	Percentage %
1	Age:		
	13-14 years	31	31%
	15-16 years	41	41%
	17 years	28	28%
2.	Gender		
	Male	77	77%
	Female	23	23%
3.	Religion:		
	Hindu	60	60%
	Christian	17	17%
	Muslim	23	23%
4.	Education		
	8 th class	21	21%
	9 th class	30	30%
	10 th class	17	17%
	11 th class	18	18%
	12 th class	14	14%
5.	Father occupation	14	14%
	Un employed	7	7%
	Private employee	3	3%
	Government employee	13	13%
	Government Employee	7	7%
	Business	56	56%
	Cooli		
	Other		
6.	Family Income per month		
	RS. 8000	43	43%
	RS. 10000	45	45%
	>RS. 10000	12	12%

7.	Type of family:		
	Nuclear family	59	59%
	Joint family	31	31%
	Extended family	10	10%
8.	No.of siblings		
	One child / NO	3	3%
	One sibling	77	77%
	Two siblings	20	20%
9.	Is your father alcoholic?		
	Yes	100	100%

Table 1 presents the frequency and percentage distribution of adolescents according to selected socio-demographic variables. Out of 100 adolescents, the highest proportion belonged to the age group of 15–16 years, 41 (41%), followed by 13–14 years, 31 (31%), and 17 years, 28 (28%). With regard to gender, the majority of the respondents were male, 77 (77%), while 23 (23%) were female. Religion-wise, most of the adolescents were Hindu, 60 (60%), followed by Muslim, 23 (23%), and Christian, 17 (17%).

Regarding educational status, the highest number of adolescents were studying in 9th class, 30 (30%), followed by 8th class, 21 (21%), 11th class, 18 (18%), 10th class, 17 (17%), and 12th class, 14 (14%). In relation to father's occupation, more than half of the fathers were categorized under other occupations, 56 (56%), followed by unemployed, 14 (14%), business, 13 (13%), private employee, 7 (7%), coolie, 7 (7%), and government employee, 3 (3%).

With respect to family income, 45 (45%) families had a monthly income of Rs. 10,000, 43 (43%) had Rs. 8,000, and 12 (12%) had more than Rs. 10,000. Regarding type of family, the majority belonged to nuclear families, 59 (59%), followed by joint families, 31 (31%), and extended families, 10 (10%). Most adolescents had one sibling, 77 (77%), followed by two siblings, 20 (20%), while 3 (3%) were single children. All respondents, 100 (100%), reported that their father was alcoholic.

Table No.: 2: Frequency And Percentage Distribution Of Level Of Depression Among Adolescents Of Alcoholic Fathers

LEVEL DEPRESSION	FREQUENCY	PERCENTAGE
1-10 NORMAL	59	59%
11-16 MILD DEPRESSION	38	38%
17-20 BORDERLINE CLINICAL	3	3%

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DEPRESSION		
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Table 2 shows the frequency and percentage distribution of the level of depression among adolescents of alcoholic fathers. Among 100 adolescents, the majority, 59 (59%), were found to be within the normal range of depression score. However, 38 (38%) adolescents had mild depression, and 3 (3%) adolescents had borderline clinical depression. These findings indicate that although more than half of the adolescents were within the normal category, a considerable proportion of adolescents experienced depressive symptoms. The presence of mild depression among more than one-third of the respondents suggests psychological vulnerability among adolescents living with alcoholic fathers.

Table No. 3: Distribution Of Central Tendency Of The Depression Level Among Adolescents (Girls And Boys) Of Alcoholic Father

Mean	Median	Mode	Standard deviation
10.72	11	9	2.65

Table 3 presents the distribution of central tendency and variability of depression scores among adolescents. The mean depression score was 10.72, the median was 11, and the mode was 9, with a standard deviation of 2.65. The mean score of 10.72 indicates that the overall depression level of adolescents was near the cut-off point between normal and mild depression. The median score of 11 further supports that nearly half of the respondents had scores falling into the mild depression category or above. The standard deviation of 2.65 shows moderate variability in depression scores among the adolescents. Overall, the findings reveal that depressive symptoms were present among a notable proportion of adolescents of alcoholic fathers, although the majority remained within the normal range

Table No. 4: Co-Relation Between Level Of Depression With Gender

GENDER	NORMAL	MILD DEPRESSION	Moderate Depression	CORRELATION (r)
BOYS	45	29	3	r= -0.997
GIRLS	14	9	-	r= -0.997

Table 4 shows the relationship between gender and level of depression among adolescents of alcoholic fathers. Among boys, 45 were in the normal category, 29 had mild depression, and 3 had borderline clinical depression. Among girls, 14

were in the normal category and 9 had mild depression, while no girl was reported in the borderline clinical depression category.

Percentage-wise, among boys, 58.44% were normal, 37.66% had mild depression, and 3.90% had borderline clinical depression. Among girls, 60.87% were normal and 39.13% had mild depression. These findings indicate that the distribution of depression levels was almost similar among boys and girls. Although borderline clinical depression was observed only among boys, the overall difference between gender groups was small.

The reported correlation value was $r = -0.997$. However, since both gender and depression level are categorical variables, correlation is not the most appropriate statistical test for determining association. A chi-square test is more suitable for this type of data. Based on the given frequencies, the chi-square value was approximately $\chi^2 = 0.92$ with 2 degrees of freedom, and the p-value was 0.63. Since the p-value is greater than 0.05, there was no statistically significant association between gender and level of depression among adolescents of alcoholic fathers. Therefore, the null hypothesis related to gender may be accepted, indicating that depression level was not significantly associated with gender in the present data.

DISCUSSION

The present study findings showed that among 100 adolescents of alcoholic fathers, 59% had normal depression scores, 38% had mild depression, and 3% had borderline clinical depression. The mean depression score was 10.72 ± 2.65 , with a median of 11 and mode of 9. This indicates that the overall depression score was close to the mild depression range. Although the majority of adolescents were in the normal category, 41% had some degree of depressive symptoms, suggesting psychological vulnerability among adolescents exposed to paternal alcoholism.

These findings are supported by Omkarappa and Rentala, who found that children of alcoholic parents had significantly higher depression and anxiety and lower self-esteem compared with children of non-alcoholic parents [13]. Similarly, Jokinen et al., in a systematic review, reported that household alcohol misuse was associated with adverse adolescent outcomes, including mental health problems, behavioural problems, suicidality and emotional difficulties [14]. Gholap et al. also reported that children of fathers with severe alcohol dependence had higher perceived stress and more behavioural problems, showing a positive relationship between severity of paternal alcoholism and psychological impact on adolescents [15]. Raitasalo et al. further observed that children of alcohol-abusing parents had a higher risk of mental and behavioural disorders compared with other children [16].

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In the present study, 38% of adolescents had mild depression and 3% had borderline clinical depression. This result is nearly comparable with Parida et al., who reported depression among 39% of school-going adolescents [17]. However, Jha et al. reported a higher prevalence of depression, 49.2%, among school-going adolescents, including 7.7% with severe depression [18]. The variation in findings may be due to differences in study setting, sample size, assessment tool, socio-economic background and family environment. In the present study, gender-wise distribution of depression was almost similar among boys and girls, and no significant association was observed between gender and level of depression. Overall, the findings emphasize the need for early screening, school-based counselling, parental awareness and supportive mental health interventions for adolescents living with alcoholic fathers.

CONCLUSION

The study concluded that adolescents of alcoholic fathers are psychologically vulnerable and may experience varying levels of depressive symptoms. The findings revealed that among 100 adolescents, 59% had normal depression scores, 38% had mild depression, and 3% had borderline clinical depression. The mean depression score was 10.72 with a standard deviation of 2.65, indicating that the overall depression level was near the mild depression range. Although the majority of adolescents were found to be within the normal category, the presence of depressive symptoms among 41% of respondents is an important finding and should not be ignored.

The study also showed that the distribution of depression was almost similar among boys and girls. No significant association was found between gender and level of depression, indicating that both male and female adolescents of alcoholic fathers may be equally affected. The findings highlight the need for early identification of depressive symptoms among school-going adolescents, especially those living in families affected by alcohol use. School teachers, nurses, counsellors and parents should be sensitized to recognize emotional and behavioural changes among adolescents. Regular counselling, mental health awareness, family support and simple stress-reduction practices such as meditation may help adolescents improve emotional stability, coping ability and psychological well-being.

RECOMMENDATIONS

- Nurses can develop a structured protocol specifically for parents of depressed adolescent girls, especially those with alcoholic fathers.
- The protocol should include guidance on recognizing early signs of depression, offering emotional support, and accessing mental health services.

- The same study can be replicated with larger sample sizes across different geographic and institutional settings to validate and expand the findings.
- Health education should be provided to parents to increase their understanding of adolescent depression, its causes, symptoms, and the importance of supportive care.
- The protocol must also include clear information about referral services such as school counselors, psychiatric clinics, community health centers, and help lines.
- These referral pathways ensure that families know where and how to seek professional help when needed.
- By combining health education with referral support, nurses can empower families to respond effectively to adolescent mental health challenges.
- Such initiatives strengthen the role of nursing in preventive care and promote a holistic approach to adolescent well-being.

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