

The Relationship Between Alcohol (Sopi) Addiction and Mental Health Among Adolescents in Tounusa Village, East Taniwel District, Maluku Province

Fany Sabban^{1✉}, Yery Soumokil¹

¹ Nursing Study Program, Maluku Husada Health College, Maluku, Indonesia

✉ Corresponding author: **Fany Sabban**; email: abban89@gmail.com

Abstract

Background: Adolescent mental health is a critical concern, as this developmental stage represents a transitional period that is particularly vulnerable to various psychological disorders. One contributing factor is the consumption of alcoholic beverages, which may lead to organic mental disorders, cognitive impairment, emotional disturbances, and behavioral problems. Excessive consumption beyond safe limits can result in intoxication and addiction. **Objective:** This study aimed to examine the relationship between alcohol (sopi) addiction and mental health among adolescents. **Methods:** This study employed a quantitative research design with a descriptive-analytic approach using a cross-sectional method. Data were analyzed using the Chi-square test. **Results:** The findings indicated a statistically significant relationship, with a p-value of 0.001 ($p < 0.005$). **Discussion:** Alcohol consumption may lead to organic mental disorders (OMDs), including disturbances in cognition, emotional regulation, and behavior. Due to the addictive properties of alcohol, individuals may unintentionally exceed safe consumption limits, resulting in intoxication and dependency. **Conclusion:** There is a significant relationship between alcohol (sopi) addiction and mental health among adolescents in Tounusa Village, East Taniwel District.

Keywords: adolescents, alcohol, mental health, sopi drink

INTRODUCTION

Adolescent mental health is an important issue because this period is often a transitional stage that is vulnerable to various psychological disorders [1]. Adolescents may experience stress, anxiety, depression, eating disorders, and disturbances in behavior, emotional, and social functioning. Some signs that need attention include difficulty in controlling emotions, drastic behavioral changes, declining academic performance, and high-risk behaviors [2]. One of the risk factors associated with mental health disorders among adolescents is substance use (nicotine and alcohol) [3]. Alcohol consumption represents an unhealthy lifestyle and is one of the factors that can affect mental health [4]. An unhealthy lifestyle can lead to risky behaviors. The World Health Organization (WHO) states that adolescents with mental health problems are highly vulnerable to risky behaviors, including alcohol abuse [5].

The World Health Organization reported that approximately 19.9% of adolescents aged 14-15 years and 5.6 million adolescents aged 12-20 years consume alcohol [6]. In the United States, people aged 12-20 years reported alcohol consumption at a rate of 3.0%

[8]. Excessive alcohol consumption has become a global problem, especially among young people [10]. Globally, alcohol consumption among people aged over 15 years increased from 5.9 liters per capita to 6.5 liters per capita, and is projected to reach 7.6 liters by 2030 [11]. In Indonesia, alcohol consumption behavior among adolescents has become a major concern because the prevalence remains high [12]. The Central Statistics Agency (BPS) recorded that the percentage of alcohol consumption among the population aged ≥ 15 years in the last year (liters per capita) was 0.41% in 2019 and decreased to 0.36% in 2021 [13]. The profile of Maluku Province ranks 4th highest in alcohol consumption in Indonesia, with a prevalence of 6.8% among people aged 10 years and above in 2023 [14].

These data are supported by data from Uwen Pantai Community Health Center, which showed that the proportion of alcohol consumption behavior among people aged >15 years in East Taniwel was 75.5%, and the highest was in Solea Village at 70.2% [15]. Based on sex, 50% of females aged >15 years in Solea Village consumed alcohol. Alcoholic beverages are widely consumed by adolescents [16]. Adolescence is a period of rapid growth and development, physically, psychologically, and intellectually [17]. During this period, individuals experience many changes as preparation for adulthood. Adolescents can no longer be considered children, but they also cannot yet be called adults [18]. This is because this period is full of turbulence and changes, both biologically, psychologically, and socially. This condition often causes conflicts within young people (internal conflicts) in their readiness to take responsibility, and if not properly resolved, it can have negative impacts on their future development, especially on character maturation, and often causes mental health problems [19].

Beverages containing alcohol can cause organic mental disorders (OMD), which include disturbances in thinking, emotional conditions, and behavior [20]. Due to the addictive nature of alcohol, consumers may unconsciously exceed safe dosage limits, resulting in intoxication and addiction [21]. A study conducted by Lima et al. (2020) on 2,314 adolescents aged 13–17 years in Australia found that 19% of those who had experienced intoxication reported mental health problems in the past year. Similarly, mental health problems were also reported by 21% of those who had been dangerously intoxicated. Based on the research results by [22], there was a significant increase in adolescents' knowledge, especially regarding ways to overcome alcohol addiction (50%), the negative impacts of alcohol on mental health (41.3%), high-risk alcohol consumption (27%), and safe and dangerous alcohol consumption patterns (22.2%).

Based on a preliminary survey conducted on May 5, 2025 in Tounusa Village, East Taniwel District, involving 57 adolescents (28 males and 29 females), interviews revealed that some adolescents stated they frequently consumed alcohol due to heavy school assignments. They felt a certain pleasure when drinking, and some reported relationship problems with their partners, which led them to consume alcohol. This condition shows that for some people, drinking alcoholic beverages is considered proof of masculinity or modernity in social interactions. Ironically, these beverages are not only consumed by adults, but

adolescents have begun to experiment with them. Adolescents, with all their life problems, are very vulnerable to the influence of alcohol, and this has a significant impact on mental health. Based on this background, this study aims to examine the relationship between alcohol (sopi) addiction and mental health among adolescents in Tounusa Village, East Taniwel District, Maluku Province.

METHOD

Study design

This study was conducted as a cross-sectional analytic study [23]. It aimed to assess the relationship between alcohol (sopi) addiction and mental health among adolescents in Tounusa Village, East Taniwel District, Maluku Province.

Study site and participants

The study area was in Tounusa Village, East Taniwel District. Data collection was carried out during June–July 2025. Participants were selected using purposive sampling based on the following inclusion criteria: willing to participate as respondents, adolescents living in Tounusa Village, East Taniwel District, and aged 15–21 years.

Instruments

The instrument used in this study was a checklist sheet in the form of a questionnaire. It contained general data such as respondent number, respondent name, address, age, gender, and variables including the independent variable (alcohol/sopi addiction) and the dependent variable (mental health).

1. Alcohol addiction

The alcohol addiction questionnaire consisted of 20 items and used a Likert scale. For positive statements: Strongly Agree (SA)= score 4, Agree (A)= score 3, Disagree (D)= score 2, Strongly Disagree (SD)= score 1. For negative statements: Strongly Agree (SA)= score 1, Agree (A)= score 2, Disagree (D)= score 3, Strongly Disagree (SD)= score 4. Measurement of alcohol addiction used a Likert scale to determine the median value using the formula:

Maximum score + Minimum score/2

$$(80 + 20)/2 = 100 \div 2 = 50$$

Criteria: "Yes" if the respondent's score was ≥ 50 (median), "No" if the respondent's score was < 50 (median), and Mental Health Disorders

2. Mental health measurement

In this study used the DASS-42 questionnaire, with a 4-point rating scale, consisting of 42 questions. The Depression scale was measured by items number: 3, 5, 10, 13, 16, 17, 21, 24, 26, 31, 34, 37, 38, and 42. The Anxiety scale was measured by items number: 2, 4, 7, 9, 15, 19, 20, 23, 25, 28, 30, 36, 40, and 41. The Stress scale was measured by items number: 1, 6, 8, 11, 12, 14, 18, 22, 27, 29, 32, 33, 35, and 39. The answer options in this questionnaire were (0, 1, 2, and 3): 0= Did not apply to me or never, 1= Applied to me to

some extent, or sometimes, 2= Often, and 3= Applied to me very much, or almost all the time.

Data analysis

Univariate analysis was conducted to describe each variable, including the independent and dependent variables. Bivariate analysis was performed to determine the relationship between the independent and dependent variables, specifically the relationship between alcohol (sopi) addiction and mental health using the Chi-square test. A p-value ≤ 0.05 indicated a significant relationship, while a p-value ≥ 0.05 indicated no significant relationship [23].

RESULTS AND DISCUSSION

The study was conducted, and the collected data were analyzed and presented in the form of tables describing the respondents' characteristics, including age group, sex, and univariate analysis.

Table 1. Respondent's characteristic (n=57)

Characteristics	Frequency (n)	Percentage (%)
Age		
15-18	34	59.6
19-21	23	40.4
Sex		
Male	28	49.1
Female	29	50.9
Alcohol Addiction		
Yes	27	47.4
No	30	52.6
Depression		
Normal	4	7.0
Mild	16	28.1
Moderate	24	42.1
Severe	7	12.3
Very Severe	6	10.5
Kecemasan		
Normal	9	15.8
Mild	11	19.3
Moderate	11	19.3
Severe	13	22.8
Very Severe	13	22.8
Stres		
Normal	11	19.3
Mild	17	29.8
Moderate	18	31.6
Severe	6	10.5

Characteristics	Frequency (n)	Percentage (%)
Very Severe	5	8.8

The most respondents were aged 15–18 years (34 respondents; 59.6%), while 23 respondents (40.4%) were aged 19–21 years. Based on sex, 28 respondents (49.1%) were male and 29 respondents (50.9%) were female. Among of 27 adolescents (47.4%) were classified as having alcohol (sopi) addiction, while 30 adolescents (52.6%) were not addicted. The highest level of depression among adolescents was in the moderate category (24 respondents; 42.1%), while the lowest was in the normal category (4 respondents; 7.0%). The highest categories of anxiety were severe and very severe (13 respondents; 22.8% each), while the lowest was the normal category (9 respondents; 15.8%). The highest level of stress was moderate (18 respondents; 31.6%), while the lowest was very severe (5 respondents; 8.8%) (Table 1).

Tabel 2. Relationship between alcohol (sopi) addiction and depression (n= 57)

Addiction	Depression										Total	p-value	
	Normal		Mild		Moderate		Severe		Very Severe				
	n	%	n	%	n	%	n	%	n	%			
Yes	0	0.0	4	7.0	11	19.3	6	10.5	6	10.5	27	47.4	0,001
No	4	7.0	12	21.1	13	22.8	1	1.8	0	0.0	30	52.6	
Total	4	7.0	16	28,1	24	42.1	7	12.3	6	10.5	57	100	

Between the two variables, it is clearly seen that the majority of respondents who are highly addicted to alcohol fall into the moderate depression category with 11 people (19.3%) and the lowest are in the normal depression category 0 (0.0%), while those not addicted to alcohol are highest in the moderate category with 13 people (22.8%) and lowest in the severe category 0 (0.0%). The chi-square analysis obtained a p-value = 0.001 ($p < 0.05$), indicating a relationship between alcohol (sopi) addiction and depression in adolescents (Table 2).

Tabel 3. Relationship between alcohol addiction and anxiety (n= 57)

Addiction	Anxiety										Total	p-value	
	Normal		Mild		Moderate		Severe		Very Severe				
	n	%	n	%	n	%	n	%	n	%			
Yes	1	1.8	2	3.5	3	5.3	10	17.5	11	19.3	27	47.4	0,000
No	8	14.0	9	15.8	8	22.8	3	5.3	2	3.5	30	52.6	
Total	9	15.8	11	19.3	11	19.3	13	22.8	13	22,8	57	100	

Among of 57 respondents, those addicted to alcohol are highest in the very severe anxiety category with 11 people (19.3%) and lowest in the normal anxiety category with 1 person

(1.8%), while those not addicted are highest in the mild category with 9 people (15.8%) and lowest in the very severe category with 2 people (3.5%). Chi-square analysis obtained $p = 0.000$ ($p < 0.05$), indicating a relationship between alcohol (sopi) addiction and anxiety in adolescents (Table 3).

Tabel 4. Relationship between alcohol addiction and stress (n= 57)

Addiction	Stress										p-value		
	Normal		Mild		Moderate		Severe		Very Severe			Total	
	n	%	n	%	n	%	n	%	n	%		n	%
Yes	3	5.3	4	7.0	10	17.5	6	10.5	4	7.0	27	47.4	0,005
No	8	14.0	13	21.1	8	14.0	0	0.0	1	1.8	30	52.6	
Total	11	19.3	17	29.1	18	31.6	6	10.5	5	8.8	57	100	

Among of 57 respondents, those addicted to alcohol are highest in the moderate stress category with 10 people (17.5%) and lowest in the normal stress category with 3 people (5.3%), while those not addicted are highest in the mild category with 13 people (21.1%) and lowest in the severe category with 0 (0.0%). Chi-square analysis obtained $p = 0.005$ ($p < 0.05$), indicating a relationship between alcohol (sopi) addiction and stress in adolescents (Table 4).

The results of this study describe the relationship between alcohol (sopi) addiction and mental health in adolescents in Tounussa Village, East Taniwel District [12]. The interpretation of the obtained results is compared with relevant theories or previous studies. Research limitations are discussed by comparing the conducted process with the ideal conditions that should have been achieved [13]. Most respondents with high alcohol addiction fall into the moderate depression category with 11 people (19.3%) and lowest in the normal depression category 0 (0.0%), while those not addicted are highest in the moderate category with 13 people (22.8%) and lowest in the severe category 0 (0.0%). Chi-square analysis obtained $p = 0.005$ ($p < 0.05$), showing a relationship between alcohol (sopi) addiction and depression in adolescents. For anxiety, the very severe category had 11 people (19.3%) while the normal category had 1 person (1.8%), and among non-addicted respondents, the highest was mild with 9 people (15.8%) and the lowest was very severe with 2 people (3.5%). Chi-square analysis obtained $p = 0.000$ ($p < 0.05$), indicating a relationship between alcohol (sopi) addiction and anxiety. For stress, the moderate category had 10 people (17.5%) and the normal category had 3 people (5.3%), while non-addicted respondents were highest in mild with 13 people (21.1%) and lowest in severe with 0 (0.0%). Chi-square analysis obtained $p = 0.005$ ($p < 0.05$), showing a relationship between alcohol (sopi) addiction and stress in adolescents.

Sopi is a traditional alcoholic beverage from Maluku with high consumption in the community. Drinking sopi may be allowed for maintaining kinship relations in customary practices, where consumption can have both negative and positive effects on physical health, mental health, and social life [13]

CONCLUSION

There is a relationship between Sopi drink addiction and adolescent mental health. Statistical tests also show a significant correlation with adolescent mental health, including depression, anxiety, and stress status.

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DISCLOSURE OF INTERESTS

The authors declare no conflicts of interest regarding the research or the preparation of this article. All research processes were conducted independently without influence from any party, and no personal, financial, or institutional interests affected the research outcomes.

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