How to Cite:

**Factors leading to alcohol use among adolescents in Asia: A systematic review**

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**Abstract**—Drinking indecently is a severe public health issue. Sipping or tasting frequently leads to regular alcohol or worsening habits such dangerous excessive drinking or addiction, alcoholism, or even death. Social and structural factors that have an impact on adolescents' health at the individual, family, community, and societal levels have a significant impact. Violence, mental health issues, creating the risk but rather self-harm, HIV or other viral infections, poor educational performance and dropout rates, limited employment opportunities, and accidents here on road or other unintentional injuries are just a slew of negative effects of adolescent alcohol consumption. The purpose of this review is to look at the research and determine what factors lead to teen consumption in Asian countries. The study made extensive use of internet resources including Pubmed and CINHAL. The study made extensive use of internet resources including Pubmed and CINHAL. After that, databases were accessed to conduct a more extensive literature search using key phrases and chemical operator to find publications pertinent to the issue. 64 records were found. Duplicate entries and those that didn't fit the criteria were removed. A criteria for inclusion/exclusion was used to filter 8 items. Results indicated that elevated risks of teenage drinking were linked with male gender, age, melancholy, religious belief, parental/family members' drinking, lower parental attention, peer drinking/pressure/approval, and urban neighborhood. Given that they assist young people in controlling their drinking, such organizations may be crucial to consider when developing health programs for teens in the region. In order to protect south Asian young teenagers from the harmful effects of alcohol use, it is important to have a thorough knowledge of the factors that influence adolescent substance use in Asia. This will allow
for the development of context-specific public health initiatives that are effective and assisted by strict regulatory guidelines.

**Keywords**— alcohol, alcohol abuse, adolescents, factors, alcohol use.

**Introduction**

Because alcohol is by far the most affordable and often used drug of abuse among teens, it is a big worry for both caregivers and those who contact with youth. Teenage drinking is a significant public health issue. Sipping or tasting frequently leads to regular consumption or worsening habits such as dangerous excessive drinking or addiction, alcohol poisoning, and even death. Drinking regularly or engaging in riskier activities, such as dangerous excessive drinking or alcohol dependency, alcohol poisoning, or even death, is typically what begins as sipping or sampling. ([Donovan & Molina, 2014](#))

The burden of alcohol-related diseases, injuries, but instead risk factors between adolescents and young people (aged 10 to 24), The second largest risk factor for disorder in this age range, globally, per the Regional Burden of The disease, Disease Burden, and Risks Question (GBD) 2019, is knee difficulties. ([Abafati et al., 2020](#)).

The safest amount of alcohol use, according to a recent review of Global Health Burden data from 195 nations over 26 years, is zero, which has significant consequences for current and future alcohol policy. ([Griswold et al., 2018](#)). Alcohol exposure has been shown to result in a range of cognitive and functional deficits in the adolescent brain that influence language acquisition, attention, visual-spatial and memory abilities, as well as behavioral flaws including disinhibition and greater risk-taking ([Spear, 2018](#)). Teenage drinking has many negative consequences, including increased risk of traffic accidents and other injuries, terrorism, mental health problems, intentional self-harm and suicide, HIV/AIDS and other infectious diseases, poor academic efficiency and dropout rates, and fewer career opportunities. ([Hall et al., 2016](#)). According to UNICEF (2016), An estimated 340 thousand adolescents live in South Asian countries such as Afghanistan, Bangladesh, Burma, India, the Maldives, Nepal, and Pakistan or around one-fourth of the world’s teenage population. In India, Nepal, or Sri Lanka, the national prevalence of teenage drinking was reported to be between 20% and 30%. ([World Bank, 2018](#)). With an anticipated 176% total increase from 2000 to 2019, Asia is the region with the fastest-growing alcohol business, accounting for almost 30% of worldwide alcohol sales in 2014.

China and India is leading the rise with speeds of 382% and 1245%, respectively ([Prasad, 2009](#)). Because they seek to promote drinking patterns that will be maintained and even increased in middle age, alcohol corporations concentrate on juvenile drinking. Because heavy drinking is more common among adolescents than it is across older age groups, alcohol marketing actively seeks out young people through the development of new products and sophisticated marketing techniques. ([Quevedo et al., 2009](#)). Young people's reasons for drinking, which have been thoroughly studied, frequently include obtaining social benefits including approbation and companionship, enhancing positive mood or wellness, coping with unpleasant emotions, and preventing social rejection ([Kuntsche &
Stewart, 2009). The spectrum of peer involvement has significantly expanded in the modern day because to the internet or other social media, and earning the respect of peers is a key factor in why teenagers are at risk for alcohol use addiction.

**Justification**

One of the primary repercussions of underage drinking is that there are risks to one's health & welfare, which are applicable to everyone regardless of age or drinking status. It’s crucial to be aware of the variety of reasons why teenagers use alcohol. Recognizing the risk factors for teen alcohol addiction is essential for successful prevention and, if necessary, early intervention. Teenage alcohol consumption has been predicted by a few early childhood characteristics. Impulsivity, restlessness, aggression, and antisocial traits have all been linked to higher risk for alcohol usage alcohol use disorders in teenagers. (Abbafati et al., 2020). The connection between alcohol and behavioral inhibition is crucial because someone with great impulse control is more likely to refuse alcohol when it is given or to quit drinking altogether. Prevention of alcohol use disorder can benefit greatly from research on youth and brain development in relation to alcohol use.

Adolescent health is significantly impacted by social and structural elements that operate at the individual, familial, community, and society levels and have an influence on adolescents’ health. (Viner et al., 2012). Alcohol use is a reflection of a person’s social environment as well as their own personal decision (Steketee et al., 2013). The WHO has detailed the factors that influence alcohol use are adults in South-East Asia; however, there is no comparable description for the region’s teenage population. Although young people’s dangerous alcohol usage has received a lot of attention in western nations, Asia has received far less attention. In still-developing Asian countries, a recent World Health Institution (WHO) report highlighted the growing negative effects of alcohol use, especially on young people when compared to older adults (Gore et al., 2011), noting that alcohol use among this group merits special attention due to their genetic and psychological vulnerability. (Kuntsche & Stewart, 2009). The current study examines alcohol consumption trends as well as associated health and social concerns among teenagers in Asian nations; young people are defined as those between the ages of 15 and 29. Future approaches to lessen hazardous alcohol consumption among adolescent people in Asia are reviewed and evaluated in light of strategies in prevention and reduction of hard liquor harms.

**Aim**

This dissertation aims to critically review the best available evidence regarding factors leading to alcohol use among adolescents in Asia.

**Objectives**

- To critically analyse current literature on factors leading to alcohol use among adolescents in Asia
• To extract the data from the eligible studies and produce a final list of studies to be included.
• To draw conclusions from the findings of the eligible studies to enable meta-analysis;
• To interpret the findings and conclude the suitable recommendations

Research Questions

What are the gaps in our research of the variables influencing alcohol consumption among teenagers in Asia?

Literature Review

A review of the literature summarizes what is now known about a certain practice or problem, as well as what is uncertain about it. Reviewing the literature helps to synthesize knowledge for practical application or to serve as a foundation for studies.

Burden of Alcohol Addiction

In accordance with the 2019 Institute on Drug Abuse Use and And well (NSDUH), 85.6 of adults belonged to the age group 18 and older reported having consumed alcohol at some point in their lifetimes, 69.5 percent in the past period, and 54.9 cents (including 51.0 percent of women as well as 59.1 percent of men) in the previous month.\textsuperscript{1}(NIAAA, 2021)In 2019, 25.8 percent of people ages 18 and older (29.7 percent of men in this age group and 22.2 percent of women in this age group\textsuperscript{4}) reported that they engaged in binge drinking in the past month.\textsuperscript{2}(In 2019, 25.8 percent of people ages 18 and older (29.7 percent of men and 22.2 percent of women in this age group\textsuperscript{4}) reported that they engaged in binge drinking in the past month, 2009). In 2019, 29.7% of men in this age group and 22.2% of women in this age group reported excessive drinking with in previous month, while 6.3% of adults (18 and older) includes developing alcohol intake in the previous month (8.3% of men in this age category and 5% of women in the same age group). (The glossary distinguishes high alcohol intake and consumption of alcohol.)\textsuperscript{3}{Hingson et al., 2017)Prior to 1990, high-income nations consumed the majority of alcohol, with Europe recording the highest consumption rates. With significant rises in some middle-income nations like China, India, and Vietnam, this pattern has significantly shifted. Up to 2030, this tendency is anticipated to persist. In 1990, 16% of Chinese drinkers chose to participate in a long session once a month; by 2017, that number had nearly quadrupled to 30%. While Thailand observed a rise from 18% to 25%, the similar statistics for Vietnam ranged from 16% to 24%. Two of Asia’s smallest republics, Bhutan and East Timor, had comparable growth of 14% to 22% and 12% to 20%.({ Movendi International, 2019).}

Factors leading to alcohol

In comparison to people of other race or ethnicity origins, Asian Americans regularly exhibit higher rates of celibacy and lower rates of alcoholism. Researchers have proposed two possibilities to explain these results. According to the "environmental" concept, Asian cultural norms place a strong emphasis on moderate drinking. The "genetic" argument, on the other hand, asserts that Asians have a distinct physiological response to alcohol. Bridging this gap,
researchers have suggested that physiological and cultural variables interact to explain Asians' low alcohol use rates. (Helzer et al., 1990). The hard liquor flushing reaction that over half all Chinese, Japanese, Koreans, as well as other Asians have after consuming a modest amount of alcohol is one physiological feature that may prevent Asians from excessive drinking. Although this response was mentioned in Chinese poetry dating back to the first century B.C., it was first described in the scientific literature.

The flushed event is characterized by a sharply increased blood flow to a skin, neck, and chest. Other symptoms may include headache, nausea, and vomiting, as well as an accelerated heart rate (tachycardia) and a drop in blood pressure (hypotension). The flushing response's many different manifestations include: Following the same alcohol intake, some persons experience the whole spectrum of symptoms vividly, while others react with noticeably lesser symptoms. (Wall & Ehlers, 1995)

As they transition into their early adult years, children go through substantial physical, emotional, and lifestyle changes. Alcohol consumption has been connected to developmental changes including puberty and increasing independence. In this regard, being an adolescent may be a significant risk factor for both starting to drink and drinking carelessly.

Risk-Taking

Research shows that the brain continuing to develop well into ones personal twenties, and during that time it continues to develop vital communication pathways and refines its function. The predisposition of adolescents to seek out novel and possibly hazardous circumstances is one trait that is distinctive of adolescence, according to scientists, and this prolonged developmental phase may help explain this behavior. Some adolescent thrill-seekers may also experiment with alcohol. Another physiological argument for why adolescents behave so impulsively and frequently fail to understand the repercussions of their actions, such as drinking, is related to developmental changes. (Arain et al., 2013).

Expectancies

How people see alcohol and its effects has an impact on their drinking behavior, including whether someone start drinking and the quantity they consume. An teenager is more willing to consume than those who do not if they anticipate enjoying it. How expectation affects drinking behaviors from birth through adolescence or into early adulthood is a key topic in alcohol research. Since the child starts kindergarten, beliefs regarding alcohol are formed in early childhood. (Institute of National Health, 2006).

Sensitivity and Tolerance to Alcohol

The amount of alcohol that many teens may consume before experiencing side effects including fatigue, lack of coordination, and separation symptoms is substantially higher than that of adults. This may be attributable to differing here between adult brain and also the brain of the developing teenager. This peculiar tolerance may contribute to explaining why young adults binge drink at such high rates. Since teenagers tend to be more sensitive to the advantages of booze, such
as feeling more at ease in social situations, they may drink more frequently than adults as a result of these enjoyable social experiences. (Crews et al., 2016).

**Personality Characteristics and Psychiatric Comorbidity**

Before the age of 12, many young drinkers exhibit comparable personality traits that may increase their likelihood of starting to drink. The risk of developing alcoholism may be highest among young individuals who seem to be restless, hyperactive, often aggressive—often described as having behavior issues or by being unsocial well as who are sad, withdrawn, or nervous. (Hanes, 2012).

**Environmental Aspects**

As drinking behavior indicates a dynamic interrelationships between hereditary and environmental variables, whose consequences are just now being examined in teenagers, identifying a genetic role will not provide the full picture. (Rose, 1998).

**Methodology**

This chapter will elaborate on the existing literature and highlight the study subject of the dissertation in order to examine specifics. By highlighting the benefits above a literature review, it will clarify the relevance of a systematic review. A literature review quantifiably summarizes the data on a subject by gathering and interpreting studies using unofficial or subjective methods, as opposed to A systematic review discovers, picks, synthesizes, and evaluates all quality research findings pertinent to that subject. It is a high-level summary of basic research on a particular question. A systematic review's objective is to define and answer a clinical question, while a literature review's purpose is to summarize the subject. (Phillips, n.d.) Its objective is to examine and define the methodical review process using P.E.O. (population, Exposure, and outcome) approach (Bettany-Saltikov, 2010).

<table>
<thead>
<tr>
<th>Participants</th>
<th>Adolescents living in Asia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure</td>
<td>Factors related to alcohol use</td>
</tr>
<tr>
<td>Outcome</td>
<td>Alcohol Use in any form</td>
</tr>
</tbody>
</table>

The data collected for an SR should employ specific relevant search keywords together with a comprehensive, reliable, and accurate search strategy in order to merge current information with research literature. Eight publications that used varied research methodologies and were discovered using specific keywords from various databases are examined in this SR. The quality of these selected studies should next be assessed. The findings should then be condensed while making sure there isn't any bias. After this integration, the outcomes should be evaluated, and a fair and balanced summary should be made while taking into consideration any flaws in the existing evidence.
Data Collection Strategies

(T et al., 2015) Emphasize that gathering data is a crucial step in observational studies because it serves as the foundation for the conclusions that must be drawn. This involves making sure the data is trustworthy, precise, comprehensive, and accessible. It was able to locate pertinent literature outlining methods for helping kids and teenagers lose extra weight by doing an automated search of publications published between 2011 and 2022 across MEDLINE, Wikipedia, Science direct, and Scopus. As keywords, the terms "alcohol," "adolescents," "Asian," and names of countries were used. In the searches, 64 things were discovered. (Pati & Lorusso, 2018) assert that a search's approach may show either intentional or inadvertent bias. Due to this, it's important to be able to demonstrate that a thorough search was conducted. The review adhered to the Conduct several tasks (Preferred Reporting Items for Comprehensive Reviews and Meta-Analyses) statement.

Prisma Flowchart

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64 Records identified through data base search

40 Irrelevant Records excluded

10 Records excluded based on title and Duplicate papers

14 full text articles assessed for eligibility 6 full text articles excluded with reasons

8 full text articles studied
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Inclusion/exclusion criteria

For this evaluation, a detailed methodology was created in order to identify the relevant inclusion and exclusion criteria. (Note the table below.) When creating the inclusion and exclusion standards for the literature review, P.E.O. was taken into account. As a result, the research subject was adhered to and the proposed
articles and journals were located in well written research papers. (Torgerson & Torgerson, 2003) (Pati & Lorusso, 2018) In order to increase confidence and credibility, it is important to emphasize that the addition and exclusion criteria used in a literature search might be a source of bias. As a result, it is important to clearly describe these criteria.

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
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</tr>
</thead>
<tbody>
<tr>
<td>full-text articles</td>
<td>Articles published more than 10 years ago</td>
</tr>
<tr>
<td>Articles related to Factors related to alcohol use only</td>
<td>Paid articles</td>
</tr>
<tr>
<td>Articles Free to access</td>
<td>Non Peer Reviewed articles</td>
</tr>
<tr>
<td>Articles written in English</td>
<td></td>
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</tbody>
</table>

PRISMA’s data modeling and extraction techniques turned up 64 records. 40 records were omitted with justification. Ten records were deleted due to the title. Eight papers that made use of a variety of research approaches and were discovered using certain keywords in various databases searched are examined in this SR. The quality of these selected studies then has to be evaluated. The outcomes should thus be condensed to ensure there is no bias. After this process of synthesizing, the findings should be evaluated, and a thorough, fair, and unbiased summary that accounts for any gaps in the information should be created.

**Results**

Given that they all adhere to the requirements outlined in the inclusion criteria, all of the research mentioned above are pertinent. Each trial is recent, having been released in 2012 or later, therefore the data is current. The table below provides a summary of each article.

<table>
<thead>
<tr>
<th>Author and date</th>
<th>Design</th>
<th>Sample size</th>
<th>Key findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillai et al 2014</td>
<td>Descriptive Cross sectional Survey</td>
<td>1899</td>
<td>The beginning of drinking in adolescents was linked to psychological suffering.</td>
</tr>
<tr>
<td>Mahanta et al 2016</td>
<td>Descriptive Cross sectional Survey</td>
<td>1285</td>
<td>The use of alcohol and/or cigarettes by parents had an impact on their children's habits.</td>
</tr>
<tr>
<td>Mukhopadhyay et al. (2012)</td>
<td>Descriptive Cross sectional Survey</td>
<td>60</td>
<td>Teenagers, male sex, minimal education, a low socioeconomic background, early work, peer pressure, and a parent who is an alcoholic are among the factors.</td>
</tr>
<tr>
<td>Kamath et al (2016)</td>
<td>Descriptive Cross sectional Survey</td>
<td>1770</td>
<td>Relationship problems with mothers, dads, at home, at school, and in the</td>
</tr>
</tbody>
</table>
### Results

Pillai et al examined the association between early drinking in adolescence and poor outcomes in adulthood, and identified the socioeconomic and demographic traits associated with teenage drinking initiation. The percentage of teenagers who began drinking showed an increased tendency over time, rising from 19.5% for everyone born between 1956 and 1960 to 74.3% for those born between 1981 and 1985. (p 0.001). Living in an urban setting, following Catholicism, and having a bad quality of life were all associated with the onset of adolescent drinking. A score of 8 or above on the Alcohol Use Disease Identification Test, which denotes risky or hazardous alcohol use in adults, along with psychological distress, alcohol dependence, a history of previous and ongoing injuries caused by alcohol, and other factors., were all connected with the initiation of teen drinking. (Pillai et al., 2014).

Mahanta et al calculated the level of alcohol usage among teenage adolescents who attend school. 1285 students had around 36% of homemade alcoholic

<table>
<thead>
<tr>
<th>Study</th>
<th>Methodology</th>
<th>Sample Size</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agarwal &amp; Agarwal (2013)</td>
<td>Cross sectional Survey</td>
<td>111077</td>
<td>Teenagers who dropped out of school or never attended had higher drinking issues.</td>
</tr>
<tr>
<td>Thakur et al (2017)</td>
<td>Descriptive Cross sectional Survey</td>
<td>2864</td>
<td>Inability to spend time with parents, family members, friend drug usage, and pals</td>
</tr>
<tr>
<td>Jaisoorya et al (2016)</td>
<td>Cross sectional Survey</td>
<td>7560</td>
<td>Students from metropolitan locations and those with part-time jobs used alcohol more frequently.</td>
</tr>
<tr>
<td>Mohanan et al. (2013)</td>
<td>Cross Sectional Study</td>
<td>376</td>
<td>Religion and family members' cigarette usage were revealed to be significant factors.</td>
</tr>
</tbody>
</table>
beverages (HADs) sampled or used, and 12.3% of commercially accessible alcoholic drinks (CADs). Compared to younger pupils (under 15), adolescents (those over 15) utilized CAD in much larger percentages. However, more younger students used HAD than older students did. First experiences with CAD and HAD required a minimum age of seven years and four years, respectively; the duration ranged from one to eight years and one to fifteen years. The use of alcohol and/or cigarettes by parents had an impact on their children’s habits. It was discovered that father's CAD use was linked to male offspring's CAD use. Roughly 16% of the pupils also used other drugs or alcohol. (Mahanta et al., 2016a)

Mukhopadhyay et al. In order to identify risk factors and suggest prevention measures, medico-social traits of male drinker in an urban setting were examined. The majority of them were urban workers in the middle class, less educated than middle school, and lower-married. Alcoholic brothers (31.67%) and a father (65%) appeared to influence the individuals' alcohol use. The vast majority of time, withdrawal issues and financial hardship drove them to seek therapy. Numerous risk variables were revealed by epidemiological research, including teenage susceptibility, male sex, less education, low socioeconomic status, early work, peer pressure, an alcohol problem and siblings, financial hardship, and family strife. (Mukhopadhyay, 2017)

Kamath et al identified the degree of experimental drug use and the role that teenage interpersonal relationship issues play as a catalyst. They predominantly consumed alcohol, then cigarettes, pan masala, and other drugs. Teenagers' inclination to experiment with and use drugs was discovered to be significantly impacted by interpersonal problems with their moms, dads, families, homes, schools, and local communities. Strong sociodemographic predictors of teenage drug use were older age group across adolescents and male sex. (Kamath et al., 2016)

Agarwal & Agarwal influence of socioeconomic factors and living situation on adolescents' risk-taking behavior has been discovered. Teenagers were more likely than adults to chew, smoke, or drink—3.3%, 1.2%, and 0.9%, respectively. Teenagers who dropped out of school or had never attended, those living in households headed by women, and those with more than three adult relatives in residence were more likely than their peers to engage in any risk-taking activity. Teenagers who were female, scheduled tribal, other backward class, or any other category members, as well as those who lived in homes with a medium or better quality of living, were less likely to engage in any risk-taking conduct. (Agarwal & Agrawal, 2013).

Thakur et al undertook the study to serve as a vital resource for data on drug usage and its associated. This descriptive cross-sectional research was done among pupils at a school (13-19 years) 785 people out of a total of 2864 participants have used drugs at least one previous. There were likewise 13.8% avid consumers and 4.1% regular users. Alcohol was the most often misused substance, with 18.1% of all users are reporting it, second by cigarettes (17.6%) or cannabis (6.2%). About 85% of the pupils thought that misusing drugs would harm their health. The logistic regression model identified several factors that were positively and significantly associated with substance abuse, including
gender (AOR 1.68) and the older age group of 16 to 19 years (AOR 1.51). The factors included inability to spend enough time with family (AOR 2.44), family members’ addiction (AOR 2.04), friends’ drug addiction (AOR 5.32), and friends’ drug use (AOR 5.32). (Thakur et al., 2017).

Jaisoorya et al examined the frequency, trends, and correlates of teen drinking. With prevalence rising with age, 15% of teens reported consuming alcohol at some point in their lifetime (23.2% of males and 6.5% of women), and 25.3% of users said they used it recklessly. Alcohol use began on average when a person was 13.6 months old. Typically, starting to use alcohol came before starting to use nicotine or other narcotics. The majority of students stated that family members would introduce them to alcohol use at special occasions. Students with part-time jobs and those from metropolitan locations were more likely to drink often. Muslim users had a lower utilization. Poor academic performance, a history of quel sexual abuse, lifetime alcohol intake, and symptom-scores for deficit hyperactivity disorder (adhd all significantly elevated the use of nicotine, illicit substances, and suicide thoughts. (Jaisoorya et al., 2016)

Mohanan et al evaluated the socioeconomic factors that may have an impact on these behaviors, as well as the incidence of alcohol use, cigarette use, and hazardous sexual behavior among teenagers. 5.7%, 7.2%, and 5.5% of individuals, respectively, were found to drink alcohol, smoke tobacco, or engage in sexual behavior. The subjects’ first sexual encounters, alcohol intake, and cigarette usage were all reported to have occurred on average at 16.8 years old. Boys were more likely than females to have used smoke and alcohol, according to multivariate analysis. Other elements, such religion and family members' tobacco usage, were shown to be significant. An integrated strategy is necessary due to the possibility of various risk behaviors coexisting in a student. (Mohanan et al., 2014)

Discussion

We identified several individual (male, older than seven years, limited academic achievement), parents (religious belief, ethnic background, parental or other family member’s alcohol use, lower parental attention), gaze (drinking habits, pressure to binge drink, acceptance of having a drink), and nearby (urban living) determining factors that affect Asian adolescent drinking behaviors in this systematic review. It was discovered that being a woman, having successful professionals, and being a Hindu of Muslim were protective factors. Further study is needed on the scant information on the determinants only at municipal (legislature, industry, and media), educational, and individual personality levels in order to completely understand the factors influencing alcohol use among teens in South Asia. Even though the reported findings from Bangladesh, Sri Lanka, and Nepal may not be representative of all Asians, they have major implications for future study, preventative management, and policy creation in the region.

Comparable to other Asian academics & teenagers in every other location, male teenagers are more likely than female adolescents to be drinkers. Teenage drinking behavior is heavily influenced by parents and family; particular alcohol
regulations have been shown to reduce adolescent alcohol usage. Parents’ and family members’ drinking and smoking behaviors have a significant impact on their children’s drinking (Mahanta et al., 2016b). Students’ views of damage and taking risks had a moderating effect when alcohol usage among peers was a predictor of drinking. (Mukhopadhyay, 2017) The term “impact of peers on teenage drinking” was used in over half of the papers included for this evaluation. However, the study did not uncover any peer-related actions like delinquency, rebelliousness, or gang membership. It is commonly known that peers have a significant impact on adolescents’ behavior, especially when it comes to alcohol usage.

Christian adolescents were likely to drink more than Buddhist, Hindu, and Muslim adolescents (Mohanan et al., 2014; Pillai et al., 2014), which is credited to religious and cultural social rules that are more permissive toward drinking (ethnic group and religion) within the family sphere as opposed to at the country level. Adolescent drinking is likely to be underreported in mostly Muslim countries due to cultural taboos against drinking and reporting it. It is clear that governmental actions are needed to restrict young people’s access to alcohol, especially in nations where such restrictions did not exist. Adolescent drinking prevalence has been linked to lax or inconsistently implemented alcohol control laws. In order to address a potentially concealed, far more serious public health concern, alcohol regulations within the Asian area need to be taken into consideration based on evidence from reviews like this one.

Limitations

The goal of this review was to identify the variables affecting adolescents’ alcohol use. The databases were searched as part of the search procedure for pertinent material. In order to do this, keywords and Boolean operators were used. Only a few Asian nations are covered in this analysis. Strong inferences cannot be drawn from any of the selected studies due to their cross-sectional nature, thus care should be exercised when extrapolating the data. This data definitely has a bias and influences how the issue is viewed in light of different cultural backgrounds. It is important to take into account the study’s limitations when interpreting its results. There was little information available on the factors that influence alcohol consumption since alcohol use was not the primary result of many studies. One survey relied on an adult household member to provide information on teenagers, which may have led to misreporting (Agrawal & Agrawal, 2013). Despite the co-existence of smoking, drink, and drug use among teenagers, seven studies that examined all three of these behaviors were disregarded because it was challenging to isolate data specifically related to alcohol use. The variables related with alcohol consumption in this evaluation are restricted to the nations for which information was available due to the paucity of research conducted in the region.

Conclusion and Recommendations

The distal factors that influence teenage alcohol usage in Asia are mostly unknown. More data are required to account for the Asia environment as teenage drinking habits alter in responding to social networks and commercial influence. Given the shifting worldwide patterns, more in-depth research on the
variables affecting drinking among Asian teens is required. The lack of information on this subject from five East Asian nations emphasizes the necessity of further investigation in the area. There are knowledge gaps on the impacts of education, social and also other media, business, and policy levels. In order to create preventative policies and initiatives with the greatest possible impact, it is essential to take into account the protective variables found in this analysis, such as healthy family ties, culture, and cost. Positive parenting programs for alcohol management and prevention can make use of positive peer influence to mitigate and reverse risk factors including peer pressure and availability to alcohol. Such network may be important to take into account when planning health initiatives for teenagers in the area since they help young people regulate their drinking habits. A thorough understanding of the variables affecting adolescent alcohol use in Asia should permit context-specific and efficient public health measures, supported by strict regulatory regulations, to safeguard south Asian teens from negative impacts of alcohol use.

**Conflict of Interest**

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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**References**


In 2019, 25.8 percent of people ages 18 and older (29.7 percent of men in this age group and 22.2 percent of women in this age group4) reported that they engaged in binge drinking in the past month, 4 and 6.3 percent (8.3 percent of men in this age group and 4.5 percent of women in this age group5) reported that they engaged in heavy alcohol use in the past month.5 (See glossary for definitions of binge drinking and heavy alcohol use.). (2009). Alcohol and opioid dependence medications: Prescription trends, overall and by physician specialty. Drug and Alcohol Dependence, 99(1–3), 345–349. https://doi.org/10.1016/j.drugalcdep.2008.07.018


