

**RISK FACTORS OF ALCOHOL ABUSE AMONGST THE YOUTH IN MUSINA
TOWN, LIMPOPO PROVINCE**

By

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DECLARATION

I, Frans Koketso Matlakala, declare that this document is my own work and that all sources that I have quoted have been acknowledged by means of complete references.

Frans Koketso Matlakala

Date

DEDICATION

I, Frans Koketso Matlakala, dedicate this dissertation to my mother, Welhemina Matlakala, and my supervisor, Prof Jabulani Makhubele; it is their continuous encouragement and support that kept me focused. Thus, this research project is dedicated to them with much love.

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ABSTRACT

The influences of alcohol abuse amongst the youth have been linked to multiple risk factors. Alcohol abuse among the youth is costing the country a lot of money every year. The aim of the study was to explore and describe risk factors of alcohol abuse amongst the youth in Musina Town, Limpopo Province. The researcher used both qualitative and quantitative approaches (mixed method). An exploratory-descriptive research design was utilised. The population of the study was drawn from learners and church leaders. A triangulation of sampling designs were employed in this research project: stratified-target and purposive sampling designs. Data was analysed using Statistical Package for the Social Science and Nvivo software.

The study revealed that an easy access to purchase alcohol, affordability of alcohol, peer pressure, self-esteem, stress, permissive parents, family members who drink and poor legislations enforcement put young people at risk of indulge binge drinking. Moreover, the study revealed that those above-mentioned risk factors have a negative impact on the well-being of young people. Young people who indulge into alcohol abuse end up contracting sexual transmitted infection and/or having unplanned pregnancy which later result in abortion. Alcohol abuse amongst the youth has been a contributing factor to social problems. The above study indicated, peers pressure, poor legislation enforcement, accessibility substances, affordability of alcohol, self-esteem and stress plays a significant role in influence youth's decision to use or not use alcohol. To that end, the risk factors of alcohol abuse amongst the youth influences the behavioural change which later encourages maladaptive behaviours such as heavy episodic drinking at parties. The findings of the study point to the disbursements of funds for research purposes and in particular to Social Work scholars to do more research on risk factors of alcohol abuse in deep rural areas.

Key words: Alcohol Abuse, Accessibility, Affordability, Permissive Parents, Peer Pressure, Adolescents, Behaviour

CHAPTER 1

GENERAL ORIENTATION OF THE STUDY

1.1 Introduction

Alcohol abuse among the youth continues to be a major problem worldwide, and South Africa and its provinces are not an exception (United Nations Office on Drugs and Crime, 2009). Smuts (2009:3) contends thus: “adolescent developmental theories recognise risky behaviours, such as drinking, as central to normal adolescent development but there are complex predisposing risk factors that can cause these behaviours to compromise the healthy development of our youth”. Adolescence is a period of physical and psychological development and has also been described as a stage of increased curiosity, experimentation and a quest for personal identity (World Health Organization – WHO, 1997).

Alcohol abuse by adolescents is an enduring public health issue worldwide, including South Africa. Ghuman, Meyer-Weitz and Knight (2012:134) indicate that: “in South Africa, 12% of youth experiment with alcohol use before 13 years of age”. Moreover, studies by Simbayi, Mwaba and Kalichman (2006); and Abdool Karim, Meyer-Weitz and Harrison (2009) found that an increase in alcohol intake among South African adolescents is a major cause of concern. It has been linked to other risk behaviours such as unsafe sex, increased risk of Human Immunodeficiency Virus (HIV) infection, teenage pregnancy, dropping out of school and delinquent or criminal behaviour. On the other hand, Sewram, Sitas, O’Connell and Myers (2014) discovered that drinking alcohol is associated with oesophageal cancer (OC).

1.2 Operational Definition of Concepts

The concepts below had the following meaning in this study:

1.2.1 Youth

In the context of this research project, youth means a person between the ages of 18 and 25 years and still in school.

1.2.2 Abuse

According to the National Drug Master (2013-2017), abuse refers to the persistent or periodic excessive drug use, which is inconsistent with or unrelated to acceptable medical practice. This definition is adopted for this research project.

1.2.3 Alcohol abuse:

Alcohol abuse refers to the habitual excessive use of alcohol (Department of Social Development, 2011). For the purpose of this study, this definition is adopted and the term will be used interchangeable with alcohol use.

1.3 Motivation of the Study

The health and socioeconomic consequences of substance abuse and dependency, particularly the abuse of alcohol and trafficking in drugs, undermine democracy and good governance and have a negative impact on the environment (National Drug Master Plan, 2006-2011). Alcohol consumption is an important risk factor for burden of disease and social harm worldwide (Rehm, Room, Monteiro, Gmel, Graham & Rehn, 2004). Public health and health promotion provide a powerful tool for improving health in the 21st century, but researchers and practitioners have yet to achieve consensus on its scope. Globalisation, poverty, illiteracy, mismanagement of public funds, apathy by health and social science professionals, urbanisation, an aging population and rising rates of alcohol abuse amongst the youth are creating new health challenges to both health and social science practitioners.

Alcohol and other drug use have been associated with violence and crime in South Africa. Morojele and Brook (2006) contend that many of South Africa's social and health problems are attributable to the misuse of alcohol, with sexual risk behaviours considered to be one such problem. This study was motivated by two factors. The first related to the researcher's practical experience whilst in an internship programme with the Department of Social Development based in Vaalbank. During the internship, the researcher was responsible for *Ke Moja* campaigns and Substance Abuse services. The researcher's responsibilities made him realise that the majority of the youth are rarely exposed to adequate parental guidance – hence

they are usually not aware of the consequences of their behavioural lifestyles. It is the opinion of the researcher that studies on alcoholism in rural areas is lacking.

1.4 Problem Statement

Alcohol abuse among the youth is costing the country a lot of money every year. In the United Nations Office on Drugs and Crime (2009), it is reported that alcohol abuse among the youth is costing the South Africa government lot of money annually. This is evident in large sums of money that is used in prevention and treatment centres throughout South Africa (United Nations Office on Drugs and Crime, 2008). For instance, Shilakwe (2005) discovered that R20-billion is spent annually on drug abuse programmes. Eventually, this affects the whole country because these funds could be used in other avenues such as poverty alleviation programmes, since poverty is one of the reasons leading to substance abuse. The most widely abused substances are alcohol, tobacco and cannabis because they are in excess. Moreover, a national survey indicates that 51% of Grade 6 learners experience peer pressure to drink alcohol. Too many youth seem to think that experimentation with substances is an acceptable part of transition into adulthood. Few take the negative consequences of dependence on substances seriously (Madu & Matla, 2003).

Trends in substance abuse are commonly used as general indicators of the quality of life in a community, and risky behaviour often emerges as a response to drastic socioeconomic and political change as is currently widespread in South Africa (Smuts, 2009). Centers for Disease Control and Prevention (2004) highlights behaviours such as alcohol abuse and risky sexual behaviour as having the potential to undermine the health and development of the youth. These behaviours are commonly interrelated, and unfortunately often continue into adulthood.

There was lack of research in Musina Town of Limpopo Province on alcohol abuse as well as on the relationship between alcohol abuse and health, and social ills such as domestic violence, assaults and risky sexual behaviours, amongst others. Moreover, there is dearth of information on various substances used by people in Musina. WHO (2006) indicates that alcohol use is a risk factor in terms of both

victimisation and the perpetration of youth violence. Youth violence takes many forms, including bullying, gang violence, sexual aggression and assaults in streets, bars and nightclubs. It is these factors that warrant further investigation, more especially in rural Limpopo Province.

1.5 Theoretical Framework

In conducting this research project, ecosystem theory was used to describe and explain circumstances and conditions relating to risk factors associated with alcohol abuse amongst the youth. The researcher described and explained the risk factors of alcohol abuse within the context of the participants and/or respondents, that was their own rural area. The researcher acknowledged that what transpires in urban areas cannot be reciprocated in rural area given the difference in area settlement. The researcher was motivated by the ability of Eco-Systems Theory with its relevance and appropriateness in explaining relationships between alcohol abuse and environmental systems in which people interact. The abuse of alcohol by the youth is, in one way or another, influenced and impacted by both the environment and its inhabitants.

▪ The Ecosystems Theory

The Eco-Systems Theory, also called the life model, gives a guiding framework for understanding practices (Karger, 2000). The theory asserts that systems are always sub-systems of larger systems in an environment but can, at the same time, be divided into smaller subsystem units. Subsystems influence each other behaviourally (Potgieter, 1998). In the context of this research, the ecosystem theorists believe that to view alcohol abuse by the youth in isolation from their family and the environment is equal to ignoring the influence of the home in which they learn to perceive how they fit in the world, as well as influences that others have on their behaviour. Therefore, any risk behaviour that an individual may manifest, or display threatens the balance of the family of origin where roles and perceptions are nurtured (Steinglass, 1987).

This theory focuses on the mutual relationship between the person and the environment in which each shape and influences the other over time. The theory

gives an assessment of the negative interactions between people and their physical and social environments. It focuses on the social and cultural factors regarding behavioural change and learning about historical traditions, beliefs and values in an environment, and how social and cultural factors influence an individual's behaviour (Keys, McMahon, Sanchez, London & Abdul-Adil, 2004). It assists in grasping the problem of concern within the situation of the person in context and contributes to the problem intervention process. From the findings as eco-systems predicted, the contributing factor of alcohol abuse is found within the environment due to accessibility, availability and affordability of alcohol in rural areas. In addition, the findings also show that permissive parents, as also part of the environment, do not discipline youth with their maladaptive drinking patterns, but encourages them to engage in binge drinking. From the findings, the eco-system shows that systems should respond or complement each other in nurturing a young person to be a responsible citizen.

1.6 Aim and Objectives of the Study

The following were aim and objectives of this research project:

1.6.1 Aim of the Study

This aim of the study was to explore and describe risk factors of alcohol abuse amongst the youth in Musina Town, Limpopo Province.

1.6.2 Objectives of the Study

To accomplish the aim of the study, the following objectives became important:

- To identify risk factors of alcohol abuse amongst youth;
- To establish whether there is an association between alcohol and risky sexual behaviours; and
- To determine the relationship between socio-economic status and alcohol abuse.

1.6.3 Research Questions

The following research questions were developed for this study:

- What are the risk factors of alcohol abuse amongst the youth?
- What is the relationship between socio-economic status and alcohol abuse?
- Is there a relationship between socio-economic status and alcohol abuse?

1.7 Research Methodology

In this section, it was important to describe, in precise terms, the type and approach of the research project, the design of the study, population, sampling, and the data collection and analysis procedures.

1.7.1 Type and Approach of the Research Project

The research can be classified into empirical and non-empirical study. Empirical studies involve laboratory experiments, field experiments, programme evaluation studies, survey studies, ethnographic studies and participatory action research (Babbie & Mouton, 2014). Whilst, non-empirical studies cover philosophical analysis, conceptual analysis and literature review studies. The research type for this study involved empirical data where interviews and questionnaires were utilised to describe and explore risk factors of alcohol abuse amongst youth in Musina. Moreover, this approach enabled the researcher to gain valuable knowledge and first-hand risk factors of alcohol abuse amongst the youth in Musina – specifically learners.

The researcher used both qualitative and quantitative approaches (mixed method) to unpack risk factors of alcohol abuse amongst youth. According to Creswell (2012:218), mixed methods approach “can be an ideal research methodology to use if one has access to both qualitative and quantitative data”. The qualitative approach was chosen because the study sought to gain understanding, knowledge and insight of the risk factors associated with alcohol abuse amongst the youth. This approach was useful as it enabled the researcher to gain first-hand experience from the participants (Creswell, 2003). The quantitative method was selected as it was based on the idea that social phenomena can be quantified, measured and expressed numerically (Creswell, 2003). The method enabled the researcher to quantify phenomena and to statistically present data. The integration of both quantitative and qualitative methods allowed a researcher to explore the research from different

perspectives. Applying the two methods helped minimise both the limitations and the weaknesses of these two paradigms (Creswell, 2014). The findings from quantitative approach were justified or validated by the findings from qualitative findings.

1.7.2 Research Design

An exploratory-descriptive research design was utilised. The purpose of using exploratory research design was to gain a broad understanding of a situation or phenomenon (Bless & Higson-Smith, 2000). According to Neuman (2000), exploratory research addresses the “what” question. This type of design enabled the researcher to explore the risk factors associated with alcohol abuse amongst the youth of Musina and gained a broader understanding of, and insight, into the phenomenon under study.

The descriptive design, on the other hand, was aimed at describing risk factors associated with alcohol abuse amongst the youth of Musina (Bless & Higson-Smith, 2000). Neuman (2000) posits that descriptive design focuses on “how” and “who” questions. It enabled the researcher to provide a detailed, highly accurate picture of the background and context of the situation of the participants and/or respondents (Neuman, 2000). Thus, the exploratory and descriptive designs greatly assisted the researcher to acquire precise information about the characteristics of the participants and/or respondents and their experiences concerning alcohol abuse amongst the youth in Musina.

1.7.3 Population

The population of the study was drawn from learners from Musina High School and church leaders from Musina due to their availability. The researcher selected both male and female alcohol users and non-users between the ages of 18 and 25 years to respond to the questionnaire. Moreover, seven church leaders were purposively drawn from Zion Christian Church to participate in the study through semi-structured interviews.

1.7.4 Sampling Method and Sample Size

A triangulation of sampling approaches was employed in this research project: stratified-target and purposive sampling approaches. It was essential to employ a stratified target sampling approach in which the population was divided into several strata that were mutually exclusive (Singleton, Straits, Straits & McAllister, 1988). A sampling frame was developed for the youth between the ages of 18-25 years in each geographical area targeted and purposefully sampled. Moreover, in target sampling, the emphasis was on the investigation of hidden problems in hidden populations. The researcher ensured that a purposeful systematic method was adhered to with a controlled list of specified populations (alcohol users and non-users) within a geographical area. The controlled list was developed, and detailed plans were designed to recruit adequate numbers within each of the targets: male and female users and non-users. Volunteers in community members (i.e., church leaders) were purposefully sampled as they contained most characteristics, representative or typical attributes of the population that best serve the purpose of the study. The church leaders were also involved because they are providing teachings at church to youth – especially through Sunday Schools.

In this situation, it was, for economic reasons, convenient to have a sample size of 96 respondents and 7 participants who constituted the sampling factor of the Musina population. Barreiro and Albandoz (2001) point out that it is convenient to administer a sample, which is a certain part of the population, chosen in an appropriate way so that one can later obtain conclusions for the whole population.

1.7.5 Data Collection Methods

According to Blanche, Durrheim and Painter (2014:47), qualitative researchers collect data in the form of written or spoken language, or in the form of observations that are recorded in language, and analyse the data by identifying and categorising themes. On contrary, quantitative researchers collect data in the form of numbers, and use statistical types of data analysis. The researcher used the focus group technique to collect qualitative data. The researcher was able to observe, listen to and reflect on the participants' responses. On the other hand, quantitative data was collected using a validated questionnaire.

1.7.5.1 Individual Interviews

Semi-structured interviews were held with individual participants (church leaders) to uncover information on their perceptions, feelings, opinions, thoughts and experiences on alcohol abuse. Individual interviews were used because of the availability of the participants. Interviews were flexible, allowing new questions to be brought up during the interview because of what the participant says. The researcher in a interviews generally has a framework of themes to be explored (Fouché & De Vos, 1998). Open-ended questions were used to elicit the participants' views and opinions on alcohol abuse. During the interview session, the researcher was recording and taking notes throughout the discussions, listen to notable quotes, note several key points in response to each question, monitor the recording equipment and gave an oral summary and feedback after the discussion. The responses were recorded in vernacular on a tape and were then transcribed and translated into English.

1.7.5.2 Questionnaires

According to Creswell (2013), researchers do not use or rely on questionnaires or instruments developed by other researchers. Therefore, the researcher designed the questionnaire himself guide by the literature review. This was to avoid the issue of ambiguity. In the questionnaire that was distributed to school, the name of the respondent was omitted due to the confidentiality agreement with the Turfloop Research Ethics Committee (TREC) and Musina High School Principal. The researcher used questionnaires to learn youth's beliefs or opinions regarding alcohol abuse amongst youth.

1.7.6 Data Analysis Method

Data collected using questionnaires was analysed using the Statistical Package for the Social Science (SPSS), which is a comprehensive system for analysing data. It can take data from almost any type of file and use them to generate tabulated reports, charts, plots of distributions and trends, descriptive statistics, and complex statistical analyses (Gilman & Weber, 2007). In addition, data obtained through

interviews was thematically using Nvivo software. The researchers used Clarke and Braun's (2014), model of thematic analysis to analyse qualitative data:

- **Phase 1: Familiarisation with data**

The researcher familiarised himself with data he collected from church leaders. This was achieved through transcribing and went through each script repeatedly to make sense out of them. The researcher paid attention to non-verbal cues and the tone of the responses when questions were asked.

- **Phase 2: Generating codes**

The researcher-initiated codes identify a feature of the data (semantic content or latent) that appears interesting to the analyst, and refer to the most basic segment, or element, of the raw data or information that could be assessed in a meaningful way regarding the phenomenon. Coding allowed the researcher to simplify long and complicated data and this helped the researcher to determine short yet meaningful segments of the participants' responses. The researcher identified key concepts from all participants to check the commonality of the responses on each question.

- **Phase 3: Identifying themes**

After different codes have been identified across the data set, this phase re-focuses on the analysis process at the broader level of themes, rather than codes which involves sorting the different codes into potential themes. The researcher organised themes based on codes of the transcribed data. The researcher identified three themes, namely: risk factors of alcohol abuse, impacts of alcohol abuse, and ways to deal with alcohol abuse.

- **Phase 4: Reviewing themes**

This phase involves reviewer if whether identified themes correlates with codes and the entire collected data. The researchers reviewed themes to ensure that they were in correspondence with the research aims and objectives. It was discovered that all objectives were addressed by the emerging themes.

- **Phase 5: Defining themes**

This phase entails the researcher defining and naming themes. In defining and naming themes, the following can be reported; firstly, the first theme was risk factors of alcohol abuse amongst youth; secondly, the second theme established whether there is an association between alcohol and risky sexual behaviours; and lastly, determined the relationship between socio-economic status and alcohol abuse respectively.

- **Phase 6: Report Writing**

The researcher saw it necessary to analyse the view of youth (which was a quantitative aspect), differently from the authority perspective (which was a qualitative aspect). To that end, this report was produced.

1.8 Ethical Considerations

The fact that human beings are subjects of study in the social sciences means that in planning research, the researcher needed to be aware of what is proper and improper in scientific research. Therefore, ethical concerns were considered as an integral part of planning and implementation of this study. Researchers are responsible for designing and carrying out research both knowledgeably and ethically (Krogsrud-Miley, O'Melia & DuBois, 2001). In terms of the observation of ethical codes, the participants and/or respondents did not display behaviours which caused harm during data collection. However, the researcher, as a social worker, was ready to refer them to an area social worker for have debriefing service had they displayed behaviour that caused harm during their participation. To that end, several ethical considerations were taken into account in this study.

- **Permission to Conduct the Study**

The researcher received a permission to conduct the study from relevant authorities at the University of Limpopo (Turfloop Research and Ethics Committee) and Musina High School Principal.

- **Harm to the Participants**

Monette *et al.* (1994) indicate that people should never be exposed to situations that might cause serious or lasting harm. Harm to subjects can be physical or emotional, and emotional harm to participants is often more difficult to predict and to determine than physical discomfort (Motepe, 2006). The researcher ensured that the participants and/or respondents were not exposed to any harm. Participants and/or respondents were notified that in case they feel some questions sound offensive, they may opt not to respond to such questions. The researcher was ready to refer them to social worker and/or psychologists for professional intervention if it was found that harm was inflicted on them due to the nature of questions posed.

- **Informed Consent**

Krogsrud-Miley *et al.*, (2001) state that this ethical principle emphasises that subjects should give their consent to participate only after the researchers have fully disclosed the purpose of the research, its entailment, and its potential effects or consequences. Informed consent included information about the nature, extent, and duration of the participation requested, and the disclosure of the risks and benefits of participation in the research.

Motepe (2006:46) states that “obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the procedures that will be followed during the investigation, the possible advantages, disadvantages and dangers to which the participants may be exposed, as well as the credibility of the researcher, be rendered to potential subject or their legal representative”. In this study, the participants and/or respondents declared their participation by reading the Consent Form indicating the aim of the study, its objectives, the fact that participation is voluntary, and that the participants may withdraw from the study at any time when they feel the need to do so.

- **Confidentiality and Anonymity**

Confidentiality refers to agreement between persons that limit others' access to private information (Mboniswa, 2005). The researcher kept information that was given by the participants and/or respondents confidential and did not share with other people. According to Mboniswa (2005), anonymity means that no one,

including the researcher, should be able to identify any subject afterwards. Thus, the participants and/or respondents of the study did not complete any identifying in the interview schedule or be linked to any audio-recorded data. The completed consent forms, questionnaires and audio recordings were only accessible to the researcher and supervisor

- **Release or Publication of the Findings**

According to Mboniswa (2005), the researcher must ensure that the investigation proceeds properly, and that no one is deceived by the findings. Researchers should be open with their results, allowing disinterested colleagues to vet the research and its implications. Mboniswa (2005) states that findings should be released in such a manner that utilisation by others is encouraged. After all, this is the ultimate goal of all research projects. The research results will be made available to Musina High School, and the University of Limpopo through a report, and through the publication of articles, thus allowing the participants and/or respondents access to the results.

1.9 Quality Criteria

In quantitative research, the reality under observation is viewed as a composite of the elements to be measured, and hence the quality of the instruments depends on validity and reliability. In qualitative research, focus is shifted to trustworthiness. According to Bless *et al.* (2013:236), trustworthiness in must achieve credibility, transferability, dependability and confirmability.

1.9.1 Qualitative research (trustworthiness)

In a qualitative study, there are four aspects of trustworthiness: credibility, transferability, dependability and confirmability.

Epistemological standards	Strategies	Application
Truth Value	Credibility	Credibility is related to internal validity. According to Parra-Cardona et al. (2006), credibility refers to the requirement that findings should clearly reflect the experience of participants. In this study, the

		researcher ensured credibility through prolonged engagement with the participant to ensure that responses were detailed (Morse & Field, 1995).
Consistency	Dependability	Dependability and confirmability are interrelated concepts (Parra-Cardona <i>et al.</i> , 2006). The emphasis with dependability is whether the findings will be consistent if the study was replicated with the same participants and in the same context (Creswell, 2003). Dependability is established through an auditing of the research process. The researcher in this study used an audit trail, namely field notes and audio records during the session to record the responses of the participants.
Applicability	Transferability	Transferability refers to the extent to which results apply to other, similar situations (Bless <i>et al.</i> , 2013). Given the sample size, the researcher noted that findings in Musina Town could be applicable to findings in another rural area.
Neutrality	Conformability	Neutrality or conformability is the criterion used to establish the freedom from bias in the research procedure and results (Morse & Field, 1995). The researcher demonstrated and ensured neutrality and conformability by making available field notes and through prolonged contact with the participants.

Table 1: Standards, Strategies and Applied Criteria to ensure Trustworthiness

1.9.2 Reliability and Validity of the Study

According to De Vos *et al.* (2011), validity refers to the extent to which an empirical measure accurately reflects the concept it is intended to measure. In ensuring the reliability and validity of the study, the respondents were given the same questionnaires with the same contents. Moreover, experts in the field of research were consulted to scrutinise the instruments meant for data collection.

1.10 Significance of the Study

According to Brennen (1992), significance focuses on the contribution of the study to the particular area of the study. The study will contribute to social work and allied professions in terms of policy and programme development, and to the province where the research project was conducted: The findings of the study may add to the knowledge base of the social work profession and allied professions. Furthermore, the findings of this research project will help social workers, educators, health care professionals, and other professionals involved with the youth to understand risk factors associated with alcohol abuse amongst the youth of Musina. Policy makers may use the findings to formulate or improve on existing policies on the prevention of substance abuse in rural areas to develop effective evidence-based strategies and policies that could be used to control the substance abuse problem. The study may enhance knowledge to Musina residents regarding substance abuse amongst the youth, and its effects on their future. The findings could be used to educate the youth and other relevant stakeholders on the dangers and impact of substance abuse in their lives.

1.11 Conclusion

This chapter gave a general overview of the study by vividly explaining key concepts, motivation of the study, problem statement, theoretical framework, aim and objectives of the study and research methodology. The next chapter focuses on the risk factors that compound alcohol abuse.

CHAPTER 2

RISK FACTORS THAT COMPOUND ALCOHOL ABUSE

2.1 Introduction

Indulgence in alcohol abusively by youth is connected to numerous hazard factors (Smuts, 2009). It has been found in the Northern Region, which includes Musina Town, Limpopo Province, that 18% of patients in treatment have alcohol as a primary drug of abuse (South African Community Epidemiology Network on Drug Use, 2017). Thobejane and Raselekoane (2017) in their study discovered that heaviest drinkers in South Africa are between the ages of 18-22 years. Moreover, 35% of learners in schools' drink at least 2 litres of beer per day and 31% only indulge in alcohol during ceremonies, such as parties. As per Addison (1992), the decisions that the individual makes concerning alcohol utilisation, and what impacts these decisions, are firmly identified with the intricate layers in his/her environment which interact with each other. Undeniably, Wills, McNamara, Vaccaro and Hirky (1996) recorded that connection between deviant attitudes and defensive factors, for example, support from guardians are causes in which one can turn into a drug abuser. Evidently, Wood, Read, Mitchell and Brand (2004) are in agreement with Wills and colleagues and battle that parental progressivism could be seen as a contributing element for youth to utilise alcohol or move toward becoming drug abuser.

2.2 Background Information of Alcohol Abuse

According to Donovan (2004), alcohol use is a standout amongst the most widely recognised wellbeing hazard practices among youths. Parry, Myers, Morojele, Flisher, Bhana, Donson and Plüddemann (2004) discovered alcohol as the second most noteworthy abused drug among adolescent patients in Durban, KwaZulu-Natal. Accordingly, association of alcohol use among youth has been recorded as a raising element to high rates of Sexual Transmitted Diseases (STDs), pregnancy, and unprotected sexual experiences with different accomplices (Bachanas, Morris,

Lewis-Gess, Sarett-Cuasay, Siri, Ries, Sawyer, 2002). The early utilisation of alcohol by youth is aligned with continuation of alcohol related issues sometimes down the road. This was affirmed by the findings of Dragan and Hardt (2016) who postulate that males report higher utilisation of alcohol when compared to females.

Nonetheless, few studies have been done on the consumption of alcohol among young people. Available data suggest that substantial proportions consume alcohol. For example, the 2002 and 2008 South African youth risk behaviour surveys among learners in Grades 8 to 11 recorded the following data (Reddy, Panday, Swart, Jinabhai, Amosun, James, Monyeki, Stevens, Morejele, Kambaran, & Omardien, 2003; and Reddy, James, Sewpaul, Koopman, Funani, Sifunda & Omardien, 2010):

- 49% in the 2002 survey and 50% in the 2008 survey admitted that they had 1 or more drinks of alcohol at some time in their life;
- 32% in the 2002 survey and 35% admitted that they had a drink of alcohol on one or more days in the month before the respective surveys; and
- 23% in the 2002 survey and 29% in the 2008 survey admitted past month binge drinking (i.e., imbibed 5 drinks or more within a few hours on one or more days in the month before the respective surveys).

The above findings depict that in 2002 the absolute majority admitted having had one or more drinks of alcohol whereas minority admitted to be engaged in binge drinking. The figures go on to increase in a survey that was conducted in 2002, with 6% increase from 23%. Nonetheless, this chapter vividly discusses the risk factors that compound to alcohol abuse not only in affluent societies but also in poor communities, as they consequently impose a very direct and heavy burden on the already overstretched primary health care resources in South Africa (Van der Bijl, 2004).

2.3 Risk Factors of Alcohol Abuse

Robertson, David and Rao (2003) have recorded that external and internal factors contribute to the usage of alcohol abuse. Initially, alcohol might be added substance; for example, the more chances a child is presented to alcohol, the more probable the young person will abuse alcohol. Besides, some hazard factors are especially solid,

yet may not impact alcohol abuse unless certain conditions prevail. For instance, having a family history of substance abuse, puts a child in danger for medication abuse. In any case, in a situation with no medication abuse peers and solid antidrug standards, that youngster is less inclined to wind up plainly a medication abuser (Robertson *et al.*, 2003). At last, National Institution on Drug Abuse [NIDA], (2003) noticed that the nearness of numerous defensive variables can diminish the effect of a couple of hazard factors. For instance, parental help and association can lessen the impact of having substance abuse on individual.

2.3.1 Demographic differences

As indicated by Gale, Lenardson, Lambert & Hartley, 2012 (2012:5), "age and sex are identified with pre-adult alcohol utilize". Amid youth's age, youths will probably start drinking, participate in fling and substantial drinking, and drive affected by alcohol. Donovan (2004:529) hypothesizes that "most studies of alcohol use initiation have neither examined sociodemographic variables as risk factors nor statistically controlled for them when examining other potential risk factors". In this way, there are just couple of concentrates pertinent to sexual orientation, age, racial/ethnic foundation, and financial status as potential risk factors for beginning to drink. There is extensive variety amongst Whites and other ethnic/racial minority youth regarding drinking, yet in addition critical variety inside these populaces (Donovan, 2004).

Underage drinking is a main general medical issue in this nation. National reviews influence it clear that alcohol use among youth is both far-reaching and unsafe. As indicated by Substance Abuse and Mental Health Services Administration [SAMHSA] (2003) there is a confirmation that demonstrates that youth drink vigorously in correlation with grown-ups. For example, youths devour a normal four to five beverages for every event around five times each month, while grown-ups expend a few beverages for each event around nine times each month. Studies in South Africa alone show that risky drinking has been characterised as drinking at least five or more standard drinks per day for males and three or more drinks for females in the South African Demographic and Health Survey (SADHS) of 1998 (Parry, Pluddemann, Steyn, Bradshaw, Norman & Laubscher, 2005; Morojele, Kachieng, Mokoko, Nkoko, Parry & Nkowane, 2006). Despite the commitments of

the above scholars, Peltzer and Phaswana-Mafuya (2013) argued that among more established grown-ups, risky drinking is characterized as substantial drinking (having more than seven drinks for each week) and hitting the bottle hard (having more than three drinks on one event for each week). As it has been indicated, youth, especially males as compared to their counterparts, are more likely to engage in binge drinking. Nonetheless, the researcher found it necessary to define what constitutes risky drinking across ages and gender.

2.3.1.1 Age

A study by Donovan (2004), demonstrates that drinking regularly starts at extremely youthful ages. Information from late reviews demonstrate that roughly 10 percent of 9 to 10-year-olds have just begun drinking. Then again, Grunbaum, Kann, Kinchen, Ross, Hawkins, Lowry, and Collins (2004) state that about 33% of youth start drinking before age 13; more than one-fourth of 14-year-olds report drinking inside the previous year (SAMHSA, 2003). O'Malley (1998) contended that drinking winds up plainly normal through the young years. The perspectives of O'Malley affirmed the previous finding by Gruber, DiClemente, Anderson, and Lodico, (1996) that early beginning of alcohol use and the acceleration of drinking in puberty are both risk factors for the improvement of alcohol related issues in adulthood.

Looking at underage drinkers only, 12- to 18-year-olds reported to have started drinking between 2 and 3 years earlier, when they were about 9 to 15 years old, respectively (SAMHSA, 2003). This is important because, as already noted, initiating alcohol consumption earlier in adolescence or in childhood is a marker for later problems, including criminal activities and victimisation and meeting criteria for an alcohol dependence diagnosis in adulthood (Grant & Dawson, 1998).

2.3.1.2 Gender

The expansion of alcohol abuse among female understudies is particularly disturbing. In an earlier study involving 1 318 students in Grade 10 from 28 high schools in Southern KwaZulu-Natal, 53% of males and 25% of females reported ever having used alcohol (Taylor, Jinabhai & Naidoo, 2003). Notwithstanding the foregoing, national surveys strongly indicate that drug use among women is increasing, often at higher rates than for men (Caron Treatment Centers, 2004). Of

first time drug users, 54% were female (SAMHSA, 2007). Though men are more likely to become addicted to drugs and alcohol than women are, women tend to become addicted more quickly than men and experience negative medical consequences sooner than men (Caron Treatment Centers, 2004; and National Institute on Alcohol Abuse and Alcoholism. [NIAAA], 2017). Research on relationships within the family shows that adolescent girls respond positively to parental support and discipline, while adolescent boys sometimes respond negatively (NIAAA, 2017). Research on early risk behaviours in the school setting shows that aggressive behaviour in boys and learning difficulties in girls are the primary causes of poor peer relationships (Caron Treatment Centers, 2004). These poor relationships, in turn, can lead to social rejection, a negative school experience, and problem behaviours including drug abuse.

2.3.2 Being Young

When one is young, one is constantly struggling to define and affirm identity (United Nations Office on Drugs and Crime, 2004). In the course of this process, young people often start experimenting alcohol as part of their search for an identity. They may use alcohol to define their belonging to a particular group or to relieve feelings of anxiety or stress in this 'search for the self'. However, while the transition, instability and change, all which characterise adolescence, may well make the adolescent vulnerable to some degree. Others start to experiment using *hubbly bubbly* and, before they know it, they mix it with weed and alcohol and be addicts.

2.3.3 Poor Personal and Social Skills

According to United Nations Office on Drugs and Crime (2004), undeveloped or underdeveloped personal and social skills put a person at greater risk of substance use. Personal and social skills include the ability to take a decision, to express what one feels, to assert oneself or to solve problems. If these skills are not strong, the person is more likely to follow what his or her group of friends does (United Nations Office on Drugs and Crime, 2004). Young people with poor personal and social skills are also less likely to be able to cope with difficult situations.

2.3.4 Accessibility of Alcohol

Youth in rural areas abuse alcohol more than their associates in urban areas (Lambert, Gale & Hartley, 2008; Gfroerer, Larson & Colliver, 2007; and Lasser, Schmidt, Diep & Huebel, 2010) and the utilisation is most elevated among young people living in the most remote rural zones (Gale, Lenardson, Lambert & Hartley, 2012). It could be the issue of boredom that serve as high escalating usage of alcohol abuse amongst the youth given the absence of at leisure facilities such as parks. Nonetheless, Freeman (1999) emphasised that people drink because the government did not supply other recreation facilities. This circumstance remains a test for the present government to give recreational offices to keep individuals far from alcohol. On the other hand, one could also mention that youth in rural area are more likely to engage with alcohol abuse given the exposure of alcohol outlets such as pubs and lack of guardian. Evidently, Connor, Kypri, Bell and Cousins (2010) discovered that an increased in binge drinking is associated with high-density outlets in a community.

According to Masemola, van Aardt, and Coetzee (2012), youth find themselves in an environment wherein there is an easy access of alcohol and their friends are using it. Hence, their receptiveness to alcohol use increases. Given that alcohol is well advertised as compared to other substances, even if a young person does not learn from his peers, he will most certainly learn from media on how to access it. Inevitably, Giesbrecht, Patra, and Popova, (2008) argue that access to alcohol through adverts and promotion on media brings variety of substance in disposal of youth. These adverts evoke an attitude of a young person by the association of unconditioned stimulus with a conditioned stimulus.

2.3.5 Affordability of Alcohol

Finlay, Ram, Maggs, and Caldwell (2012) discovered that students were more likely to indulge in binge drinking on weekends. Whilst, Patrick, Maggs, and Osgood (2010) state that students indulge in binge drinking when they go out to bars, parties and other entertainment events on-campus, which are more likely to be on weekends. Nonetheless, it could be argued that in weekends youth indulge in binge drinking. Moreover, Ayuka, Barnett and Pearce (2014) argue that drinkers tend to

choose cheaper alcoholic beverages to maximise alcohol intake for the money they use. Moreover, Anderson and Baumberg (2006) discovered that an increase in alcohol prices generally leads to a decrease in alcohol consumption, and a decrease in alcohol prices usually leads to an increase in alcohol consumption. In a study conducted by Wagenaar *et al.* (2009), it was affirmed that when alcohol taxes go up, drinking goes down. In other words, alcohol consumption will lessen as the then Minister of Finance, Malusi Gigaba, in his Budget Speech (2018) announced that VAT will be increasing with 1% from 14% to 15%. Thus, youth might reduce alcohol consumption because of the increase in alcohol pricing.

2.4 Effects of Alcohol on Drinkers

Underage drinking can result in a range of adverse short-term and long-term effects, including, namely: Academic problems, Social problems and Physical problems such as hangovers or medical illnesses; Unwanted, unintended, and unprotected sexual activity. Annually, about 5,000 youth under age 21 years die from alcohol related injuries that involve underage drinking. This includes injuries sustained in motor vehicle crashes (about 1,900), homicides (about 1,600), and suicides (about 300), as well as unintentional injuries not related to motor vehicle crashes (National Highway Traffic Safety Administration [NHTSA] 2003; Centers for Disease Control and Prevention [CDC] 2004).

According to Fergusson, Lynskey and Horwood (1994), the transition to adolescence includes two rites of passage that have consequences of increasing the risks of injury and mortality from motor vehicles. First, over the period of adolescence the majority of young people begin to use alcohol as part of social activities. For example, by the age of 15 years over 70% of young people reported drinking within the last year with 30% reporting drinking at least once per month (Fergusson *et al.*, 1994). Second, the onset of drinking behaviours coincides with age at which a driving licence can be obtained with 18 being the age for acquiring a learner's licence. The combination of these two events places adolescents at risk of drink driving with the attendant harms of motor vehicle collisions, injury and death (Roudsari, Ramisetty-Mikler & Rodriguez, 2009; Bingham, Shope, Parow & Raghunathan, 2009; and Hingson & Zha, 2009). Cases of injuries or accidents cause

by alcohol incorporates simply car accident on victims who are not even intoxicated (indirect link). As such, SAMHSA (2003) has viewed alcohol as a leading contributor to injuries and death of drivers who are under the age of 21.

According to Fergusson and Horwood (2000) the impacts of alcohol put youths at expanded dangers of a scope of violations including: brutality, vandalism, sexual wrongdoings, accomplice violence and property violations. Fergusson and colleague findings were upheld by Martin (2001); Miller, Levy, Spicer, and Taylor (2006); Howard, Griffin and Boekeloo, (2008) who all agreed that the probability of youth taking part in criminal exercises happens when they are intoxicated with alcohol. Notwithstanding falling prey to criminal exercises, young people are additionally in danger of being exploited, for example, they are sometimes given hard labour and be paid with alcohol. Inescapably, Abbey, Clinton-Sherrod, McAuslan, Zawacki and Buck (2003); and Connor, You and Casswell (2009) contended that the social setting inside which alcohol is consumed implies that not exclusively are young drinker at risk of behaving in a risky way, they are additionally at an expanded risk or danger of turning into the casualties of alcohol fuelled crimes. For example, young people can sell their household products in an attempt to secure money in order to intoxicate themselves during festive seasons.

2.4.1 Psychological Effects of Alcohol Abuse

As indicated by Donovan (2004), drinkers often use alcohol as a means of coping with stress, anxiety, or depression. Donovan further acknowledges that few studies of adolescents focused on negative affectivity as a motivation to start drinking. On the opposite, Armstrong and Costello (2002) assert that children who later become problem drinkers have been found to have high rates of school dropout and poor achievement, rebelliousness, antisocial behaviour, aggressive behaviour, delinquency, and family problems. Similarly, Webb, Baer and McLaughlin (1991), as well as Brook, Whiteman and Gordon (1985) discovered that the most consistent behavioural risk factors for starting to drink in adolescence is prior involvement in delinquent behaviour.

Robertson, David and Rao (2003:6) content that “early risks, such as out-of-control aggressive behaviour, may be seen in a very young child. If not addressed through positive parental actions, this behaviour can lead to additional risks when the child enters school”. This denotes that behaviour modification is needed earlier before the child interacts with his or her peers at school. Robertson and colleagues further note that reason for problems such as academic failure, rejection by peers and punishment by teachers are the results of aggressive behaviour in school. In other words, alcohol does not only have an effect on the behaviour but has also effect on social exclusion on youth. Again, genetic studies have shown that antisocial behaviour and antisocial personality disorder share common genetic conditions with alcohol and drug use disorders (Kendler, Prescott, Myers, & Neale, 2003). This is in line with the view of Lloyd and Anthony (2003) who linked alcohol consumption with inadequate supervision of children during late childhood as well as in early adolescence.

Makhubele (2012), has distinguished alcohol abuse as a basic risk factor for both chronic diseases and injuries experienced while intoxicated. This means that when people are intoxicated they tend to engage in risky sexual behaviour and as such fell prey to chronic disease such as HIV/AIDS. In any case, Enoch (2011) contends that alcohol is related to ceaseless anxiety and further reasons that the introduction may bring about the way of immature issue drinking. Thus, a few studies have risen to connect consideration shortage/hyperactivity issue (ADHD) with an expanding danger of alcohol abuse (Loney, 1988). Unavoidably, Brent, Kalas, Edelbrock, Costello, Dulcan and Conover (1986) posit that similarly depression as well as conduct disorder remain powerfully related with para-suicide and suicide. As such, alcohol abuse also put their lives at risk when intoxicated as they can be develop oesophageal cancer or have suicidal chance.

2.4.2 Economic Effects of Alcohol Abuse

According to Makhubele (2012:24), “alcohol has diverse influences on people’s economic status. The impact of alcohol on poverty is more than through just the money spent on it and the converse influence of poverty on alcohol, has far more to it than found in the absurd explanation that heavy consumption is the result of the

harshness of poor lives”. It could be deduced that unemployment is associated with an increase in alcohol abuse because some individuals drink while at duty. Setlalentoa, Ryke, and Strydom (2015) in their study they selected communities present with a low socio-economic position and are ravaged by alcohol abuse, binge drinking in particular. Many people are poor, unemployed and depend on social grants and pensions, yet alcohol abuse is high. This is consistent with the views of Zawaira (2009:4) that “poverty is one of the problems experienced by people who abuse alcohol in Africa”.

According to Lynch and Kaplan (2000), levels of education, income and accessibility of alcohol are important markers of socio-economic position. Where there is an easy access of alcohol, the prevalence of alcohol misuse is high among residents of disadvantaged communities. Morojele, Parry and Brooks (2009) also state that structural factors such as poverty and unemployment make substance abuse problems devastating and difficult to solve in poorer and marginalised communities. Of concern are the negative socio-economic effects that are experienced by the drinkers, families and society. Setlalentoa *et al.*, (2015) reported that youths as young as 18 years of age are at risk because they abuse alcohol. They leave school before Grade 10 to do seasonal work on farms. On their return, they drink excessively until the money is finished. Community members receive pensions and grants, which tends to make them dependent on the state. Many families are beneficiaries of pensions and grants as their only source of income. The beneficiaries use this money for alcohol and very little goes towards maintenance of the family and this aggravates the poverty. The situation is even worse in the area where there is no social worker who is responsible for dealing with substance abuse (Setlalentoa *et al.*, 2015).

2.4.3 Hazardous Sexual Behaviours

Alcohol plays a powerful role in risky sexual behaviour, including unwanted, unintended, and unprotected sexual activity, and sex with multiple partners. Alcohol is increasingly being recognised as a key determinant of risky sexual behaviour and, as a result, an indirect contributor to the transmission of HIV (Fritz, Woelk, Bassett, McFarland, Routh & Tobaiwa, 2002) although this relationship is complex and

experts conclude that further research is needed to establish causality (Parry, Rehm, Poznyak & Room, 2009).

2.4.3.1 Increased Risks of Sexual Risk Taking

The overwhelming utilisation of alcohol is additionally connected with expanded dangers of risky sexual behaviour including having various sexual partners and unprotected sex (Santelli, Brener, Lowry, Bhatt & Zabin, 1998). Thus, this expanded rate of risky sexual behaviour is related with Sexually Transmitted Diseases (STDs), pregnancy and abortion (Gillmore, Butler, Lohr & Gilchrist, 1992; Naimi, Lipscomb, Brewer, & Gilbert, 2003; and Prager, Steinauer, Foster, Darney & Drey, 2007). It could be deduced that overwhelming drinking is responsible for STDs because when people are intoxicated they loosen up. Nevertheless, Field, Caetano, and Nelson (2004) have additionally noticed that having an expectation that drinking alcohol will lead to aggressive behaviour, increases the risk of committing violence towards a partner. As it is, it could be hypothesized that intimate partner violence is more severe and more inclined to bring about physical damage when the culprit has consumed alcohol.

2.4.3.2 Increment Danger Of HIV/AIDS

A global meta-analysis of 10 studies demonstrated that those who consumed alcohol before or at the time of sexual intercourse had an 87% increased risk for HIV infection (Baliunas, Rehm, Irving & Shuper, 2010). They additionally attest that those who engaged in heavy, episodic drinking (binge drinking) had double the risk of contracting HIV infection as compared to non-binge drinkers of HIV infection. According to Mbulaiteye, Ruberantwari, Nakiyingi, Carpenter, Kamali, Whitworth (2000); and Fisher, Cook, Sam, Kapiga (2008), a number of studies have reported that there is a relationship between alcohol and HIV sero-positivity (giving positive results in a test blood for the presence of a virus) in sub-Saharan Africa. Kalichman, Simbayi, Kaufman, Cain and Jooste (2007) found that any alcohol use and greater quantities of alcohol use were strongly associated with the risk of HIV transmission in sub-Saharan Africa (Kalichman *et al.*, 2007).

A precise audit of the relationship between HIV disease and alcohol use found that, notwithstanding when every other factors were considered, alcohol clients had a 57

per cent more noteworthy probability of being HIV positive than non-drinkers (Fisher, Bang & Kapiga, 2007). Fisher *et al.*, (2007) additionally declare that the dangers were comparable for males and females. Morojele *et al.*, (2006) and Kalichman, Simbayi, Vermaak, Jooste, and Cain (2008) have affirmed the assertion of the above scholars and mentioned that unsafe sexual conduct is additionally exacerbated both by the social setting in which alcohol is served and expended and the physical attributes of drinking foundations.

2.4.4 Alcohol and Domestic Violence

Alcohol use is a strong and consistent correlate of marital violence (WHO, 2013). Abusive behaviour at home is overflowing and more often than not it is related to alcohol abuse. Alcohol is well documented as a risk factor for many aggressive and vicious acts; without a doubt around 60 per cent of killings are submitted affected by alcohol (Foran & O'Leary, 2008).

According to Bennett and Bland (2008), as far as domestic abuse, inquire about commonly finds that in the vicinity of 25% and half of culprits have been drinking at the time of attack. High rates of violence against women and girls are a standout amongst the most problems that need to be addressed confronting both created and creating nations today. Domestic abuse incorporates both physical violence and passionate, sexual, mental or financial related conduct between intimate partners or relatives which is controlling, coercive or debilitating. WHO (2013) gauges that 33% of women over the world have encountered intimate partner violence or non-partner sexual violence in their lifetime.

2.5 The Role Played by Significant Others as a Contributing Factor to Alcohol Abuse

There are various viewpoints that have essential influence in deciding usage of alcohol in the life of an individual. Gale *et al.*, (2012) assert that the degree of alcohol consumption of youth is impacted by diverse viewpoints, for example, individual qualities, family attributes and companions. This area, the part of guardians and associates in alcohol abuse of youth, is clearly be reviewed as two persuasive variables, namely; roles played by both guardians and peers.

2.5.1 Role Played by Guardians (Parents)

Gale *et al.*, (2012) contend that both structural and social family and parental variables have an impact on young person alcohol abuse. For this case, it is notable and safe to declare that one cannot separate structural and social family factors while examining the part of parents in alcohol abuse of pre-adult, for this situation, youth. On the other hand, parental conduct and expectations concerning alcohol abuse impressively affect adolescents' decision to consume alcohol (Bollinger *et al.*, 2005; and Nash, McQueen & Bray, 2005). Bollinger and associates noticed that 80% of students announced that their parents' desires decided if they drink and the amount they drank alcohol (Bollinger *et al.*, 2005). It could be deduced that when a parent plays a hands on role and practice authoritative parenting skills, the child is less likely to attempt to drink because of the fear of their guardians and/or parents.

Definitely, amid early adolescence stage, parental impact with respect to alcohol abuse appear to heighten and decreases amid later puberty (Nash *et al.*, 2005; and Sieving *et al.*, 2000). Nonetheless, Ferguson and Meehan (2011) noticed that not just parental elements impact the use of alcohol, they have related peer pressure with the reason for alcohol abuse. Contrastingly, it could be reasoned that amid this adolescent stage, an adolescent gives careful consideration to what is being said and acted by their parents. Evidently, Payne and Meyer-Weitz (2007) argue that parents are influential during the adolescent years as younger adolescents listen to their opinions about alcohol, while older adolescents seek guidance from parents' own drinking habits. A study by Hayes, Smart, Toumbourou and Sanson (2004) shows that when parents use alcohol frequently, their children have an increased likelihood of being exposure to alcohol and related risk behaviours. Notwithstanding the views of Hayes *et al.* (2004), adolescents with parents who held permissive attitudes towards alcohol-use are more likely to engage in heavy binge drinking.

Adolescents with parents who held permissive attitudes towards alcohol use were found to be more likely to engage in heavy binge drinking. Evidently, Wood, Read, Mitchell and Brand (2004) contend that parental permissiveness is closely related to alcohol use amongst youth. Little attention has been paid to the role of parents in

adolescents' misuse of alcohol in the South African context, particularly in rural provinces such as Limpopo. Hence, Van der Bijl (2004) holds the view that substance abuse does not only occur in affluent societies, but also in poor communities. Consequently, it imposes a direct and heavy burden on the already overstretched primary health care resources in South Africa.

2.5.2 Role Played by Peers

According to Gale *et al.* (2012:7), "peer influence is an important determinant of whether, how often, how much, and under what conditions an adolescent will drink". As with parental influence, peer influence can either serve as a protective factor (Atkins *et al.*, 2002) or a risk factor. Whether an adolescent perceives that peers disapprove of his drinking and whether an adolescent approves of his peers drinking are related to the likelihood and the degree to which an adolescent will drink. Gale *et al.* (2012) contend that the higher the perceived disapproval, the less likely an adolescent will drink.

The influence of peer on alcohol use is complex as with parental influence. It is subjected to moderating influences and may depend on the strength on the peer attachment. Prinstein, Boergers and Spirito (2001) in their contextual study discovered that adolescents are influenced by numerous behaviours and a considerable percentage (at 80%) of participants in their study reported that they had at least one friend who engaged in deviant behaviour. Again, a substantial percentage (at 86%) of participants in their study reported that they had at least one friend who used illegal substances. At the same time, 97% of participants reported having at least one friend engaged in positive social behaviour (Gale *et al.*, 2012). Inevitably, Olds, Thombs and Tomasek propose that adolescent's belief towards acceptability and prevalence of alcohol use among close friends has strongest intention to use alcohol as compared with other same aged peers in school and community. This suggests that the closeness of peers have significant influence on whether one uses or abstain from using alcohol. Notably, Gardner and Shoemaker (1989) discovered that alcohol use is associated with peer influence, yet moderated by the extent to which youth respect parents, teachers and authority figures and in a process of avoiding getting into trouble.

2.7 Conclusion

Alcohol abuse amongst the youth has been seen as a contributing factor to social problems. The above analysis has indicated that alcohol use in adolescence is associated with an array of other health-risk behaviours, including cigarette smoking, and illicit drug use. It is often cited as one of the key factors responsible for undertaking risky sexual behaviours. It is evident that parental behaviour plays a significant role in influencing adolescents' decision to use alcohol. Underage drinking can result in a range of adverse short-term and long-term effects, including academic problems, social problems; and physical problems that may have effects reaching far beyond adolescence. To that end, the risk factors of alcohol abuse amongst the youth influence the behavioural change, which later encourages maladaptive behaviours such as heavy episodic drinking at parties.

CHAPTER 3

LEGISLATIVE FRAMEWORKS AND INTERVENTION STRATEGIES

3.1 Introduction

In a report that was documented by World Health Organization [WHO] (2014) it was worth noting that alcohol kills millions of people each year globally in terms of diseases and injuries. However, these diseases and injuries that cause millions of deaths globally can be reduced through prevention and treatment policies that have shown to work – that is if the government of South Africa adopt and enforce them (WHO, 2014). This chapter focuses on legislative frameworks and intervention strategies. In doing so, the following points of focus are elaborated upon, namely: background information on the alcohol policy, National Drug Master Plan 2013-2017, Liquor Act 53 of 2003 and Prevention of and Treatment for Substance Abuse Act 70 of 2008.

3.2 Background Information on Alcohol Policy

According to Babor *et al.* (2010:103), “alcohol policy is broadly defined as any purposeful effort or authoritative decision on the part of governments or non-governments groups to minimise or prevent alcohol related consequences.” Policies may involve the implementation of a specific strategy with regard to alcohol problems (for example, increase alcohol taxes) or the allocation of resources that reflect priorities with regard to prevention or treatment efforts. Nonetheless, World Health Organization and others have inspected the confirmation base for alcohol approaches (Babor & Del Boca, 2003; WHO, 2008). However, as part of discussion on policies that are implemented to ameliorate substance abuse, in the Global Report of WHO (2004) several strategies such as availability of alcohol, prices and duties and drinking and driving were seen as ways of coping or dealing with substance abuse.

3.2.1 Availability of alcohol

One of the most effective restrictions on the availability of alcohol is the restriction of sales and consumption by people below a legal drinking age (Wagenaar & Toomey, 2002). This point raises an emphasis that to reduce alcohol misuse, alcohol should be sold to those that are deemed as responsible (i.e., people above the age of 18 years). Accordingly, globally there is a minimum age of drinking, for example, in South Africa the minimum age to purchase alcohol one needs to be 18 years and older. However, that does not mean all countries follow same age restriction, for instance, in Angola their age restriction were as low as 15 years and Nepal had a high age restriction of 25 years (WHO, 2014). It is worth noting that the above data were abstracted from a report that was presented in 2014 and that, currently the above countries have a minimum age restriction of 18 for both on- and off-premise purchase of alcohol (ProCon, 2016).

Babor and Del Boca (2003) contend that the common means of restricting the availability of alcohol is through government control of alcohol sales and distribution. They further asserted that the government could requires sellers and distributors to obtain licences to sell and redistribute alcohol in communities. In other words, those who fail to obtain those licences and found in position of selling and distributing alcohol must be sentenced for not complying with the previously mentioned policy (licenced to sell and distribute alcohol as will be covered in Liquor Act later on).

3.2.2 Prices and duties

Increasing alcohol prices, usually accomplished by raising alcohol taxes, is regarded as the most effective strategy in reducing consumption of alcohol at the population level (WHO, 2014). In a study conducted by Wagenaar *et al.* (2009), it was affirmed that when alcohol taxes go up, drinking goes down. However, Room *et al.*, (2002) argued that such steps can only be effective if the illegal alcohol market is under control. Currently, there is homebrewed alcohol that is not regulated by the government. However, one looks at it, the government has made an attempt to increase prices of alcohol in stores and taking a fair share of the profit to tax revenues. This strategy is globally used as WHO (2014) reported that 20, out of 132 countries, reported positively on ways of exercising tax revenue accumulated from

alcohol tax revenues, wherein they use the portion for alcohol control, health programmes or other dedicated purposes. In South Africa, there are free rehabs that are maintained by the tax revenue but that do not mean positive comes out of the negative. This in other words means that alcohol can contribute 14% to maintain rehabs but that does not prevent road accidents cause by alcohol or drinking and driving. However, one could deduce that the pricing strategy was intendent to make alcohol inaccessible to minor as it will be expensive, but still alcohol harms the society directly and indirectly.

3.2.3 Drinking and Driving

Blood-alcohol concentration is the percentage of alcohol by volume in the bloodstream (WHO, 2014). In a study conducted by Blomberg *et al.* (2009), it was reported that blood-alcohol concentration of 0.04% is responsible for the risk of traffic accidents. Peek-Asa (1999) and Elder *et al.*, (2002) suggested that setting maximum blood-alcohol concentrations for drivers and enforcing these with breathalyser can reduce the risk of motor vehicle accidents related to alcohol by approximately 20%. They further asserted that setting a lower permissible for blood-alcohol concentration for younger drivers can reduce alcohol related crashes with a ranger of 4% to 24%. Their suggestion was supported by WHO (2014) and Shults *et al.*, (2001) who both acknowledged that to enforce these all measures, though, high-visibility enforcement is critical.

The above segment concentrates on the best arrangements; those destined to fill in as future pointers of the adequacy of a worldwide methodology to diminish the harmful use of alcohol. These arrangements are likewise segments of WHO's Global Strategy to Reduce the Harmful Use of Alcohol (WHO, 2014). The presence of unequivocal and enunciated national arrangements on alcohol demonstrates the dedication the nation endeavour to reduce the harm that is accompanied by the use of alcohol. In South Africa, there are numerous legislations and/or policies that attempt to lessen the risk factors that compound the usage of alcohol abuse. The following legislations are discussed in the chapter, namely: National Drug Master Plan 2013-2017, Liquor Act 58 of 2003, and Prevention for and Treatment for Substance Abuse Act 70 of 2008.

3.3 National Drug Master Plan 2013-2017

The United Nations Drug Control Programme [UNDCP] (1997) defines a "drug master plan" as a single document covering all national concerns regarding drug control. It summarises national policies authoritatively, defines priorities and allocates responsibility for drug control efforts. In essence, a drug master plan is a national strategy that guides the operational plans of all government departments and other entities involved in the reduction of demand for dependence-forming substances.

The National Drug Master Plan (NDMP) 2013–2017 of South Africa was formulated by the Central Drug Authority (CDA) (in terms of the Prevention and Treatment of Drug Dependence Act (20 of 1992), as amended, as well as the Prevention of and Treatment for Substance Abuse Act (70 of 2008), as amended, and approved by Parliament) to meet the requirements of the international bodies concerned, and at the same time to meet the specific needs of the South African communities, which sometimes differ from the needs of other countries. The NDMP aims to bring together government departments and other stakeholders in the field of substance abuse to combat the use and abuse of substances and related problems. The overall objective of the NDMP is, namely, to:

- ensure coordination of efforts to reduce the demand, supply and harm caused by substances of abuse;
- ensure effective and efficient services for the combating substances of abuse through the elimination of drug trafficking and related crimes;
- strengthen mechanisms for implementing cost-effective interventions to empower vulnerable groups;
- ensure the sharing of current good practices in reducing harm including social ills related - substance abuse;
- provide a framework for the commissioning of relevant research;
- provide a framework for Monitoring and Evaluation; and
- promote national, regional and international cooperation to reduce the supply of drugs and other substances of abuse.

3.3.1 Integrated and Balanced Approach to the Substance Abuse Problem in the NDMP 2013 – 2017

There is no single approach that could solve the problem of substance abuse, thence, NDMP has evaluated strategies that could be implemented in order to deal with the risk factors brought by substance abuse. The NDMP has recognised demand reduction, supply reduction and harm reduction as strategies that could be implemented to deal with escalating risk factors of alcohol abuse in South Africa.

3.3.1.1 Demand Reduction

According to NDMP (2013-2017) demand reduction strategy is aimed at preventing the onset of substance abuse/dependence, and eliminating or reducing the effect of conditions conducive to the use of dependence-forming substances. In an attempt to prevent substance abuse, those who are deemed as potential users (learners) are educated of the risk factor of alcohol abuse through “*Ke Moja*” program. NDMP also prevent the use of substances abuse by imposing restrictions on the use of substances (for example, by increasing the age at which alcohol may be used legally). Currently those who consume alcohol are not supposed to be under the age of 18 years, however, in Liquor Amendment Bill (2016) it was discussed that the Liquor Act 2003 should be amended and that included raising the age from under 18 to 21 years. As such, the above are initiative that NDMP brings on the table in order to lessen substance abuse.

Patel (2006) and Van Rooyen (2003) have both raise concerns that, in order for the demand reduction interventions to be effective, the application of one or more problem solving approach needs to be adopted. The following are approaches that can be adopted in order to effectively reduce the need for substances:

- **Development:** Development is aimed at developing the competency of individuals, families and communities to deal with drug-related social problems. Interventions could include: running prevention programmes encompassing outreach and awareness; education and communication (designed to broaden the knowledge base of individuals, families and communities faced with drug-related problems as a prerequisite for empowering them to deal with these problems);

- Social policy application: Social policy application addresses the needs of the community in combating drug use and abuse. The intervention includes using research to develop new ways of dealing with the drug problem; and
- Advocacy: Advocacy is about using the already existing experience of community and families in order to modify or improve policies that addresses drug problem. The intervention includes increasing the knowledge base of communities to enable them to make meaningful contributions to drug-related policy and practice;

The above approaches are in line with the aim of the NDMP as it takes a holistically approach in order to deal with a drug or rather substance abuse.

3.3.1.2 Supply Reduction

Supply reduction, or reducing the quantity of the substance available on the market by, for example, destroying cannabis (dagga) crops in the field.

3.3.1.3 Harm Reduction

Harm reduction, or limiting or ameliorating the damage caused to individuals or communities who have already succumbed to the temptation of substance abuse. For example, this can be achieved through, treatment, aftercare and re-integration of substance abusers/dependents with society.

3.4 Legislation Frameworks that Form Backbone to Prevention of Substance Abuse

The control of illicit drugs in South Africa is organised and managed through legislation. The following are legislations that NDMP sees as ways of controlling the risk factors of substance abuse in general.

- Drugs and Drug Trafficking Act (140 of 1992), provides for the prohibition of the use or possession of, or the dealing in, drugs and of certain acts relating to the manufacture or supply of certain substances. It further provides for the obligation to report certain information to the police, and for the exercise of the powers of entry, search, seizure and detention in specified circumstances.

- Medicines and Related Substances Control Act (101 of 1965), provides for the registration of medicines and other medicinal products to ensure their safety for human and animal use, the establishment of a Medicines Control Council for the control of medicines and the scheduling of substances and medical devices. It provides transparency in the pricing of medicines.
- Prevention of and Treatment for Substance Abuse Act (70 of 2008), will replace Act 20 of 1992 once the regulations are developed and approved (will be discussed in detailed).
- Prevention of Organised Crime Act (121 of 1998), provides for the recovery of the proceeds of crime (irrespective of their source) as well as money laundering.
- Road Traffic Amendment Act (21 of 1998), which makes provision for the mandatory testing of vehicle drivers for drugs, in order to protect the public from the danger of drug abuse. The legally acceptable blood-alcohol level has been reduced from 80 mg to 50 mg alcohol per 100 ml of blood; and .
- Tobacco Products Control Amendment Act (12 of 1999), which provides for the control of tobacco products, prohibition of smoking in public places, advertisement of tobacco products as well as sponsoring of events by the tobacco industry.

Nonetheless, given the broader scope that the above legislations covers, the following legislations are discussed in this chapter as the core legislations that attempt to ameliorate the risk factors of alcohol abuse, namely: the Liquor Act 53 of 2003 (as well as the amendment Bill discussion) and the Prevention of and Treatment for Substance Abuse Act 70 of 2008.

3.4.1 Liquor Act 53 of 2003

The act provides for essential national standards and minimum standards required for the rendering of services. It also provides for measures to promote co-operative government in the area of liquor regulation. Liquor Act seeks to reduce the socio-economic effects of alcohol abuse by setting norms and standards to be adopted. The Act further aim at promoting the development of suitable and responsible

alcohol outlets in the community by regulating the distribution of alcohol. During the discussion to amend this act, the above objectives were evaluated.

3.4.1.1 Prevention of Alcohol Abuse

Alcohol contributes to many social ills; from unemployment to poverty. The Liquor Act has made some attempts to deal with challenges that are married to alcohol abuse. In this section, the following sections or rather points of focus are evaluated as a means to reduce the risk factors of alcohol abuse amongst the youth.

3.4.1.1.1 Section selling and purchasing alcohol

Section 8, subsection (1) stipulates that, despite any law or agreement to the contrary, a registered person must not employ a person who has not yet attained the age of 16 years in any activity relating to the manufacturing or distribution of liquor or methylated spirits, unless the employee is undergoing training or learnership contemplated in section 16 of the *Skills Development Act*, 1998 (Act No. 94 of 1998). This section is supplemented by Section 10, subsection (1) and subsection (3) which stipulate that a person must not sell or supply liquor or methylated spirits to a minor and a person must take reasonable measures to determine accurately whether or not a person is a minor, before selling or supplying liquor or methylated spirits to that person. In South African, a minor is referred to someone who is under the age of 18 years as also supported by Children's Act 38 of 2005. However, during the discussion to amend *Liquor Act* 53 of 2003, it was argued that the national minimum legal age at which alcohol can be purchased and consumed should be raised from eighteen (18) to twenty-one (21) years. The licensees, manager or any other person dispensing liquor at the premises must take steps to ensure verification of the age of any person who appears to be under the age of 21 years by requesting an identity document, passport or driver's license in order to verify the person's age before any liquor may be sold or supplied to them. In urban areas, for example, Europa, in Pretoria, requires one to provide an identity document at the door but the same cannot be said about taverns in rural areas. Parents can send their children who are aged 14 years to purchase alcohol for them and bar owners because of their quest to make profit sell without asking for identification.

Liquor Act makes a provision in section 20, subsection (2) that the minister may cancel a registration if the registrant does not comply with a condition of registration. It is also supplemented by section 35, subsection (1) which stipulates that a person who contravenes or fails to comply with a provision of this act is liable on conviction to a fine not exceeding R1 000 000, or to imprisonment for a period not exceeding five years. This section covers those who sell alcohol to minors. Hence, during the amendment bill discussion, it was mentioned that it should be an offense for the bar owner to sell liquor to persons under the age of 21 years and for persons under the age of 21 years to provide false evidence of their age in order to access liquor or enter a liquor premise. In order to standardise licensing requirements, it is proposed that liquor premises be located at least five hundred meters (500m) away from schools, places of worship; recreation facilities, rehabilitation or treatment centres, residential areas and public institutions. Furthermore, no liquor licenses shall be issued to petrol service stations; premises attached to petrol service stations; premises near public transport; and areas not classified for entertainment or zoned by municipalities for purposes of trading in liquor. If such a license is already issued it should be terminated within a period of two years.

3.4.1.1.2 Restriction of Alcohol Adverts

Section 9, subsection (1) (iii) posit that a person must not advertise in a manner intended to target or attract minors. However, *Liquor Amendment Bill (2016)* is calling for the restriction of advertisement of the alcoholic beverages, prohibitions of sponsorship and promotion associated with alcoholic beverages. Their argument is based entirely on the fact that young people sees alcohol use as social acceptable thing, as something that is on the agenda. For example, whenever a young person turns on the television or simply walk around, he or she sees alcohol adverts all around and this creates a mentality that alcohol is a nice way to go as it sponsors many professions that young people are following such as sport and music. Hence, there is classical conditioning that entails the evoking of an attitude by the association of unconditioned stimulus with a conditioned stimulus (Mynhardt, 2009). In other words, stimuli are continuously paired together to elicit certain attitudes. For example, when advertising alcohol with an exquisite lady so that young men could associate the liquor with the picture and have positive attitude towards the product. According to Taylor *et al.* (2000), people acquire information and feelings by the

process of association – a link in memory between stimuli that are related. As such, advertisements do not have control of how their adverts stimulates those who sees, in regardless of their attempts to sanction the message “*not for sale to the person under the age of 18*”. Hence, during the discussion it was suggested that alcohol adverts should be banned altogether.

In conclusion, in the executive summary of Liquor Bill, it is mentioned that to reduce the harmful use of alcohol, it is also important to regulate the availability of alcohol. One of the strategies to reduce the availability of liquor includes the need to regulate days and hours when liquor sales should be permitted. Liquor authorities and municipalities need to control access to liquor by restricting times for sales of liquor and sales of liquor in zoned areas. This should be done by setting norms and standards around trading hours. The set uniform trading hours within the norms and standards should be integrated in both national, provincial and municipal legislation.

3.4.2 Prevention of and Treatment for Substance Abuse Act, 70 of 2008.

The purpose of the *Prevention of and Treatment for Substance Abuse Act 70 of 2008* is to provide for a comprehensive national response for the combatting of substance abuse and to provide for mechanisms aimed at demand and harm reduction in relation to substance abuse through intervention, treatment and re-integration programmes, as well as to provide for registration and establishment of treatment centres and halfway houses.

Section 9, subsection (1) defines this Act as a prevention programme that prevents a person from using or continuing to use substances that may lead to abuse or result in dependence. Furthermore, subsection (2) states that prevention programmes must focus on the following: (a) preserving the family structure of the persons affected by substance abuse and those who are dependent on substances; (b) developing appropriate parenting skills for families at risk; (c) creating awareness and educating the public on the dangers and consequences of substance abuse; (d) engaging young people in sports, arts and recreational activities and ensuring the productive and constructive use of leisure time; (e) peer education programmes for youth; (f) enabling parents and families to recognise the early-warning signs with

regard to substance use and equipping them with information on appropriate responses and available services; and (g) empowering communities to understand and to be proactive in dealing with challenges related to substance abuse, and its link to crime, HIV and AIDS and other health conditions. This section has given birth to programmes like “*Ke Moja, I’m addicted to life and the puppet*” which attempt to make youth aware of the risk factors associated with substances. In addition, the Act makes provision for the establishment and registration of public and private treatment centres for the purpose to provide inpatient treatment services. Currently in Limpopo Province there is one treatment centre in Seshego. However, it seems like it does no longer fully operate and given the size of the Limpopo Province, there are out to be other treatment centres in the other rural areas like Musina – given the high flow of people from the Beitbridge. The Act also makes a provision that no person is allowed to operate a treatment centre without it being registered in terms of Act 70 of 2008. Meaning whoever is interested to open an inpatient or outpatient prevention programme needs to be registered with this Act.

3.5 Conclusion

This chapter has discussed legislation frameworks and intervention strategies that are brought forward to deal with drug or substance abuse. The legislation frameworks were supported by the World Health Organization Global Report. More emphasis was on National Drug Master Plan 2013-2017, *Liquor Act* 53 of 2003 and closed with *Prevention of and Treatment for Substance Abuse Act* 70 of 2008.

CHAPTER 4

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

4.1 Introduction

This chapter presents an analysis and interpretation of data collected from alcohol users and non-users on the risk factors of alcohol abuse amongst the youth. Questionnaires and focus groups were used to collect data aimed at gaining an understanding about the risk factors of alcohol abuse amongst the youth. Data is presented and analysed through the use of tables, figures and themes so as to ensure that there is order, structure and meaning to the mass of collected information.

4.2 Section A: Demographics of the Respondents

The demographics refer to the information about the respondents. The information on the demographic details is imperative because it provides a profile of the respondents. The demographics represents the summary of learners who responded to the questionnaires in this study.

4.2.1 Gender of the respondents

Gender	Frequency	Percentages (%)
Female	62	65%
Male	34	35%

Table 2: Gender of the respondents

The above table shows that the substantial majority (at 55%) of the respondents were males followed by 45% of females. The reason for majority of respondents to be males might be of the assumption that males indulge in alcohol abuse more than females. This assumption is affirmed by the views of Caron Treatment Centers (2004) and NIAAA (2017) who both discovered that men are more likely to become alcohol addicts as compared to their counterparts (women). Conversely, women tend

to become addicted more quickly than men and experience negative medical consequences sooner than men (Caron Treatment Centers, 2004). Nonetheless, the researcher was cautious of this assumption given the methodology (random sampling) and the fact that he is a male researcher, female might lean back.

4.2.2 Age of the respondents

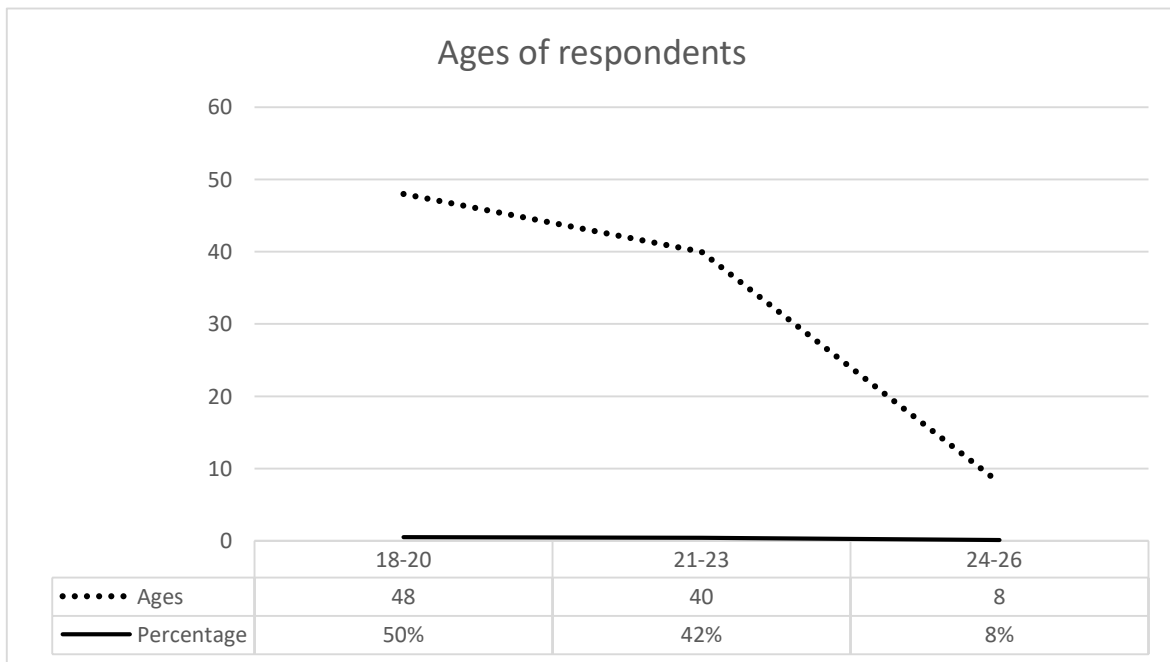


Figure 1: Age of the respondents

From the above figure, it can be depicted that half (at 50%) of the respondents were aged between 18 to 20 years, followed by 42% for the age range of 21 to 23 years and 8% for the age range between 24 to 26 years. Globally, studies have a different view as when youth start to indulge into alcohol. For instance, a study conducted by Ramsomar and Morojele (2012) discovered that young people start to indulge in alcohol abuse between the ages of 13 to 19 years. Whilst, Fortune, Watson, Robinson, Fleming, Merry, and Denny (2010) discovered that young people aged 12 to 16 years engage in binge drinking and those who are aged 16 to 21 years engage in hazardous drinking (Wells, Baxter, & Schaaf, 2007). Nonetheless, in South Africa, as in other countries, the alcohol initiation age has reduced significantly. Youth starts to indulge in alcohol between the ages of 15 to 24 years (Peltzer, & Ramlagan,

2009). This shows that bar owners, in respect of the *Liquor Act 53* of 2003, sell alcohol to anyone including those who are under the age of 18.

4.2.3 Occupation status

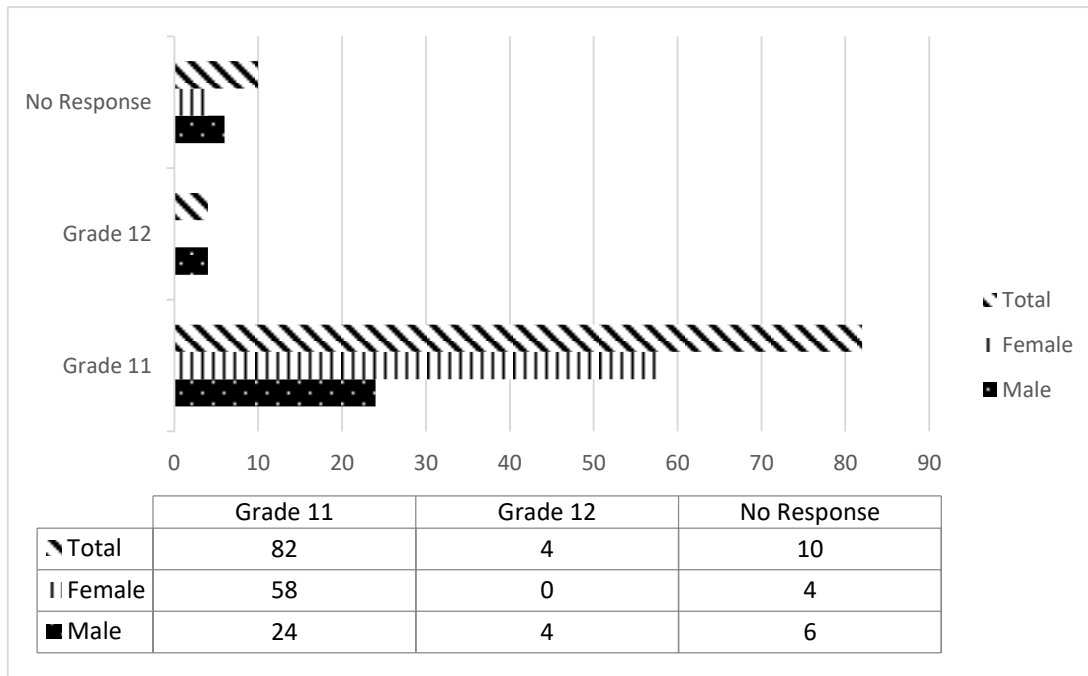


Figure 2: Occupation status

The study intended to discover the occupation status of both alcohol users and non-users distinguishing them by their gender. As such, the above figure depicts that substantial majority (n=82; at 85%) of the respondents are in Grade 11; n=4, at 4% are in Grade 12 and n=10, at 11% did not respond to the question. Based from the above table, the environment contributes to alcohol use or non-use amongst the youth. This assertion affirms the view of Masilo (2012) who postulates that schools that are nearby taverns and shebeens make learners to have an appetite for alcohol and drugs. In other words, learners not only learn maladaptive behaviour from their peers in schools, but the environment also pushes them.

In spite of the above findings, Setlaltoa *et al.* (2015) and Armstrong and Costello (2002) both discovered that youth as young as 18 years of age drop out of school to do seasonal work on farms. Notwithstanding the view of the above authors, in this study learners are pursuing their school activities.

4.2.4 Number of alcohol users and no-users

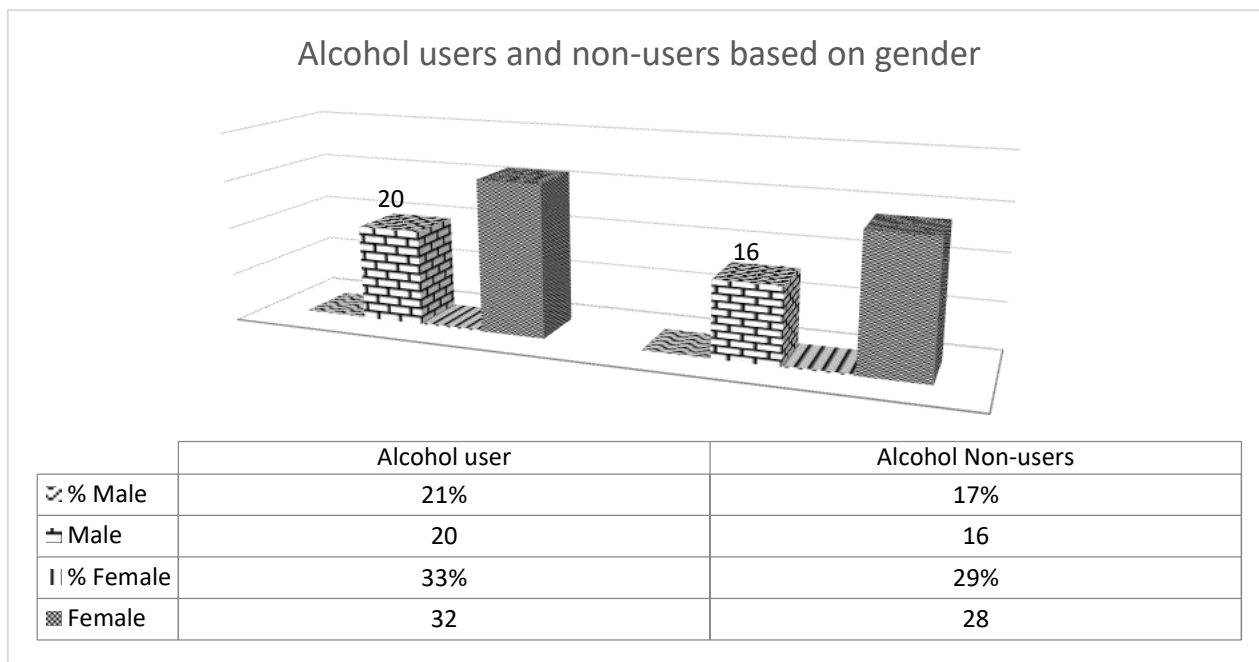


Figure 3: Number of alcohol users and non-users

The figure above provides information regarding the number of respondents who are currently using and not using alcohol. It could be depicted from the figure that the majority of females (33%) and males (21%) are alcohol users with a representative of 54%. Whilst, female (29%) and male (17%) are non-users with a representative of 46%. This finding, contrast the views of Dragan and Hardt (2016) who postulate that males report a higher utilisation of alcohol when compared to females. However, according to Caron Treatment Centers (2004) drug use among women is increasing, often at higher rates than for men. They tend to become addicted more quickly than men and experience negative medical consequences sooner than men. From the above figure, it is notable that majority of the respondents who are alcohol users are females.

4.2.5 Responses on Who Exercises Discipline in the Household

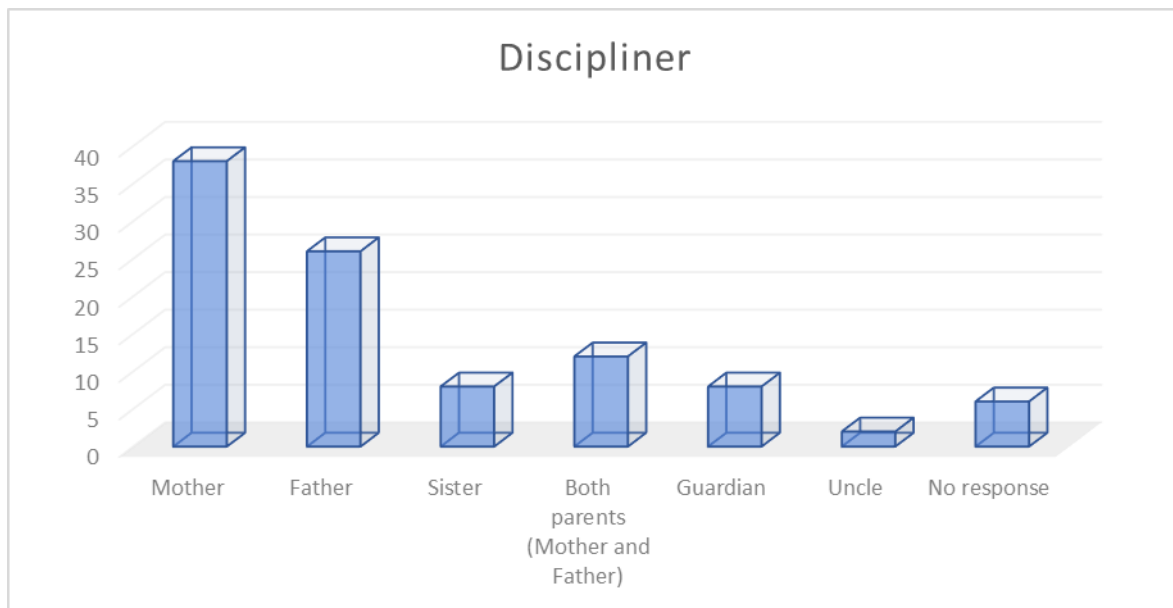


Figure 4: Responses on Who Exercises Discipline in the Household

The graph above depicts that 38% of the respondents were disciplined by their mothers, followed by 26% disciplined by their fathers – 12% disciplined by their both parents (mother and father) – 8% disciplined by their guardians – 8% disciplined by their sisters – 2% disciplined by their uncles – 6% did not respond to the question. According to Nash *et al.* (2005), amid early adolescence stage, parental impact with respect to alcohol abuse appear to heighten and decreases amid later puberty. From the above data, during this critical stage, the data show that mothers are left at home to discipline their children; some are single mothers whereas others are trying to maintain their children while their partners are out seeking for employment.

DSD (2013:28) reports that, “parental home is responsible for socialising children appropriately; plays a decisive role in moulding and instilling appropriate attitudes and behaviour patterns. Parents should bond, create and maintain an affectionate relationship with their young children.” In other words, when there is a single mother responsible for the adolescent, not all mores will be transferred to those children. In addition, the researcher believes it is easy for mothers to discipline and socialise adolescent girls as compared to adolescent boys. This assertion is supported by NIAAA (2017) which discovered that relationships within the family shows that adolescent girls respond positively to parental support and discipline, while

adolescent boys sometimes respond negatively. Hence, Steinberg, Lamborn, Dornbusch; and Darling (1992) state that the combination of discipline and support by authoritative parents promotes healthy decision making about alcohol and other potential threats to healthy development. It is for this reason that the researcher believes that the youth must be disciplined by both parents; specifically authoritative parents, not permissive, authoritarian or neglectful parents. For this reason, Jackson (2002) argues that authoritative parents are most likely to have adolescents who respect boundaries that they have established around drinking and other behaviours. He further articulates that adolescents raised by permissive, neglectful and authoritarian parents are not influenced by their parents' boundaries on alcohol consumption.

4.3 Section B: Risk Factors of Alcohol Abuse

This section covers the various risk factors of alcohol abuse amongst the youth. The following aspects are discussed as risk factors of alcohol use.

4.3.1 Accessibility of substances

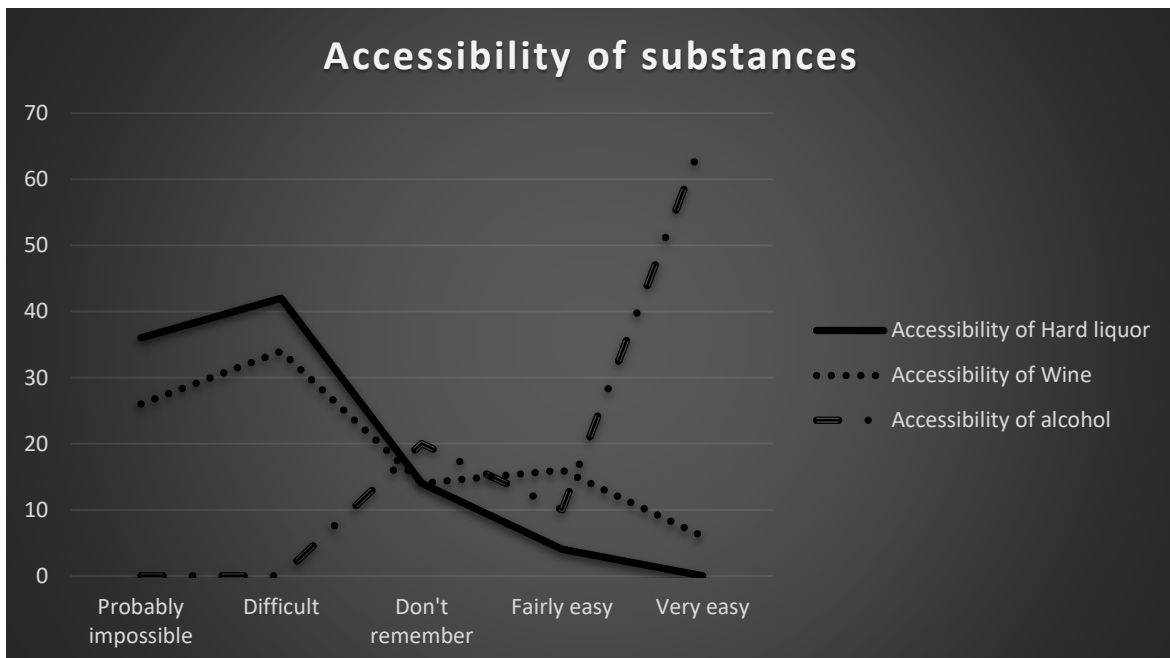


Figure 5: Accessibility of Substances

The figure above shows that a substantial majority (at 69%) reported to have an easy access to purchase alcohol; 35% reported that it is difficult to purchase wine and 44% reported that it is probably impossible to purchase hard liquor (such as brandy). It is not surprising to see alcohol being accessible as compared to other substance, because in rural areas, there are many alcohol outlets. Giesbrecht, Patra, and Popova (2008:23) posit that “suicide, and alcohol-related crash are significantly associated with liquor outlet density.” In other words, the more alcohol outlets in the community, the more challenges or risk youth face of falling prey to the above-mentioned social ills. Evidently, Connor, Kypri, Bell and Cousins (2010) discovered that an increased in binge drinking is associated with high-density outlets in a community. According to Masemola, van Aardt, and Coetzee (2012), youth find themselves in an environment wherein there is an easy access of alcohol and their friends are using it. Hence, their receptiveness to alcohol use increases.

Alcohol is well advertised as compared to other substances, even if a young person does not learn from his peers, he will most certainly learn from the media on how to access it. Inevitably, Giesbrecht, Patra, and Popova (2008) argue that access to alcohol through adverts and promotion on media brings a variety of substance in the disposal of youth. Thobejane and Raselekoane (2017:96) concur with the above authors and in their study conducted in Musina Town, they discovered that alcohol is being advertised every 5 minutes on television. These adverts evoke an attitude of a young person by association of unconditioned stimulus with a conditioned stimulus. Alcohol is advertised with professions that young people follow such as music and soccer. As such, one could conclude that when they advert alcohol during soccer matches a young person salivates. Hence, *Liquor Amendment Bill* (2016) is calling for the restriction of advertisement of the alcoholic beverages, prohibitions of sponsorship and promotion associated with alcoholic beverages. Their argument is based entirely on the fact that young people sees alcohol use as social acceptable thing, as something that is on the agenda.

4.3.2 Affordability of Alcohol

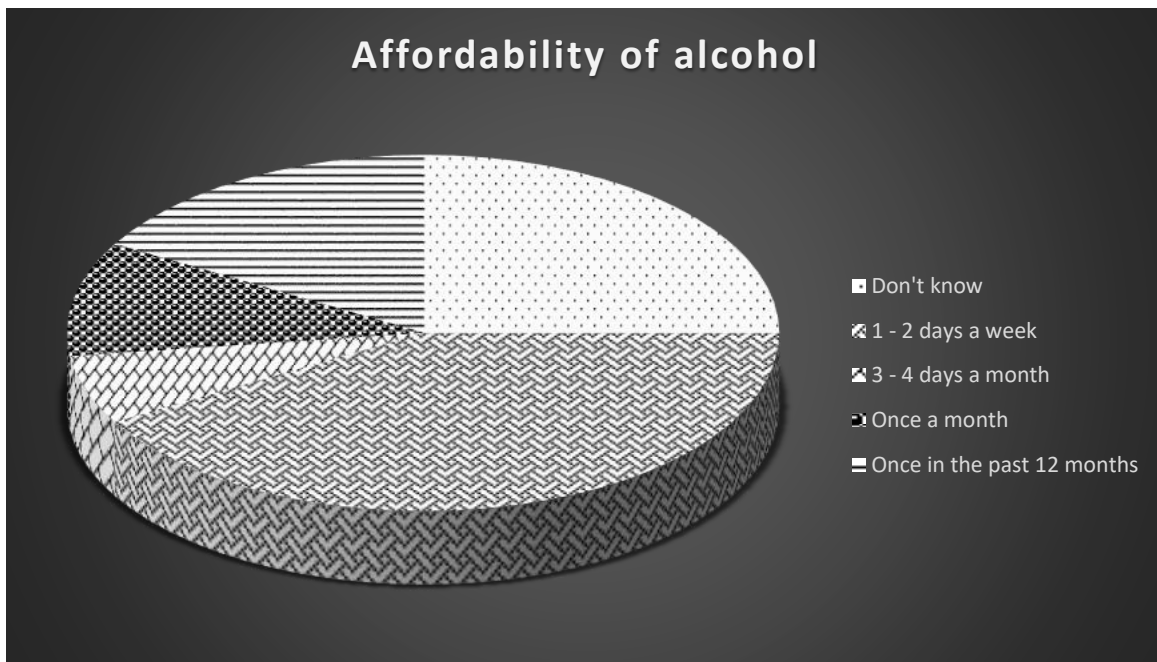


Figure 6: Affordability of Alcohol

The above chart shows that 42% of the respondents reported that they consume alcohol in 1-2 days a week; 17% once in the past 12 months; 10% once a month, 6% in 3-4 days a month; 25% does not know. Most of the respondents drink alcohol 1-2 days a week because they are students and during the week they have no time to drink as they attend classes. Evidently, Finlay, Ram, Maggs, and Caldwell (2012) discovered that students were more likely to indulge in binge drinking on weekends. Whilst, Patrick, Maggs, and Osgood (2010) state that students indulge in binge drinking when they go out to bars, parties and other entertainment events on-campus, which are more likely to be on weekends. Nonetheless, it could be argued that in weekends youth indulge in binge drinking. Moreover, Ayuka, Barnett and Pearce (2014) argue that drinkers tend to choose cheaper alcoholic beverages to maximise alcohol intake for the money they use.

According to Anderson and Baumberg (2006), an increase in alcohol prices generally leads to a decrease in alcohol consumption, and a decrease in alcohol prices usually leads to an increase in alcohol consumption. In a study conducted by Wagenaar *et al.* (2009), it was affirmed that when alcohol taxes go up, drinking goes down. In other words, alcohol consumption will lessen as by the then Minister of

Finance, Malusi Gigaba, in his budget speech (2018) announced that VAT will be increasing with 1% from 14% to 15%. As already discussed, youth might reduce alcohol consumption because of the increase in alcohol pricing.

4.3.3 Family Members Who Drink

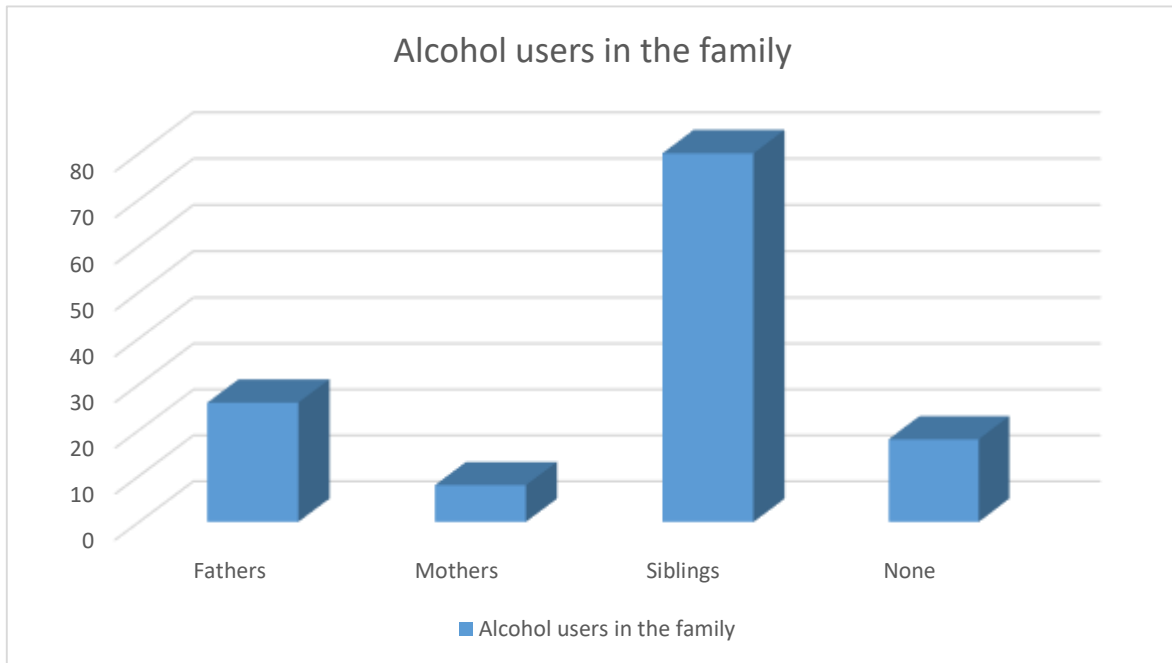


Figure 7: Family members who drink

The table above shows that an absolute majority (at 61%) of the respondents have siblings who consumes alcohol; 20% has fathers who consume alcohol, 6% has mothers who consumes alcohol; and 13% resides with family members who are not consuming alcohol.

In corroboration with quantitative results, substantial majority of the participants stated that young people indulge in alcohol abuse because they have seen their parents consuming alcohol. Some of the responses made were:

“I already got on the wrong side of the other one, I asked him if whether he knows that when he drinks in front of the children, they will end up drinking?”

The findings depict that whenever an authoritarian figure engages in maladaptive behaviours, in this case, consuming alcohol, in the presence of a minor, he or she

emulate an elderly person as they perceive them as their role model. Hayes, Smart, Toumbourou and Sanson (2004), in their study, discovered that that when parents use alcohol frequently, their children have an increased likelihood of being exposure to alcohol and related risk behaviours. If a father or mother, as discipliner or those who enforce discipline, is intoxicated, how then can such reprimand the child? From this focus group, the participants acknowledged that parents need to be wary of their own behaviour in the presence of their children, not only their children but also the children within the community. Elderly people have what is known as streetwise intelligence or wisdom and they need sober minds in transferring their historical norms (specifically, mores). However, in rural areas mores are rapidly disappearing because those who supposed to enforce them are in bars whereas others are with their children in bars and teaching how to drink together. The researcher is of the notion that positive conduct from elderly people will result in reduction of binge drinking from youth as they learn every behaviour form them. As previously noted, DSD (2013:28) reported that, “parental home is responsible for socialising children appropriately; plays a decisive role in moulding and instilling appropriate attitudes and behaviour patterns. Parents should bond, create and maintain an affectionate relationship with their young children.”

4.3.4 Permissive Parents

Substantial majority of the participants reported that parents are ignorant and not taking a good care of their children. The participants believed that youth indulge in alcohol abuse because there is no visible adult supervision around them. Some of the responses given by the participants were as follows:

“... parents are irresponsible, we leave our children alone in the RDPs and go to work. I am still saying, we should not leave children by themselves.”

The participants were of the notion that lack of guardian also tempt youth to indulge in alcohol abuse because there is no one who supervises their behaviour and movement. This finding substantiates the findings of Lloyd and Anthony (2003) discovered that alcohol consumption is liked with inadequate adult supervision of children during late childhood as well as in early adolescence. In addition, Evidently,

Hayes *et al.* (2004) state that adolescents with parents who held permissive attitudes towards alcohol use are more likely to engage in heavy binge drinking. In each family, the absence of an adult personnel gives a permission or room for maladaptive behaviours. A case in example is the university, there is a minimal supervision from parents in institutions as a result young people maximise that opportunity to indulge in binge drinking and other substance abuse. This example was also emphasised by Bachman *et al.*, (1997) who found that increasing drinking after high school was associated with leaving the parental home and acquiring freedom from adult supervision. In other words, the onset of binge drinking corresponds with high school years. However, with minimum supervision, what usually follows is partying until late and, normally, that is where youth start to engage in binge drinking. Given the foregoing facts, Africans, especially those who are in rural areas, need to ask their extended family members to provide guardianship to their children if they are working and residing in urban areas to lessen alcohol abuse.

4.3.5 Peer Pressure

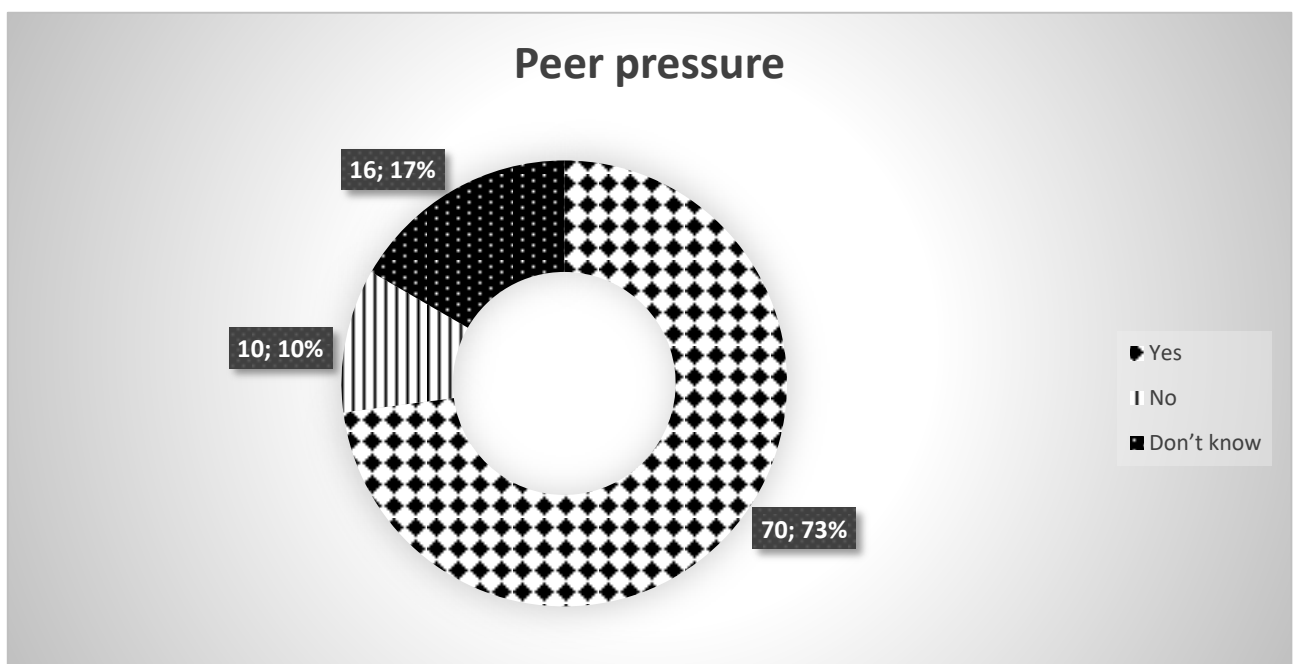


Figure 8: Peer Pressure

The above chart shows that an overwhelming majority (at 73%) of the respondents stated that peer pressure influences youth to indulge in alcohol abuse; 10% did not

see peer pressure as the contributing factor; and 17% remained neutral. The findings affirmed the view of Gale *et al.* (2012), who stipulated that peer impact is an essential determinant of whether, how frequently, how much, and under what conditions an adolescent will drink.

In corroboration with quantitative results, majority of the participants believed that children do not only learn from their parents to indulge in alcohol abuse, but they learn such behaviour from their friends. Some of the responses were:

“... children learn this things from the streets, for example, I am a pastor, I do not smoke, drink alcohol nor there is anyone in my house who does those things, but you will find your child drinking, where does he learn that behaviour from? From the streets, he left home and went on to learn these things from the streets.”

These results and findings depict that for youth to indulge in alcohol abuse is because of learned maladaptive behaviour from their peers. If learned patterns from home are not covered with precise caution from secondary source of socialisation, that is friends, young ones accommodate behaviour from extended sources whether positive or negative into their memory. Children assimilate mores learned from their family and accommodate what they learn on street as a way of attempting to broaden their vocabulary in their brains. This finding upheld the views of Atkins *et al.*, (2002) who postulated that peer influence has either a protective factor or a risk factor and friends who use alcohol and other drugs are an important determinant of drinking behaviour and another drug use (Branstetter, Low & Furman, 2011). The researcher is of the notion that the type of friends that a young person keeps have an impact on his or her behaviour since they are secondary source of socialisation. For instance, if one associates him or herself with alcohol non-users, he or she will learn positive habits and the opposite is true. As previously noted, Gale *et al.* (2012), stipulate that peer impact is an essential determinant of whether, how frequently, how much, and under what conditions an adolescent will drink. In other words, youth utilise alcohol so that their peers can accept them in their cliques or sub-group. Evidently, United Nations on Drugs (2004) reported that young people start experimenting alcohol as part of their search for an identity and, as such, they use

substances to define their belonging to a particular group or to relieve feelings of anxiety or stress in this search for the self.

4.3.6 Self-esteem

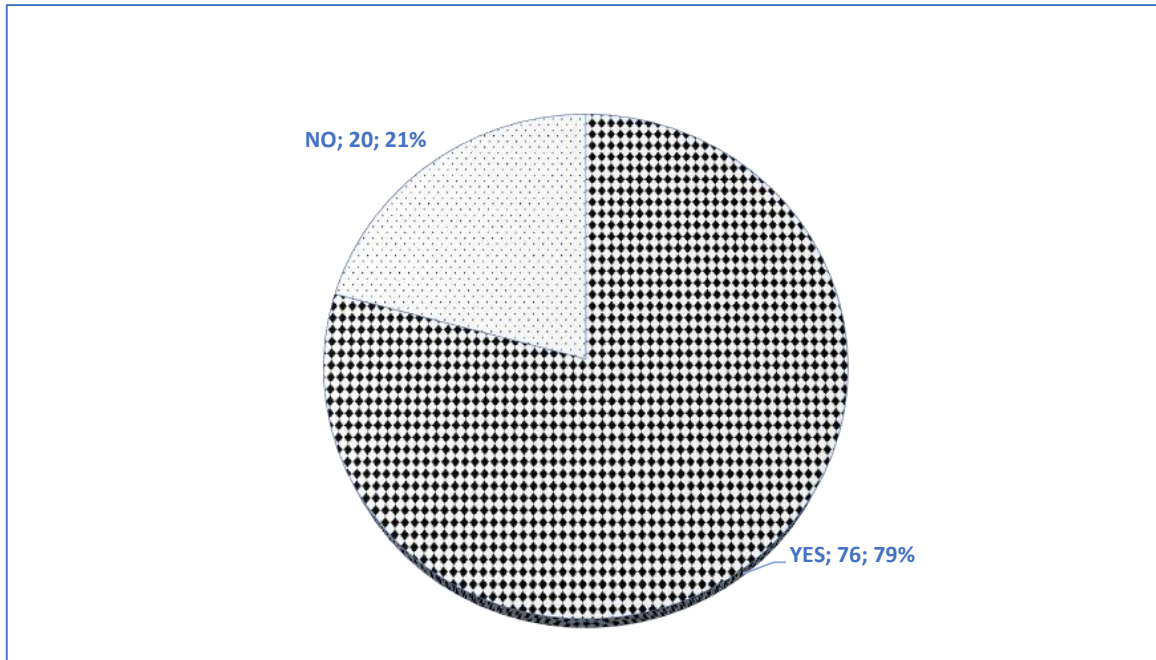


Figure 9:Self-esteem

The chart above showcase that substantial majority (at 79%) of the respondents stated that youth indulge in alcohol abuse because of low self-esteem whilst 21% are opposing the idea. In other words, young people lack self-esteem and they associate themselves with alcohol to develop their self-esteem. This statement is backed up by Suvitha, Navaneetha, Nappinai, Sridevy and Premila (2017) who discovered that youth with low self-esteem struggle to find success and happiness. This is mostly because they do not feel themselves worthy of enjoying such things. For that reason, youth indulge in alcohol abuse because it offers them a temporary solution to their problems. Their problems could include making friends in a new school. However, that does not solve the problem because, as much as they temporarily deal with their problems, they also expose themselves to potential alcohol addiction (Suvitha *et al.*, 2017). For instance, others can only talk with people when they are intoxicated and, as such, they will need to continuously be intoxicated to have a conversation with their peers. This example is supported by the assertion of Gold (1980) who argued

that drug users rely more and more on drugs for feeling good and in control, in particularly for person lacking social skills and low self-esteem. In addition, Suvitha *et al.*, (2017) substantiate on the view of Gold and stipulates that alcohol increases self-confidence of alcohol first time users.

4.3.7 Stress

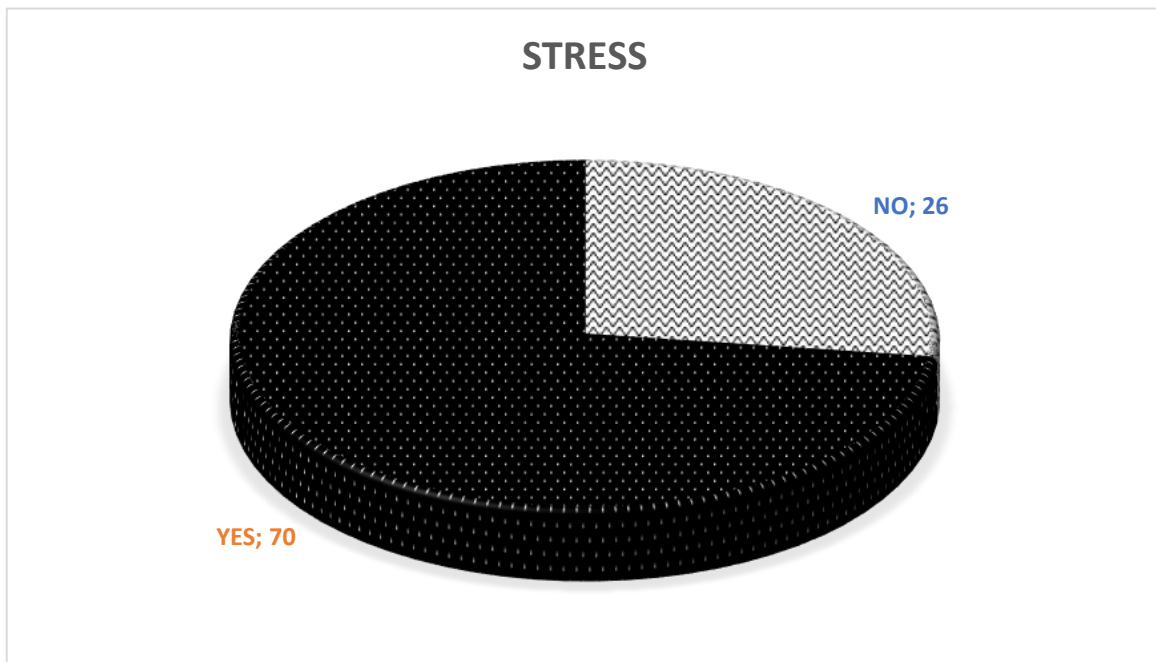


Figure 10: Stress

From the chart above, a substantial majority (at 73%) of respondents stated that youth indulge in alcohol abuse because of stress whilst 27% did not see stress as a risk factor of alcohol abuse. This finding substantiates on the findings of Brady and Sonne (1999) and Jackson, Knight, and Rafferty (2010) who assert that stress is strongly associated with alcohol use amongst the youth. Thobejane and Raselekoane (2017:95) substantiate the view of the latter authors and state that: “youth indulge in alcohol abuse to try and forget about their problem because they believe that alcohol is a depressant that paralyses the brain of a certain moment”. To that end, Shilakwe (2005) has noticed that youth have to consistently indulged in alcohol to deal with their psychological problems, which then bares alcohol dependency or abuse.

In responding to the cause of indulgence, Donovan (2004) discovered that youth indulge in alcohol abuse as a means of coping with stress, anxiety, or depression. It could be assumed that youth indulge in binge drinking because they attempt to deal with their life challengers, including their academic work, not necessarily forget them. This assumption is supported by Keyes, Hatzenbuehler, Grant and Hasin (2012) who discovered that increased alcohol consumption was caused by academic stress. Liu, Keyes, and Li (2014) found that the relationship between academic stress and alcohol use was more likely to be moderated by peer influence. As such, they have encouraged that positive peer influences should be encouraged to delay the onset of alcohol use in adolescents. For example, adolescents with friends who focuses on their school work could discourage alcohol use but their school work and vice versa. In other words, those youth that experience academic stress and negative peer support are vulnerable to embracing adverse drinking habits.

4.3.8 Poor Legislation Enforcement

The majority of the participants were of the notion that legislations on accessibility of alcohol are not well enforced. Some of their responses were as follows;

“Children of this era drink alcohol by ages of 9 to 10 years...”

The findings depict that young people start to indulge in alcohol as early as they reach the age of 9 years. It for this reason that the researcher believes that legislations that regulate substances are good on paper and poor in implementation. For instance, *Liquor Act 53 of 2003*, Section 10, subsection (1) and subsection (3) stipulate that a person must not sell or supply liquor or methylated spirits to a minor and a person must take reasonable measures to determine accurately whether a person is a minor, before selling or supplying liquor or methylated spirits to that person. In South African, a minor is referred to someone who is under the age of 18 years as also supported by *Children’s Act 38 of 2005*. However, during the discussion to amend *Liquor Act 53 of 2003*, it was argued that the national minimum legal age at which alcohol can be purchased and consumed should be raised from eighteen (18) to twenty-one (21) years. The licensees, manager or any other person dispensing liquor at the premises must take steps to ensure verification of the age of

any person who appears to be under the age of 21 years by requesting an identity document, passport or driver's license to verify the person's age before any liquor may be sold or supplied to them. The above section of *Liquor Act* is not applicable in rural areas where bar owners are chasing profit at the expenses of minors.

Section 9, subsection (1) (iii) of *Liquor Act* 53 of 2003 posits that a person must not advertise in a manner intended to target or attract minors. In respect of the above section legislation, Thobejane and Raselekoane (2017:96) have observed that “alcohol advertisement always shows the good side of drinking alcohol and the age restriction is shown in small letters.” Moreover, what is troubling is the fact that most of these advertisements always portrays men who drinks alcohol as strong. The youth that is looking at the television, view that as a motivation to drink so that they could not appear weak and timid to in front of their peers. This indicates that the *Liquor Act* 53 of 2003 seems legit or ideal on paper but poor in implementation.

4.4 Section C: Effects of Alcohol

This section covers a series of alcohol effects on youth. A series of questions were asked, and the following can be reported.

4.4.1 Effects on Health

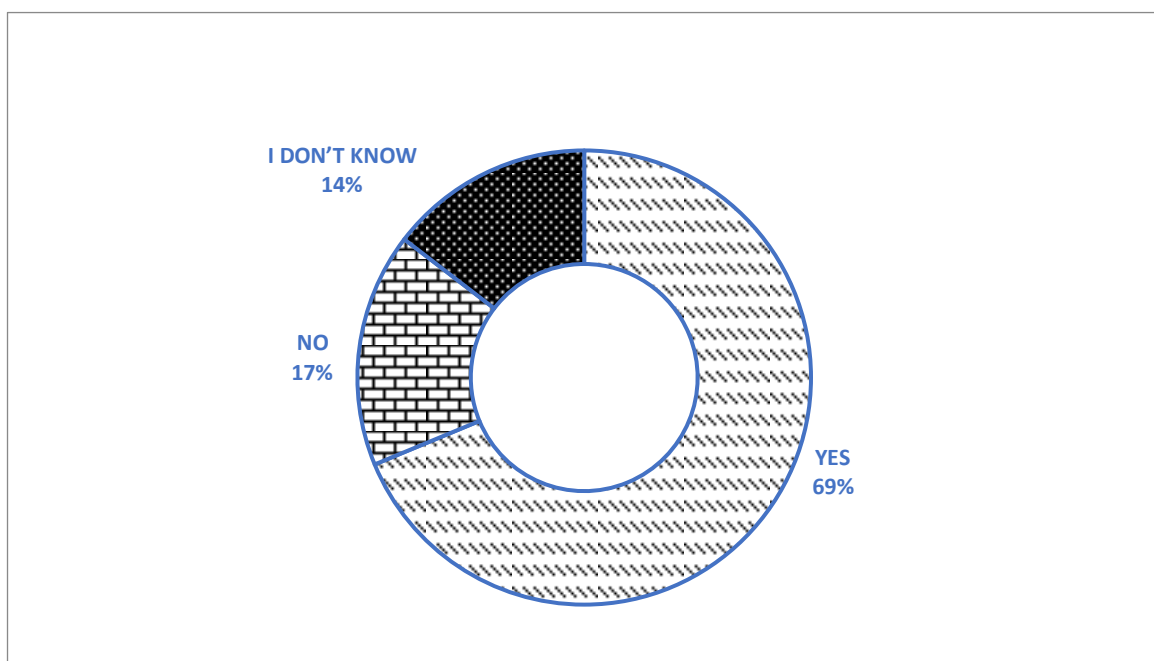


Figure 11: Effects on health

The chart above shows that the absolute majority (at 69%) of the respondents stated that alcohol has negative impact on the health of users, whilst 17% did not believe that and 14% remained neutral. From this finding, it can be deduced that alcohol users fall sick after consuming alcohol. Evidently, Light, Grube, Madden and Gover (2003) postulate that individuals who engage in binge drink usually end up having hangovers. In other words, those who are scholars will be unable to do their schoolwork whilst those who are working will not be able to perform well at work the next day. From the researcher's observation, those who indulge in binge drinking wake up the following morning with a massive hangover, which is accompanied by headache and nausea.

Notwithstanding the researcher's observation, Room, Babor and Rehm (2005) argue that alcohol consumption is responsible for increased illness and deaths. Evidently, Brent *et al.* (1986) discovered that alcohol abuse causes oesophageal cancer. Moreover, Stevenson (2005) states that binge drinking has an impact on the rise of blood pressure and its continuation will worsen the situation and make it chronic. High blood pressure can lead to many other health problems including kidney disease, heart disease and strokes.

4.4.2 Increased risk for sexual intercourse

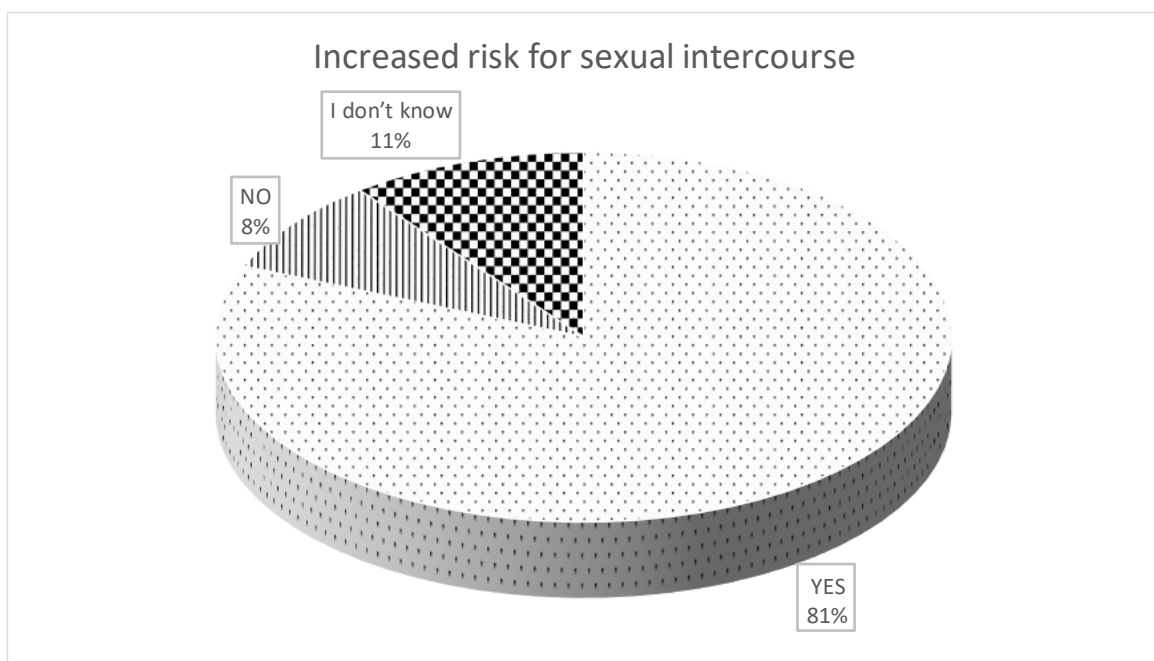


Figure 12: Increased risk for sexual intercourse

The figure above shows that an absolute majority (at 81%) of the respondents stated that youth engages into sexual intercourse while intoxicated, whilst 8% disagreed and 11% remained neutral. This finding shows that when young people are intoxicated they tend to engage in risk sexually behaviours without baring the consequences thereafter. Baliunas, Rehm, Irving and Shuper (2010) discovered that those who engage in heavy, episodic drinking (binge drinking) had double the risk of contracting HIV infection as compared to non-binge drinkers of HIV infection. With that said, the researcher believes that for the fact that people have sexual intercourse while drunk, they raise HIV and rape cases in this country. Several authors (Santelli *et al.*, 1998; Gillmore *et al.*, 1992; Naimi *et al.* 2003; and Prager *et al.*, 2007) have documented that alcohol abuse is not only linked to Sexual Transmitted Diseases but also with unprotected sexual intercourse, teenage pregnancy and abortion.

In corroboration with quantitative results, some of the participants, during the focus group interviews, acknowledged that young people are not only victims of unplanned pregnancy, they acknowledged that the two cannot be divorced as they stated that, when young people are intoxicated, they contract diseases. Some of the responses they gave were as follows:

“They do not carry condoms with them when they go to the taverns or alcohol spots, they only take money for alcohol... They will end up being infected with AIDS and other Sexually Transmitted Diseases.”

In corroboration, another participant echoed that:

“The age group that gets pregnant, is as a result of alcohol. It is not always that a girl could be pregnant and not consume alcohol.”

From the findings, it is visible that young people when they are intoxicated they become irrational and they even neglect safe precaution and, as a result, they contract Sexually Transmitted Disease. This upheld the views of Adolescent Substance Use (2011) that state that adolescents who are sexually active and use substances have high rates of unintended pregnancy and of repeat unplanned pregnancy as compared to their counterparts who are not using substances. On the

other hand, Gillmore, Butler, Lohr and Gilchrist (1992); Naimi, Lipscomb, Brewer, and Gilbert (2003); Prager, Steinauer, Foster, Darney and Drey (2007) are all in agreement that risky sexual behaviour relates to Sexually Transmitted Diseases (STDs), pregnancy and abortion. Given the fact that South Africa has legalised abortion, high rates of abortions are skyrocketing because young people with the favour of fun, pay less attention to safe precautions. From researcher's observation, young people are, in most cases, worried about pregnancy and they forget that they contract other sexual transmitting diseases. Some taverns, especially those in rural areas, do not have condoms for their customers. As exposed by participants, young people when they go to taverns they only think of caring money and others are not important because they believe in withdrawal and morning after pills. It could be deduced that overwhelming drinking is responsible for STDs and unplanned pregnancy because when people are intoxicated they loosen up.

4.4.3 Workplace absenteeism

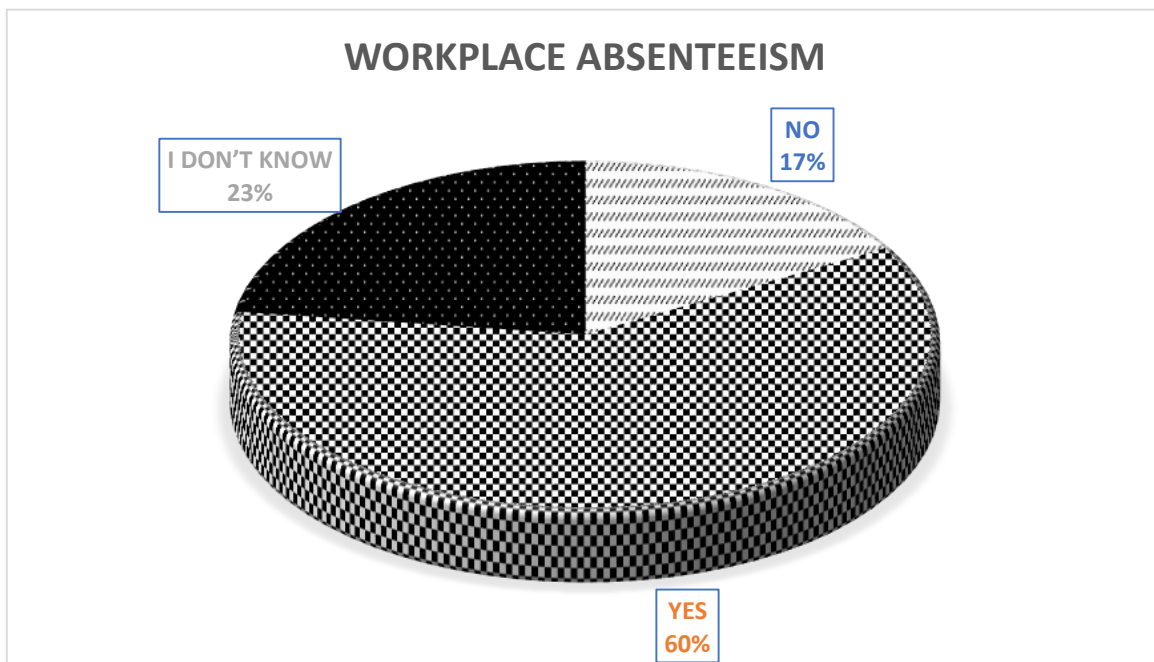


Figure 13: Workplace absenteeism

The above chart shows that an overwhelming majority (at 60%) of the respondents stated that youth goes to their work environment while intoxicated, whilst 17% disagreed and 23% remained neutral. It can be deduced that those who goes to

workplace while intoxicated can be sloppy and as a result, there will be low production at work. Evidently, Light *et al.* (2003) assert that excessive drinking is closely linked to hangover and low productivity through sick leaves. In other words, others simply do not come to work because they are having hangover and, as a result, they neglect their duties at work. Harald (2001) states that alcohol-dependent people and heavy drinkers have more sick-leave days than other employees have and thus cost their employers considerable amounts. However, other employers tend to retrench or fire those who are dependent to alcohol to maximise productivity. For this reason, alcohol abuse will give birth to unemployment. According to Zawaira (2009) in Africa, poverty in most cases is the challenge experienced by alcohol users. Evidently, Harold (2010) assert that unemployment and heavy drinking tend to go together. The causative effect can work both ways: heavy drinkers have a higher risk of losing their jobs but becoming unemployed often leads to increased drinking.

In corroboration with quantitative results, majority of the participants during focus group stated that young people who are using alcohol absent themselves to work because they are having hangovers. The following were responses gave during focus group:

“We, whom travel to work by bus in the morning, see it all. Some would dodge work and they are not even ashamed to say they are not going to work.”

This finding affirms findings of Anderson (2012) and Bacharach, Bamberger, Biron (2010) who both discovered that heavy drinking, increases the risk of illness and absenteeism for those at work. Absenteeism and illness are also coupled with late arrival from work because those who were indulging into alcohol slept late and hangover does them no good. As such, Bacharach *et al.*, (2010) stipulated that episodic heavy drinking result in those who are at work place faces disciplinary actions while others are suspended from work because of late arrival and absenteeism. Inevitably, as previously noted, Harald (2001) states that alcohol-dependent people and heavy drinkers have more sick-leave days than other employees have and thus cost their employers considerable amounts. However, other employers tend to retrench or fire those who are dependent to alcohol to

maximise productivity. For this reason, alcohol abuse will give birth to both low production in factories and unemployment respectively.

According to Zawaira (2009) in Africa, poverty in most cases is the challenge experienced by alcohol users. Evidently, Harold (2010) assert that unemployment and heavy drinking tend to go together. This now goes back to the above raised fact that poverty strikes families because breadwinners are drinking their money instead of looking after their families. When these employees face suspension or disciplinary hearing, they stop receiving money and they cannot maintain their family. Evidently, as already discussed, Harold (2010) asserts that unemployment and heavy drinking tend to go together. The causative effect can work both ways: heavy drinkers have a higher risk of losing their jobs but becoming unemployed often leads to increased drinking. In other words, alcohol users indulge in binge drinking to deal with the stress of losing their jobs.

4.4.4 Neglecting family responsibilities

Substantial majority of the participants stated that those who are indulging into alcohol do not maintain their family financially. Some of the response that were raised are as follows:

“People who drink alcohol do not support their families financially, and alcohol is expensive, and they drink every day.”

The study depicts that people spend significant money to purchase alcohol and, as a result, they neglect their families. When a breadwinner fails to take responsibilities, family suffers indirectly as they fall into poverty line. This relationship was also seen by Zawaira (2009:4) who postulated that “poverty is one of the problems experienced by people who abuse alcohol in Africa”. On the other hand, the researcher is of the view that those who are unemployed and receive foster and children’s grant, spent substantial amount of money on alcohol and beneficiaries (children) suffers the consequences. Evidently, Setlaltoa *et al.*, (2015) discovered that in an area where there is no social worker, alcohol users spend their children’s grant on alcohol. This should be a wake-up call to Department of Social Development that areal social workers should be placed in rural areas to ensure that social security money is used

for relevant purposes. Alcohol invades families and leaves them to end up in poverty, and families break up and result in inchild-headed households.

4.4.5 Unlawful Acts

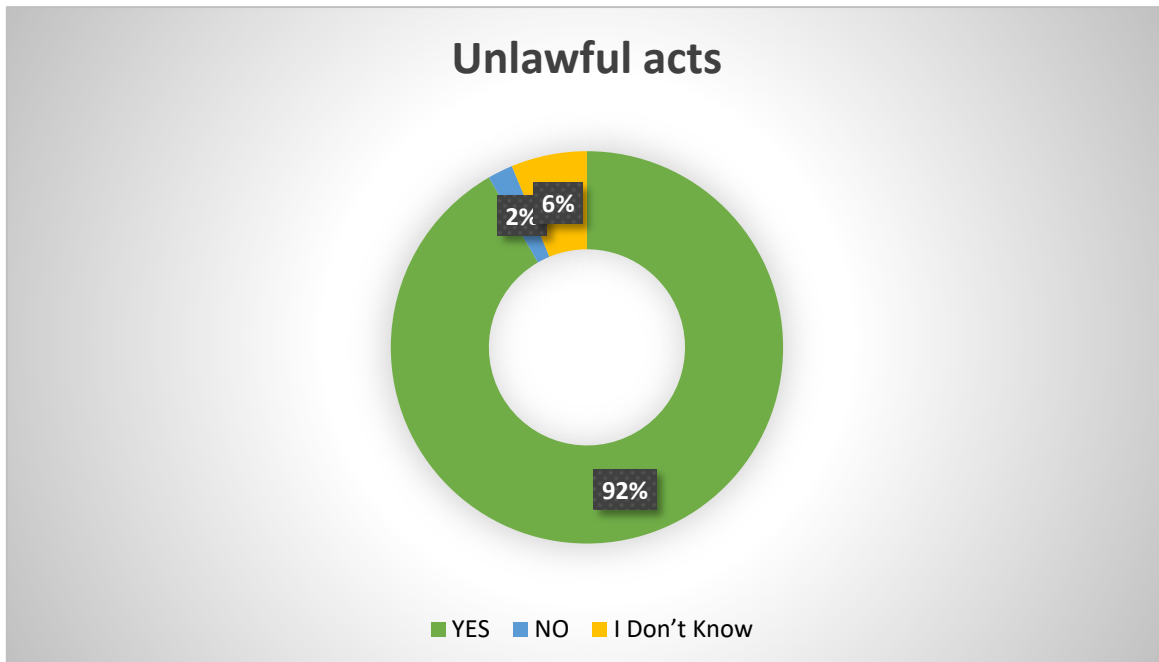


Figure 14: Unlawful acts

The figure above shows that an overwhelming majority (at 96%) of the respondents stated that alcohol makes people to be involved into unlawful acts, 2% disagree and 6% remained neutral. According to Harald (2001:7), “without question, alcohol plays a major role in crime, especially in crimes of violence”. From the finding, intoxicated youth end up fighting with their peers and get arrested for assault. This assertion is supported by Fergusson and Horwood (2000) who discovered that the probability of youth taking part in criminal exercises happens when they are intoxicated with alcohol. In addition, WHO (2004) reported that several assaults occur at drinking places and now and again the benefactors pass on because of fights and injuries sustained.

In corroboration with quantitative results, substantial majority of the participants during focus group echoed that those who are intoxicated fall prey to criminal activities. The following are some of the responses that they made:

“Intoxicated youth rob people, rape and steal...They get hit by cars, play truant from school or end up smoking nyaope.”

Alcohol abuse is closely linked to violent crimes such robbery, and rape. Notwithstanding criminal activities findings, young people often loses their lives when they are intoxicated. When people are intoxicated they start to be irrational and engaged into irrational decisions and criminal activities become a result. Nonetheless, while others commit crime while they are intoxicated, others are unable to feed their alcohol addiction and, as a result, they end up stealing and selling property just to quest their alcohol thirst. This shows that criminal activities can be married to death as others can be shot while committing robbery. This finding upheld the views of Fergusson and Horwood (2000) who postulate that alcohol put youths at expanded dangers of a scope of violations including, namely: brutality, vandalism, sexual wrongdoings, accomplice violence and property violations. Those who commit the above criminal activities faces jails while others get suspended sentences. However, society cannot rejoice to lose future leaders because of actions which were taken when people were intoxicated because other obtain criminal records.

4.5 Ways to Deal with Alcohol Abuse

During focus groups, interviewees raised recommendations or rather ways in which the community can collaborate with other stakeholders to address substance abuse. The following subthemes were developed to bring order in this paper; parental engagement and education group.

4.5.1 Parental Engagement

Majority of the participants believed that to deal with alcohol abuse amongst youth, parents need to take a commitment role and ensuring that they play role in their children’s life. The following were suggestions raised by interviewees:

“As parents, when your child asks for money you should ask what is that he or she wants to buy, and you should have a look at what he or she bought on his or her return.”

In corroboration, another participant echoed that:

“Parents should leave their children under supervision of an adult. We once taken to our uncle’s house because our parents could not look after us and that is the reason why I am saying that it is better to temporarily close your home for the best upbringing of your children because some children are uncontrollable.”

The study depicts that an adult supervision is of paramount importance and as such it should be embraced. According to participants, giving young people someone who will monitor their movements lessens their maladaptive behaviour. Just as it was discovered that lack of supervision encourages youth to indulge in alcohol abuse, to deal with this heavy drinking, supervision should be visible. Inevitably, as mentioned before, Steinberg *et al.* (1992) state that the combination of discipline and support by authoritative parents promotes healthy decision making about alcohol and other potential threats to healthy development.

In addition, extended family members and community members need to also be engaged because it takes a village to raise a child. The above assertion is supported by the Eco-Systems Theory which asserts that systems are always subsystems of larger systems in an environment but can, at the same time, be divided into smaller subsystem units. Subsystems influence each other behaviourally (Potgieter, 1998). The eco-system theorists believe that to view alcohol abuse by the youth in isolation from their family and the environment is equal to ignoring the influence of the home in which they learn to perceive how they fit in the world, as well as influences that others have on their behaviour. Therefore, any risk behaviour that an individual may manifest, or display threatens the balance of the family of origin where roles and perceptions are nurtured (Steinglass, 1987).

From the findings as eco-systems predicted, parents as part of the environment and primary socialisation, instead of nurturing young people to abandon their maladaptive drinking patterns they encourage them to engage in drinking habits by leaving them without a visible means of elderly supervision. This assertion is also supported by DSD (2013) reports, which postulate that parents should bond, create

and maintain an affectionate relationship with their young children. From the findings, the eco-system shows that systems should respond or complement each other in nurturing a young person to be a responsible citizen. The systems need to work with each other, because their inability to work with each other results in high death cases that are within reach in rural communities.

4.5.2 Educational group on the effects of alcohol abuse

The majority of the participants believe that young people need to be educated on the effects of alcohol. They further stated that one person cannot fight the upraising of this social ill, but a combination of professions is needed to educate the youth about the effects of alcohol abuse. This substantiate the quantitative findings, as it was discovered that substantial majority of the youth requires information on the effects of alcohol abuse. Some of the responses were the following:

“Social workers, Police officers and Teachers should be invited to churches to educate children about alcohol.”

In corroboration, another participant echoed that:

“Police officers should arrest those who drink alcohol while underage even at wedding gatherings.”

The findings depict that police officials and other stakeholders in the society need to work with each other not against each other in order to eradicate substance abuse. Youth seem to lack information and it is the responsibilities of every citizen to educate them about the effects of substance abuse. The government has already put legislations in place and it is a responsibility of every citizen in the society to ensure the implementation replicate the paperwork. For instance, *Prevention of and Treatment for Substance Abuse Act, 70 of 2008* focuses on prevention programmes that prevent a person from using or continuing to use substances that may lead to abuse or result in dependence. This legislation has given birth to programmes like *“Ke Moja, I’m addicted to life and the puppet”*, which attempt to make youth aware of the risk factors associated with substances. However, this programme cannot run themselves, they need society to hold hands and work together for the better health of minors.

4.6 Conclusions

This chapter has covered the presentation, analysis and the interpretation of qualitative data. Quantitative results were authenticated by the findings of qualitative data and from findings, there has been similarities discovered from questionnaire response to focus group interviews. The focus group also covered gaps in the questionnaire. From the above discussion, it has been vividly mentioned that alcohol pose risk to youth and future leaders of this country. The next chapter outlines the summary, main conclusion of the research and recommendations.

CHAPTER 5

SUMMARY OF THE RESEARCH, CONCLUSION, AND RECOMMENDATIONS

5.1 Introduction

The focus of this chapter is to highlight the major findings of the study by means of a summary, conclusion and recommendations regarding the study. In addition, the motivation of the study, problem statement, aim, objectives and assumption are restated. The findings are based on the responses of 96 respondents in quantitative section and 7 participants in a qualitative section (focus group).

5.2 Restatement of the Motivation of the Study

The health and socioeconomic consequences of substance abuse and dependency, particularly the abuse of alcohol and trafficking in drugs, undermine democracy and good governance and have a negative impact on the environment (National Drug Master Plan, 2006-2011). Alcohol consumption is an important risk factor for burden of disease and social harm worldwide (Rehm, Room, Monteiro, Gmel, Graham & Rehn, 2004). Public health and health promotion provide a powerful tool for improving health in the 21st century, but researchers and practitioners have yet to achieve consensus on its scope. Globalisation, poverty, illiteracy, mismanagement of public funds, apathy by health and social science professionals, urbanisation, an aging population and rising rates of alcohol abuse amongst the youth are creating new health challenges to both health and social science practitioners.

Alcohol and other drug use have been associated with violence and crime in South Africa. Morojele and Brook (2006) contend that many of South Africa's social and health problems are attributable to the misuse of alcohol, with sexual risk behaviours considered to be one such problem. This study was motivated by two factors. The first related to the researcher's practical experience whilst in an internship programme with the Department of Social Development based in Vaalbank. During the internship, the researcher was responsible for *Ke Moja* campaigns and

Substance Abuse services. The researcher's responsibilities made him realise that the majority of the youth are rarely exposed to adequate parental guidance – hence they are usually not aware of the consequences of their behavioural lifestyles. It is the opinion of the researcher that studies on alcoholism in rural areas is lacking.

5.3 Restatement of the Problem Statement

Alcohol abuse among the youth is costing the country a lot of money every year. In the United Nations Office on Drugs and Crime (2009), it is reported that alcohol abuse among the youth is costing the South Africa government lot of money annually. This is evident in large sums of money that is used in prevention and treatment centres throughout South Africa (United Nations Office on Drugs and Crime, 2008). For instance, Shilakwe (2005) discovered that R20-billion is spent annually on drug abuse programmes. Eventually, this affects the whole country because these funds could be used in other avenues such as poverty alleviation programmes, since poverty is one of the reasons leading to substance abuse. The most widely abused substances are alcohol, tobacco and cannabis because they are in excess. Moreover, a national survey indicates that 51% of Grade 6 learners experience peer pressure to drink alcohol. Too many youth seem to think that experimentation with substances is an acceptable part of transition into adulthood. Few take the negative consequences of dependence on substances seriously (Madu & Matla, 2003).

Trends in substance abuse are commonly used as general indicators of the quality of life in a community, and risky behaviour often emerges as a response to drastic socioeconomic and political change as is currently widespread in South Africa (Smuts, 2009). Centers for Disease Control and Prevention (2004) highlights behaviours such as alcohol abuse and risky sexual behaviour as having the potential to undermine the health and development of the youth. These behaviours are commonly interrelated, and unfortunately often continue into adulthood.

There was lack of research in Musina Town of Limpopo Province on alcohol abuse as well as on the relationship between alcohol abuse and health, and social ills such as domestic violence, assaults and risky sexual behaviours, amongst others.

Moreover, there is dearth of information on various substances used by people in Musina. WHO (2006) indicates that alcohol use is a risk factor in terms of both victimisation and the perpetration of youth violence. Youth violence takes many forms, including bullying, gang violence, sexual aggression and assaults in streets, bars and nightclubs. It is these factors that warrant further investigation, more especially in rural Limpopo Province.

5.4 Restatement of the Aim and Objectives of the Study

The following were aim and objectives of this research project:

5.4.1 Aim of the Study

The aim of this study was to explore to explore and describe risk factors of alcohol abuse amongst the youth in Musina Town, Limpopo Province.

5.4.2 Objectives of the Study

To accomplish the aim of the study, the following objectives became important:

- To identify factors leading to alcohol consumption amongst youth. This objective was met. Findings indicated that youth learn drinking habits from their parents whilst others indulge in maladaptive drinking because of permissive parents, peer influence, lack of adult supervision and poor legislation enforcement.
- To establish whether there is an association between alcohol and risky sexual behaviours. This objective was met as findings revealed that those who are intoxicated tend to engage in sexual activities without taking safe precautions.
- To determine the relationship between socio-economic status and alcohol abuse. This objective was met and the findings revealed that there is an association between socio-economic status and alcohol abuse. From the findings, it was evident that those who indulge in binge drinking end up failing to care for their families financially.

5.5 Major Findings of the Study

The researchers broadened his knowledge regarding the risk factors of alcohol abuse amongst the youth. From the study, the following can be reported as major findings of the study, from both quantitative data and qualitative data:

- A substantial majority (at 55%) of the respondents in this study were male;
- A substantial majority (at 50%) of the respondents were aged between 18 to 20 year-olds;
- A substantial majority of the respondents in this study were Grade 11 learners;
- The study depicts that 38% of the respondents were disciplined by their mothers;
- A substantial majority (at 69%) of respondents reported to have an easy access to purchase alcohol;
- 42% of the respondents have reported that they consume alcohol in 1-2 days a week;
- An overwhelming majority (at 73%) of the respondents stated that peer pressure influences youth to indulge in alcohol abuse. In corroboration, it was also discovered from the focus group that youth indulge in alcohol abuse because of learned maladaptive behaviour from their peers;
- A substantial majority (at 79%) of the respondents stated that youth indulge in alcohol abuse because of low self-esteem;
- A substantial majority (at 73%) of respondents stated that youth indulge in alcohol abuse because of stress;
- An absolute majority (at 61%) of the respondents have siblings who consumes alcohol;
- An absolute majority (at 69%) of the respondents stated that alcohol has negative impact on the health of users;
- An absolute majority (at 81%) of the respondents stated that youth engages into sexual intercourse while intoxicated. In corroboration to quantitative study, the findings also revealed that most of unplanned and/or unintended pregnancy are the results of alcohol abuse;
- An overwhelming majority (at 60%) of the respondents stated that youth goes to their work environment while intoxicated. In corroboration to quantitative

study, the findings revealed that substantial majority of people who are indulging into substances absent themselves to work, especially on Mondays due to hangovers;

- An overwhelming majority (at 96%) of the respondents stated that alcohol makes people to be involved into unlawful acts. In corroboration to quantitative study, the findings revealed that alcohol abuse is closely linked to violent crimes such robbery, and rape;
- Substantial majority of the participants stated that young people indulge in alcohol abuse because they have seen their parents consuming alcohol;
- Majority of the participants were of the notion that lack of guardian tempt youth to indulge in alcohol abuse because there is no one who supervises their behaviour and movement;
- The findings depict that young people start to indulge in alcohol as early as they reach the age of 9 years;
- The study depicts that people spend significant money to purchase alcohol and as a result they neglect their families financially;
- The study depicts that an adult supervision is of paramount importance and as such it should be embraced; and
- The findings depict that police officials and other stakeholders in the society need to work with each other not against each other in order to eradicate substance abuse.

5.6 Conclusions

Alcohol abuse amongst the youth has been seen as a contributing factor to social problems. The above study indicated study, peers pressure, poor legislation enforcement, accessibility substances, affordability of alcohol, self-esteem and stress plays a significant role in influence youth's decision to use or not use alcohol. To that end, the risk factors of alcohol abuse amongst the youth influences the behavioural change, which later encourages maladaptive behaviours such as heavy episodic drinking at parties.

5.7 Recommendations

- The findings of the study point to the disbursements of funds for research purposes and in particular to Social Work scholars to do more research on risk factors of alcohol abuse in deep rural areas;
- On policy implication, universities, research institutes and publishing houses may partner with communities on research to produce literature on risk factors of alcohol abuse;
- For practice implication, universities, research institutes and publishing houses are implored to partner with community members to conduct awareness campaigns as intervention methods on alcohol abuse; and
- Future researchers can look at the role of parents in adolescents' misuse of alcohol in the South African context, particularly in rural provinces such as Limpopo.

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ANNEXURES

Annexure A: Informed Consent Form

TOPIC: Risk Factors of Alcohol Abuse amongst the Youth in Musina Town, Limpopo Province

DECLARATION OF CONSENT

I, the participant, out of my free will, hereby agree to voluntarily participate in this research study. This study is aimed at exploring and describing risk factors of alcohol abuse amongst the youth in Musina Town, Limpopo Province with the following understanding:

The Nature of the Research

- That, the Researcher, Mr F.K Matlakala, from University of Limpopo is conducting the research on the above mentioned topic.
- Information will be collected by means of self-administered questionnaires and interviews.

My rights as a participant:

- I have not been forced to participate in this study.
- I have the right to withdraw from the study at any given time.
- I have the right to decline to answer any question (s) I am not comfortable with.
- I will remain anonymous and my name and identity will be kept from public knowledge.
- Any information I reveal during the process of this study shall remain confidential, shall only be used for the purposes of this research and for publication by Mr F.K Matlakala or appropriate publications.
- I grant permission for any information I reveal during the interview process, with the understanding that data collected will remain in possession of the researcher.
- The identification particulars such as surnames and names will not be needed
- I, the participant, agree to participate in this study.

Mr F.K Matlakala

Researcher

Bambiri lo ingwaho la A (ii): Fomo ya thendelo

U newa thendelo nga mudzheneleli

THOHO: Tsumba khombo dzo livhanaho na u shumisa zwikambi kha vhaswa dorobo ya Musina, kha vundu la Limpopo

U dodombedza thendelo

Nne, mudzheneleli, ndi songo kombetshedzwa nga muthu, ndi kho tenda u dzhena kha tzedzuluso heyi. Tzedzuluso hei yo itelwa u wanulusa and nau do kona u talutshedza zwithu zwine zwa nga sia khombo, tshiimo tsha u bvevela hazwo na masia ndo itwa a u shumisa zwikambi nga vhaswa vha dorobo ya Musina, kha Vundu la Limpopo nga u pfesesa zwi tevhelaho:

Thiimo tsha tzedzuluso

- Uri, vha-sedzulisi, Vho- Mr F.K Matlakala, vha bvaho University of Limpopo vha kho ita tzedzuluso nga ha thoho yo bulwaho afho ntha
- Vhutanzi vhu do kuvhanganyiwa nga mbudzisa vhathu dzine vha to di nwalela phindulo vhone vhane na u to vhudziswa nga mulomo

Pfanelo dza nne sa mudzheneneli:

- A thingo kombetshedza u dzhenelela kha tzedzuluso hei.
- Ndi na pfanelo dza u litsha tshifhinga tshinwe na tshinwe vhukati ha tzedzuluso.
- Ndi na pfanelo dzau hana u fhindula mbudziso inwe na inwe arali nda pfa ndi sa do farea zwavhudi u l fhindula
- Dzina langa a li nga do buliwa na khathihi kha tzedzuluso hedzi nahone zwidombedzwa zwanga a zwi nga wanali fhethu ha nnyi na nnyi.
- Vhutanzi vhunwe na vhunwe vhune nda do vhu nekedza kha tzedzuluso hedzi zwi do dzula zwi tshiphiri, nahone zwi do shumiswa zwine zwa elana na tzedzuluso hedzi fhedzi na u andadzwa ha mvelelelo nga Vho- Mr F.K Matlakala na lugwada lwavho lwa tzedzuluso.
- Ndi kho nekedza thendelo kha vhutanzi vhune nda do nekedza tshifhinga tsha u vhudziseswa, ndi na u pfesesa uri zwothe zwi do vhewa lwo vhulungeaho nga vhasedzulusi.
- Zwidombedzwa zwanga ,sa dzina na tshifani a zwi nga todei
- Nne , sa mudzheneleli , ndi kho tenda u nga vhudziseswa kha tzedzuluso hei.

Vho- Mr F.K Matlakala

Vha sedzulusi

Annexure B: Interview Guide

Individual Interview Guide for Church Leaders

The following are interview guide questions as per objectives of the study;

1.1 Section A: To identify risk factors of alcohol abuse amongst the youth.

- 1.1.1 What are the risk factors that lead to alcohol abuse amongst youth?
- 1.1.2 In your view, what do you think young people do after taking alcohol?
- 1.1.3 Do you think road accidents are caused by people who are under the influence of alcohol?
- 1.1.4 What types of effects or feelings does a person experience when they are using alcohol?

1.2 Section B: To establish whether there is an association between alcohol and risky sexual behaviours

- 1.2.1 In your view, people who are under the influence of alcohol are they likely to engage in unprotected sexual intercourse?
- 1.2.2 Do you think there is a relationship between unintended pregnancies and alcohol abuse?
- 1.2.3 Do you think people who are under the influence of alcohol have a higher risk of contracting Sexual Transmitted Diseases?

1.3 Section C: To determine the relationship between socio-economic status and alcohol abuse

- 1.3.1 In your opinion, where do young people get money to purchase alcohol?
- 1.3.2 Do you think people who abuse alcohol maintain their family financially?
- 1.3.3 Do you think young people go to work or school under the influence of alcohol?
- 1.3.4 If people want information on drug treatment, where can they go?
- 1.3.5 Please explain about drug treatment services available in this area.
- 1.3.6 Which programmes do you think can be established to address the plight brought by substance abuse?

Would you like to add anything regarding alcohol abuse amongst youth? Questions? (Ask the note-takers if they have any questions/clarifications). Once again, thank you very much for taking the time to take part in this interview.

Bambiri lo ingwaho la B (ii): Mbudziso dza muthu muthihi na dza tshigwada dzine dza do vhudziswa

Dzhielani ntha uri ni na pfanelo dzau fhumbula arali na pfa mbudziso I sa kho u ni fara zwavhudi

1.1 Section A: To identify risk factors of alcohol abuse amongst the youth.

- 1.1.1 Ni nga vha na thaidzo ya u amba zeine na divha ngaha zwithu zwa khombo zwine zwa nga ita uri muthu a shumise zwidzidzivhadzi kha vhaswa?
- 1.1.2 Nga kuvhonele kwanu, ni vhona unga vhana vhatuku vhaitamini ngamuvahu ha musu vho dzhia zwikambi?
- 1.1.3 Ni vhona unga khumbo dza badani di vha ngwa nga vhatu vho kangwaho?
- 1.1.4 Ndi zwi fhio zwine muthu a di pfa zwone nga murahu ha u shumisa dzi diraga?

1.2 Section B: To establish whether there is an association between alcohol and risky sexual behaviours.

- 1.2.1 Nga kuvhonde kwanu, vhatu vho kambuwa ho nivhona vhatshi anzela uita vhudekani vhuson go tsireledzeaho?
- 1.2.2 Ni vhona huna vhukonani vhukati ha udi nwana wo diinisela na kushumisele kwo kulu laho kwa zwikambi?
- 1.2.3 Ni vhona unga vhatu vhane vho tangwe vha khombo khulu yauwana malwadze a phukelaho nga vhudzekati?

1.3 Section C: To determine the relationship between socio-economic status and alcohol abuse.

- 1.3.1 Nga kuvhanele kwanu vhana vhatu vha wana gai tshiledze yau renga zwidzidzivhadzi?
- 1.3.2 Nitshi sedza vhatu vhanu nwa zwidzidzivhadzi vhaa tundela mita yavho?
- 1.3.3 Nivhona vhaswa vhaya mishumoni na zwikoloni vho tangwa?
- 1.3.4 Arali vhatu vha khi toda vhatanzi nga ha dzilafho la dzi diraga , vha nga ya gai u wana thuso?
- 1.3.5 Kho humbela uri ni talutshedze nga ha tshumelo ya dzilafho ine ya wanala kha vhupo hovhu?
- 1.3.6 Ndi dzifho mbekanya mushumo dzine dza nga thomiwa u tandulula mathada a no vhangwa nga u shumisa zwidzidzivhadzi?
- 1.3.7 Huna munwe kha vhozwi a ne a kho toda u dadzisa zwinwe? Kana mbudziso?. Ndi dovhe ndi livhuwe tshifhinga tsha vheiwe u vha tshipidza tsha nyambedzano kha tshigwada hetshi.

Annexure C: Questionnaire

RISK FACTORS OF ALCOHOL ABUSE QUESTIONNAIRE

Questionnaire

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 number

Department of Social Work: University of Limpopo

**Risk factors of alcohol abuse amongst the youth:
Implication for policymakers.**

Background information

The following questions are about your personal circumstances, and will help to better understand the results of the study. Remember the information you give is completely confidential. However, you do not have to answer a question if you do not want to, although your answers will be very helpful in this study. Use cross (x) when answering.

1. Gender

Male	
Female	

2. Age

--	--

3. Occupation

Scholar	
Employed	
Unemployed	
Other (specify)	

4. Of which population group do you belong to?

African/Black	
Coloured	

Other (specify)	
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6. Your Home language?

Tshivenda	
Xitsonga	
Other (specify)	

7. Whom do you live with?

Both parents	
Single Parent (specify – mother or father)	
Guardian	
Siblings	
Other (specify)	

8. Who exercise control in terms of discipline in your household? _____

SECTION B

9. Do you currently drink alcohol?

Yes	
No	

10. Have you drank alcohol before?

Yes	
No	

11. if yes, **How old** were you when you had your **first drink** of alcohol?

10 years old or less	
11 – 12 years old	
13 – 14 years old	
15 – 16 years old	
17 – 18 years old	
<i>Can't remember/Don't know</i>	

12. What did your family members do when they found out you are drinking?

Nothing	
Prayed	
I don't know	

Other (specify)	
-----------------	--

13. How many times in a term have you missed school because of alcohol?

Never	
1-3	
4-6	
7-9	
I don't remember	
Other (specify)	

14. Have you ever tried to stop drinking alcohol?

Yes	
No	

15. Have you ever been involved in a fight while drunk?

Yes	
No	

16. If yes, how many times have been involved in a fight while drunk?

Always	
1-4 times	
5-8 times	
Cant remember	
Other (specify)	

17. Has alcohol affected your school work?

Never	
Always	
Sometimes	
I don't know	
Other (specify)	

18. What are your reasons for drinking alcohol

Peer pressure	
Stress	
Home circumstances	
I don't know	
Other (specify)	

19. How many of your classmate have you seen drinking?

None	
1-4 times	
5-8 times	
Can't/ remember	
Other (specify)	

20. How many teachers from your school have you seen them drinking?

None	
1-4	
5-8	
Can't remember	
Other (specify)	
.....	

21. Who in your family drinks alcohol, [e.g., father, brother etc.]? Mention all who drink alcohol.

22. How difficult or easy do **you** think it would be for you to get each of the following types of substances, if you wanted some?

Questions	Probably impossible	Difficult	Can't remember/ Don't know	Fairly easy	Very easy
Alcohol (any kind/in general)					
Hard liquor/spirits (e.g. brandy, whisky)					
Beer (commercially brewed, and bought over the counter e.g. Black Label, Amstel, Castle and sorghum beer (e.g. Chibuku))					
Ciders (commercially brewed and bought over the counter e.g. Savanna, Hunters)					
Wine (e.g. White, Rose, Red)					

23. In the **past 12 months**, on **how many days or how often** did you use alcohol?

Questions	
Daily or almost daily	
3 – 4 days a week	
1 – 2 days a week	
2 – 3 days a month	
Once a month	

7 – 11 days in the past 12 months	
4 – 6 days in the past 12 months	
2 – 3 days in the past 12 months	
Once in the past 12 months	

SECTION C: The next questions ask for your opinion on the effect of using certain substances

	Yes	No	I don't Know
Do you need more information on alcohol? (e.g. the effects of usage)?			
Do you need information on how to deal with persons who drinks alcohol?			
A drink once in a while does no harm			
People have sexual intercourse while drunk			
People go to work while drunk			
Drinking alcohol can lead to trouble with police			
Drinking alcohol can lead to fights and arguments			
Alcohol drinks make one forget problems			
People who drink a lot should be fired from their jobs			
Alcohol can make one sick			
Teenagers get pressurised by friends to drink alcohol			
The fun of drinking is to get drunk			

Thank you for talking to me.

Annexure D: Ethical Clearance



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**TURFLOOP RESEARCH ETHICS
COMMITTEE CLEARANCE CERTIFICATE**

MEETING: 31 August 2017

PROJECT NUMBER: TREC/281/2017: PG

PROJECT:

Title: Risk factors of alcohol abuse amongst the youth in Musina Town, Limpopo
Researcher: FK Matlakala
Supervisor: Prof JC Makhubele
Co-Supervisor: N/A
School: Social Sciences
Degree: Masters in Social Work


PROF. JAB. MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Annexure E: Study Area Map

